



DATE PRESENTING CLINICAL SIGNS

4/13/26 **Patient History:** Tumorous testicle, castrated. Now having difficulty urinating.
PE: Weight gain.

PATIENT

Henry Sitko **Current Medications:** None listed.
Labwork Results: Labwork not attached, reported as: Biopsy results: 1. Interstitial cell tumor 2. Seminoma.
Date of Previous IntraPet Ultrasound: 6/5/25. See attached.

SPECIES

Canine **Sedation:** Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

Imaging Performed by: Rachel Brillhart, RDMS.

BREED

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Norwegian Elkhound ****This study was limited to the urinary system. There is a potential for pathology in organs that were not visualized.**

SEX

Urinary System

Male, neutered The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. A moderate amount of echogenic debris is observed within the lumen, most of which is gravity-dependent and some of which is suspended. The region of the trigone and the proximal urethra, visible to a depth of 5-6 cm, are normal. The penile urethra is evaluated and is unremarkable.

AGE

4/17/2014 The prostate is enlarged (5.9 x 2.72 cm) with smooth peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat and heterogeneous in appearance. The prostatic urethra is not overtly dilated. Surrounding mesentery is mildly hyperechoic.

WEIGHT

88 lbs.

INTERPRETED BY

The left kidney is normal in size (6.16 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Mild pyelectasia is present (0.27 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (6.74 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Moderate pyelectasia is present (0.41 cm in the transverse plane). A cortical infarct is suspected at the caudolateral aspect. There is no evidence of nephroliths or hydroureter. Renal vasculature is normal.

Andrea Nicastro, DVM,
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Medicine)

HOSPITAL NAME

Beltway AH

REFERRING VET

Lymph nodes

A 2.62 x 1.11 cm sublumbar lymph node is observed.

INVOICE

ULTRASONOGRAPHIC FINDINGS

13645

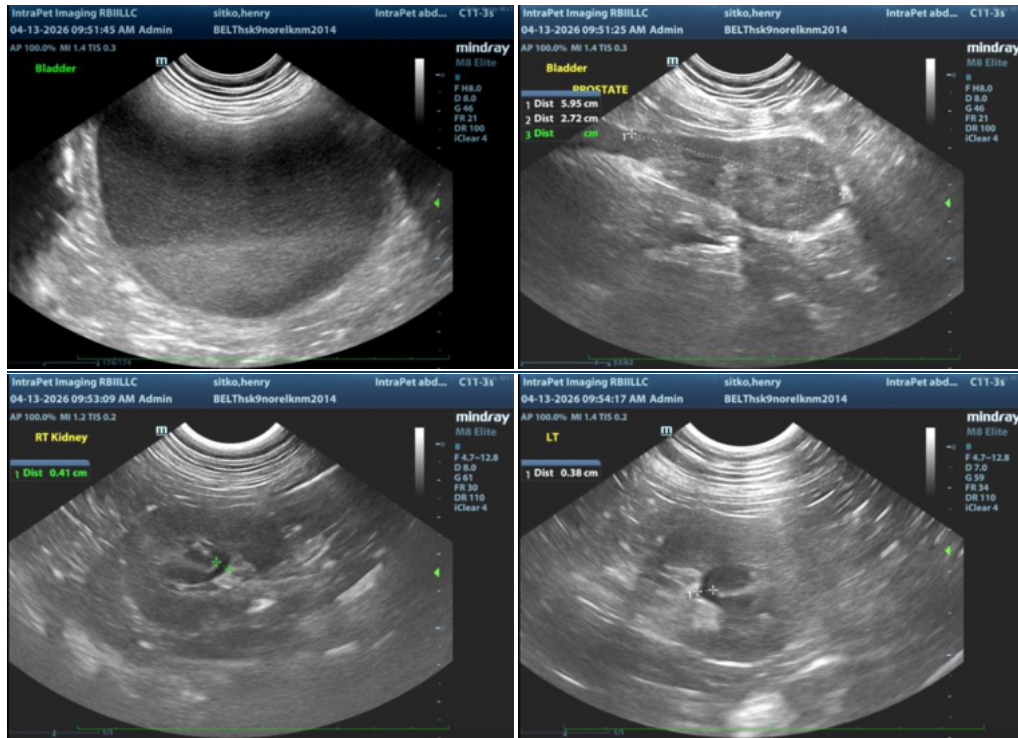
- Prostatomegaly. Considerations include prostatitis, residual prostatic hyperplasia, neoplasia (i.e., prostatic adenocarcinoma, transitional cell carcinoma), other. Mild adjacent retroperitonitis is present.

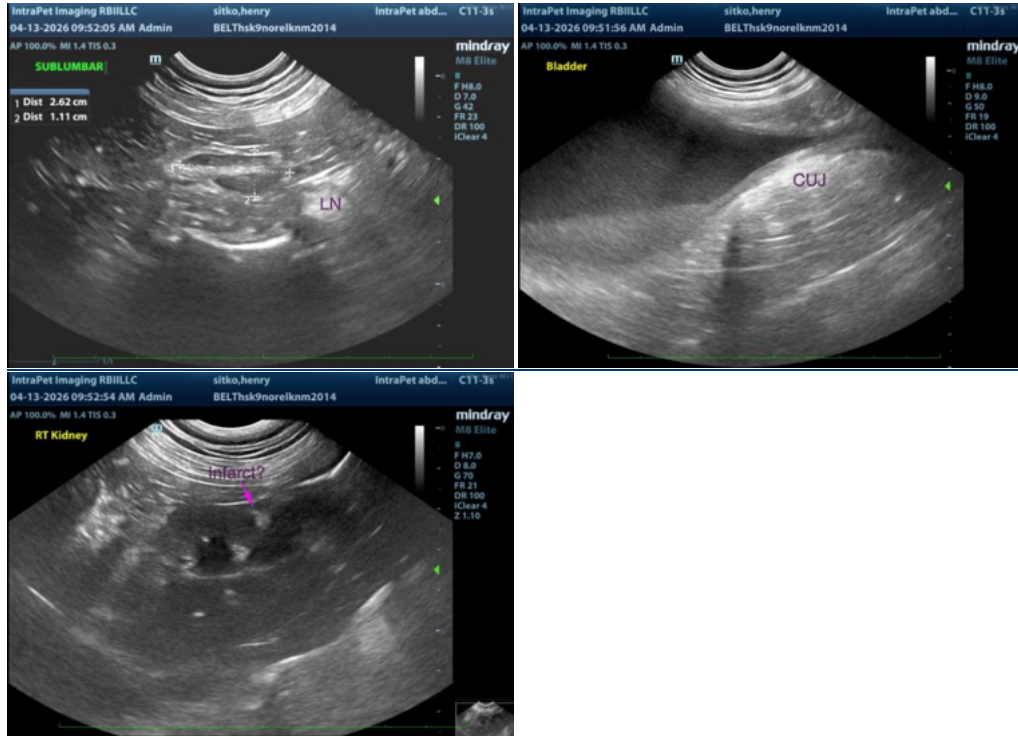
- Bilateral nonspecific, age-related renal changes with pyelectasia and a suspected right cortical infarct. The pyelectasia that was previously observed may be secondary to parenchymal remodeling, pyelonephritis, PU/PD (if applicable) or some combination thereof.
- The mild urinary debris is likely a benign, incidental finding.
- The prominent sublumber lymph node is likely reactive. However, emerging neoplasia cannot be completely excluded.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient's clinical history, consider the following:

1. Urinalysis with culture and sensitivity
2. Urine BRAF test to further evaluate for lower urinary tract neoplasia





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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