



PATIENT	PRESENTING CLINICAL SIGNS
Hunter McFarland	History: Hunter ate normally this morning and went outside. After going out he was restless, went in and out several times, and finally settled but had blood on the leg. He had urinated blood in several spots in the yard. He remained uncomfortable and breathing hard and developed abdominal distension. After labs and a scan here his breathing returned to normal.
SPECIES	
Canine	Abnormal PE/Chem/CBC/UA Results: PE: full, distended abdomen with some discomfort to palpation. Rectal: some left prostate swelling and pain. Fresh blood at the tip of the penis and inner prepuce- no wound found. Stage II dental disease. Long nails. CBC/CHEM: HCT 59.8%(h), MCHC 30.2g/dL (l), Eos 0.06 K/uL(l) Phos 1.8 mg/dL(l), Ca 1.4 mg/dL(L), Sodium 161 mmol/L(h) No UA.
BREED	
Beagle	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
SEX	
Intact Male	Urinary System The urinary bladder is mildly distended. The wall is normal in thickness with a smooth mucosal surface. A small to moderate amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone visible portion of the proximal urethra are normal.
AGE	
6 years 7 mos	The prostate is enlarged (5.17 cm in width), with a slightly irregular shape. The parenchyma is hypoechoic to heterogenous with numerous small, ill-defined cystic areas. The prostatic urethra is not overtly dilated. The mesentery effacing the serosal surface is hyperechoic.
WEIGHT	
35 lbs	The left kidney is normal size (6.32 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.
INTERPRETED BY	
Andrea Nicastro, DVM, Diplomate ACVIM (Small Animal Internal Medicine)	The right kidney is normal size (5.30 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.
IMAGING PERFORMED BY	
Leon Anderson, DVM	Adrenal Glands The left adrenal gland is normal size (0.47 cm at cranial pole) (0.52 cm at caudal pole) (2.65 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.
HOSPITAL NAME	
Elizabeth AH	The right adrenal gland is normal size (0.53 cm at cranial pole) (0.52 cm at caudal pole) (2.27 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.
REFERRING VET	
Leon Anderson, DVM	Spleen The spleen is normal in size (1.15 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.
INVOICE	
10431	Liver The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or
DATE	
2/19/22	



PATIENT

Hunter McFarland

regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

SPECIES

Canine

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

BREED

Beagle

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly distended with ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive or overt infiltrative disease is noted.

SEX

Intact Male

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

AGE

6 years 7 mos

Free Abdomen

There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible. A 1.83 cm medial iliac lymph node is visualized. An area of reactive mesentery is observed in the midabdominal region.

WEIGHT

35 lbs

Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

INTERPRETED BY

Andrea Nicastro,
DVM, Diplomate
ACVIM (Small Animal
Internal Medicine)

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The prostatic changes are most consistent with benign prostatic hyperplasia. Given the patient's clinical signs, bacterial prostatitis is also a consideration. Prostatic parenchymal cysts are also present. Regional retroperitonitis is present.
- The urinary bladder debris could be consistent with cells, crystals and/or exfoliated material.
- Focal peritonitis mid-abdomen, the cause of which is unclear

IMAGING PERFORMED BY

Leon Anderson, DVM

HOSPITAL NAME

Elizabeth AH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A urine culture and sensitivity is recommended, preferably on a pre- antibiotic sample. A traumatic urethral catheterization can be considered to further assess for bacterial prostatitis if urine culture and sensitivity results are inconclusive.
- While awaiting test results, empirical treatment for bacterial prostatitis (i.e., fluoroquinolone), is recommended.
- Castration is also strongly recommended.

