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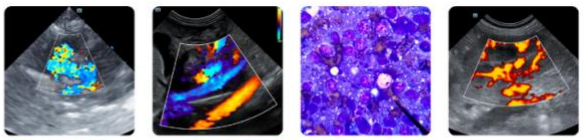

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Ares Williams

SPECIES

Canine

BREED

German Shepherd

SEX

Male Intact

AGE

06/11/2018

WEIGHT

105.8 lb

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Kind Care AH

REFERRING VET

Dr. Adri Casagrande

INVOICE

22705

DATE

3-19-26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: blood from penis/prepuce. Intact male. Signs improve with NSAID. no other signs.
Abnormal lab-work values: Urinalysis (free catch): Specific gravity: 1.037. Appearance: Dark yellow and cloudy. pH: 9.0. Blood: Positive.

Sediment examination: 20 RBC/hpf, 4 WBC/hpf. No bacteria were seen. Significant debris was noted.
NSAID Panel: All values were within normal limits.
Current Medications: Finasteride 5mg; Firocoxib Chewable - 227 mg/Tablet
Radiographic Findings: none
Patient sedated with butorphanol for this study.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 6-7 cm, are normal. The mesentery adjacent to the cystourethral junction/proximal urethra is hyperechoic.

The prostate is enlarged (4.50 cm in width) with relatively smooth peripheral contours. The parenchyma is hyperechoic relative to surrounding omental fat and heterogenous in appearance. The prostatic urethra is not overtly dilated. Surrounding mesentery is hyperechoic.

The left kidney is normal in size (8.20 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal- to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (7.25 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal- to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.68 cm at cranial pole) (0.60 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (1.19 cm at cranial pole) (0.70 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is prominent in size (2.60 cm in width at the level of the hilus) with smooth peripheral contours. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is normal- to prominent-in-size with smooth peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are

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observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

The gallbladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal
The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

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.

Lymph Nodes
The abdominal lymph nodes are normal/not visible.

Free Abdomen
Trace free fluid is suspected.

Other
The testicles are subjectively normal-in-size and symmetrical with homogenous parenchyma.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The prostate changes are most consistent with benign prostatic hyperplasia. There is suspected concurrent prostatitis, given the mild retroperitonitis adjacent to the prostate. Prostatic neoplasia is also a consideration, but considered less likely.

Secondary Findings

- Mild bilateral nonspecific age-related renal changes
- The diffuse hepatic changes are most consistent with vacuolar hepatopathy (i.e., endocrine, idiopathic) with a lower possibility of inflammatory disease, infiltrative neoplasia, or other hepatopathy.
- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis with a lower possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A urine culture and sensitivity is recommended to assess for bacterial prostatitis.
- Castration is also recommended. If castration is not pursued, continued finasteride administration can be considered.

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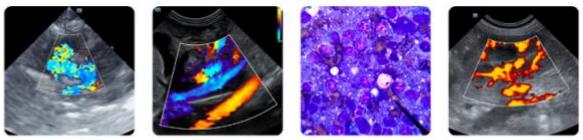

