

**DATE**

5/31/22

**PRESENTING CLINICAL SIGNS**

Patient presents for evaluation of hematuria-unilateral cryptorchid intact. R/O BPH vs neoplasia vs other.

Current Medications: None current.

Lab Results: Overall unremarkable. USG 1.045, 3+ proteinuria, hematuria.

Radiographs: ST opacity between bladder and prostate indicating prostatic disease.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Gabapentin and Trazodone PO.

Stat Report: Not requested.

Imaging Performed By: Stephanie Pearce RDCS, RVT.

**PATIENT**

Pup Edwards

**SPECIES**

Canine

**BREED**

Chihuahua

**SEX**

Male, intact

**AGE**

9/3/2012

**WEIGHT**

7 lbs.

**INTERPRETED BY**

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

**HOSPITAL NAME**

Perry Hall AH

**REFERRING VET**

Dr. Miller

**INVOICE**

13448

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The ventral wall of the urinary bladder is being compressed by a prostatic cyst. The urinary bladder lumen is moderately distended with mostly anechoic urine. The wall is normal in thickness with a smooth mucosal surface. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is enlarged (7.32 x 2.55 cm) with an irregular shape. The parenchyma is hyperechoic relative to surrounding omental fat and heterogeneous in appearance with numerous small, ill-defined cystic areas. A 4.02 x 3.09 cm fluid filled cyst is arising from the cranial aspect. The fluid contains suspended echogenic debris as well as irregular hyperechoic tissue at the periphery and is deviating the ventral wall of the urinary bladder. The prostatic urethra is not overtly dilated.

The left kidney is normal in size (3.58 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. 1-2 small cortical cysts are visualized. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (3.93 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. 1-2 small cortical cysts are visualized. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is normal size (0.40 cm at cranial pole) (0.46 cm at caudal pole) (1.29 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.

The right adrenal gland is normal size (0.60 cm at cranial pole) (0.35 cm at caudal pole) (1.21 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.

**Spleen**

The spleen is normal in size (0.72 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.

**Liver**

The liver is subjectively prominent in size with swollen curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are

observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of aggregated, echogenic partially dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

### ***Gastrointestinal***

The gastric lumen is distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. 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. The colonic lumen contains shadowing fecal material. No obstructive disease is noted.

### ***Pancreas***

A portion of the pancreas is obscured by the gastric distention in the visualized portions. No obvious pathology is seen.

### ***Free Abdomen***

There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

### ***Other***

The left testicle is subjectively normal in size (1.76 x 1.09 cm) with a normal shape and smooth peripheral contours and is located in the scrotum. A 0.58 x 0.53 cm hypoechoic nodule is observed within the parenchyma.

The right testicle is normal to slightly small in size (1.68 x 1.24 cm) with subtly irregular shape. It is located in the inguinal region. The parenchyma is homogenous in appearance.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings:**

- The prostate changes are consistent with benign prostatic hyperplasia with parenchymal cysts. The larger fluid filled structure is suspected to be a parenchymal cyst. However, an abscess or paraprostatic cyst cannot be completely excluded. Given the clinical history, concurrent bacterial prostatitis is also a possibility.
- Right cryptorchid testicle. The left testicular nodule may represent a benign lesion or an emerging tumor.

### **Secondary Findings:**

- Bilateral, chronic age-related renal changes with dystrophic mineralization.
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Urine culture and sensitivity.

- Consultation with a board certified surgeon is recommended to discuss castration and possible omentalization of the large cystic area in the prostate. The testicles should be submitted for histopathology.
- In the meantime, initiation of broad spectrum antibiotic therapy (i.e., fluoroquinolone) is recommended as empirical treatment for bacterial prostatitis.



The information and recommendations provided are based on the images presented by the referring veterinarian. 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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