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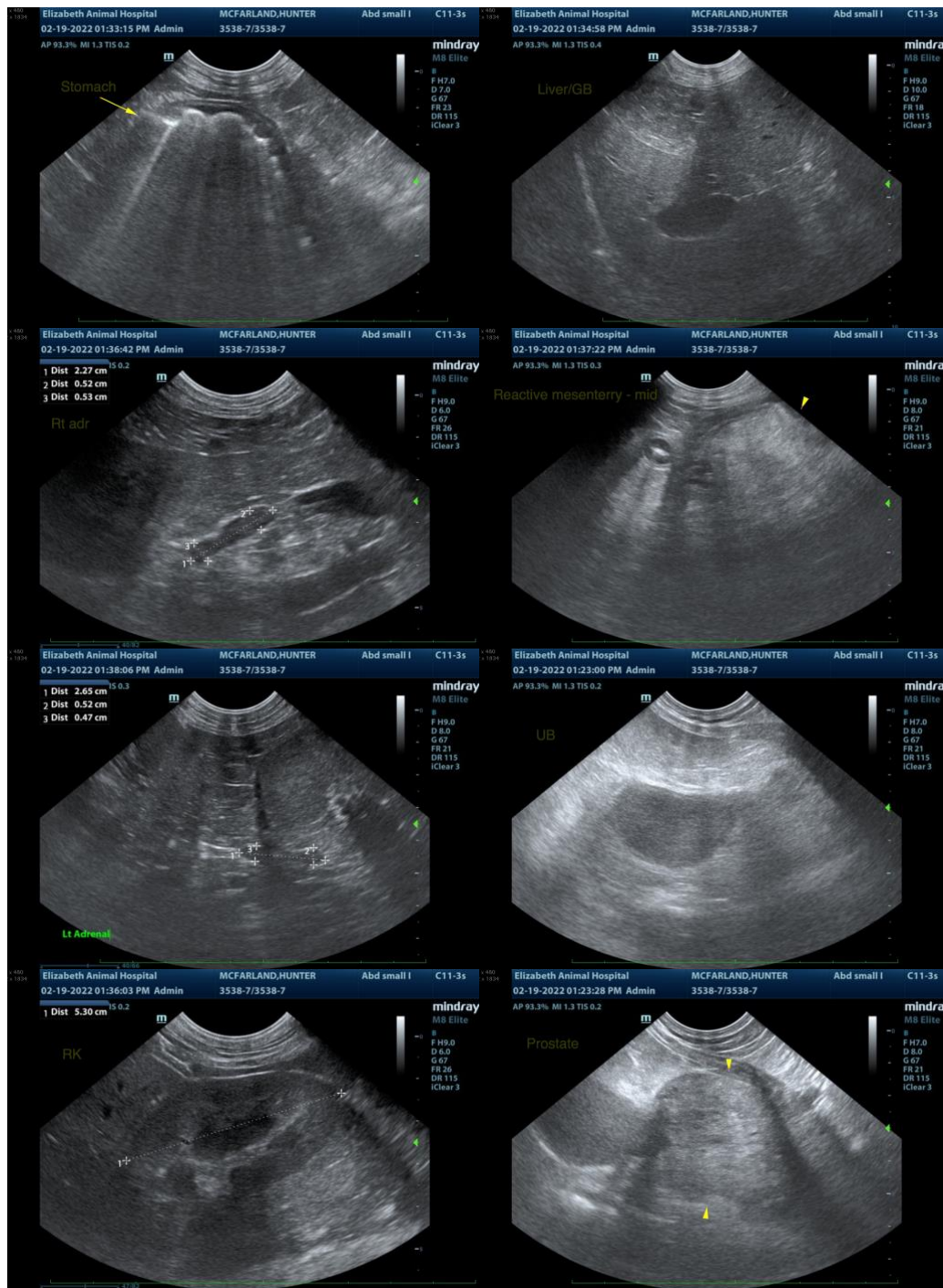
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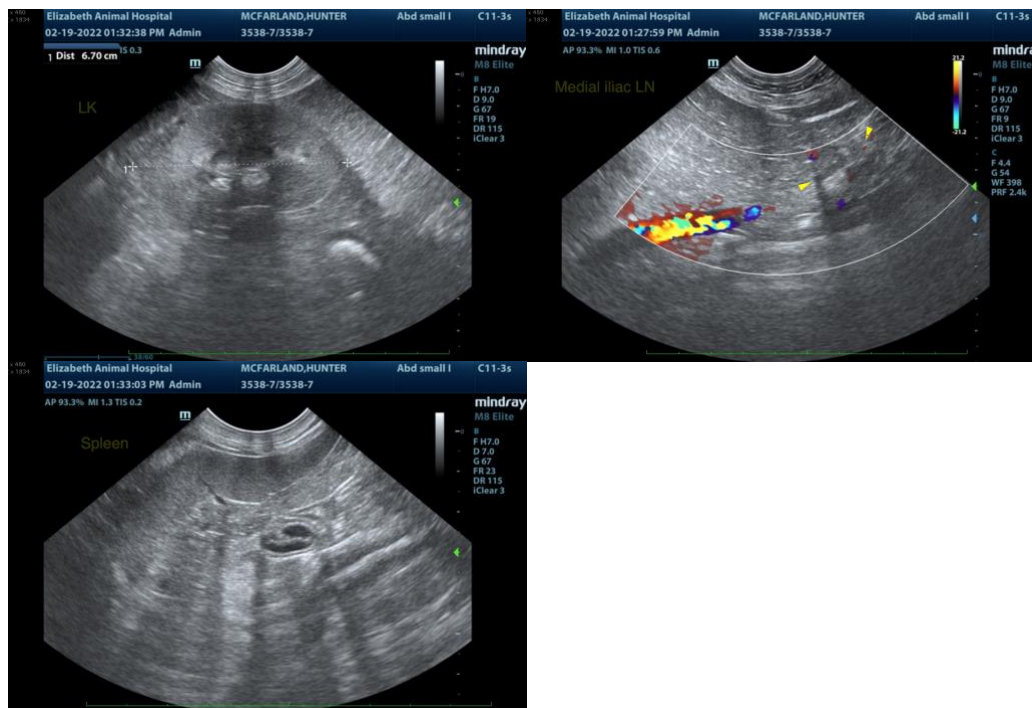
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

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