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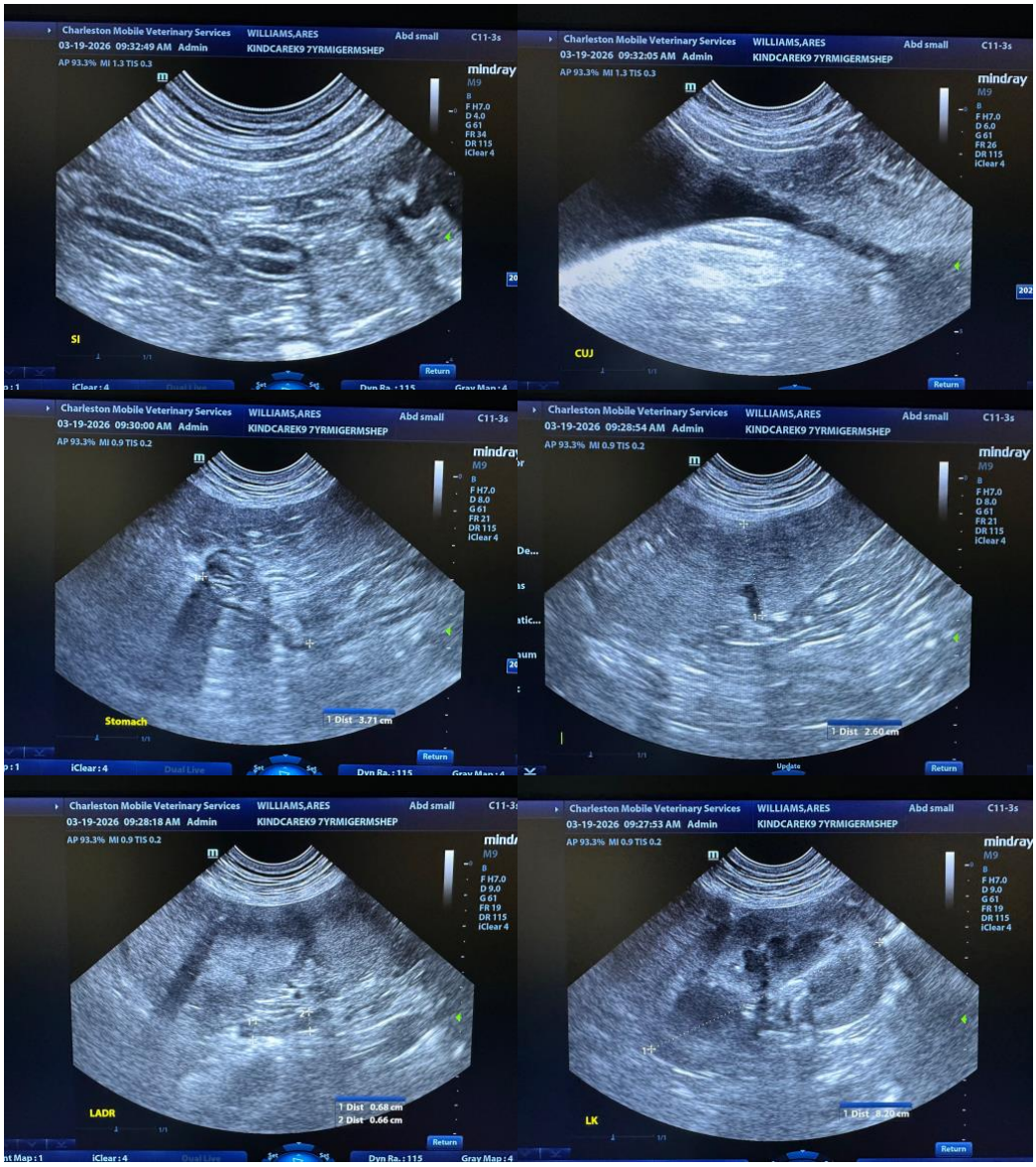

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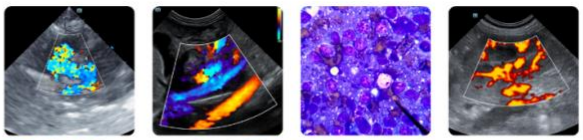

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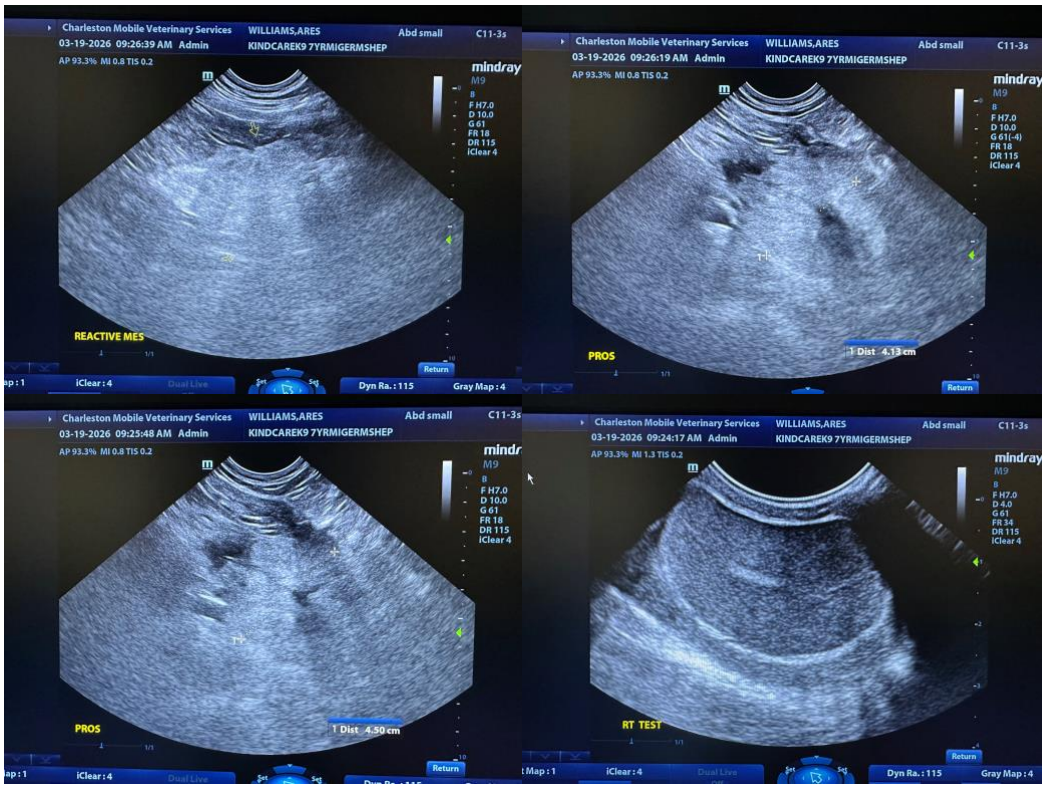

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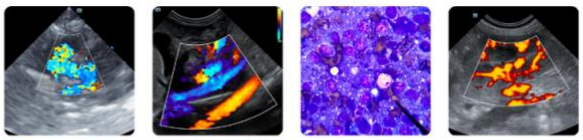

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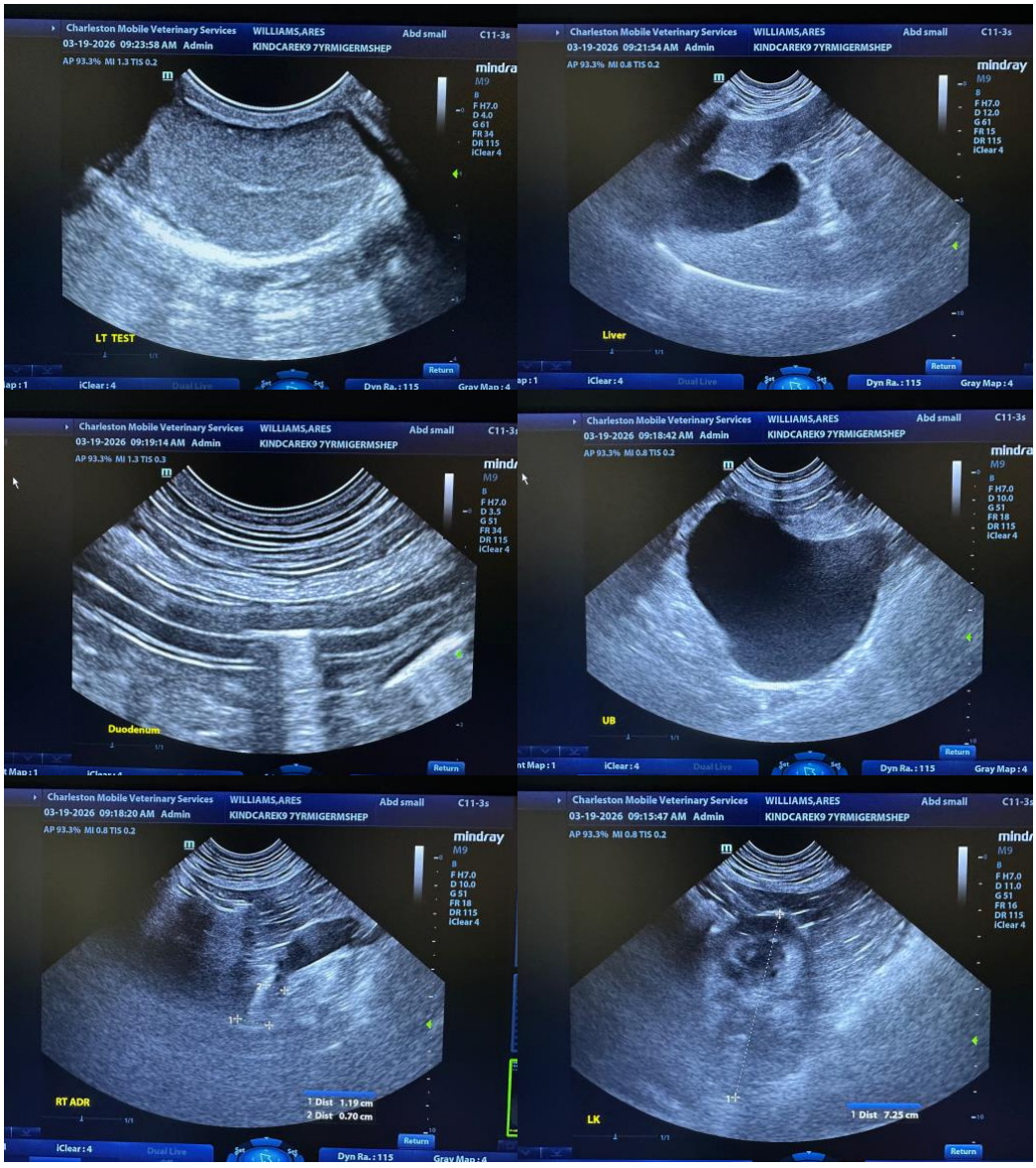

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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