



**PATIENT**

Baron Edwards

**SPECIES**

Canine

**BREED**

German Shepherd

**SEX**

Intact Male

**AGE**

8 years

**WEIGHT**

103.3 lbs

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

West Hills AH

**REFERRING VET**

Dr. Cole

**DATE**

6/7/22

**INVOICE**

11038

**PRESENTING CLINICAL SIGNS**

History: 8-year-old M GSD dribbling urine for past 24+ hours. O stated he did also dribble urine  
Abnormal PE/Chem/CBC/UA Results: Pyuria, bacteria

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A small amount of echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is enlarged (6.05 cm in width) with a normal shape and smooth peripheral contours. The parenchyma is hyperechoic relative to surrounding omental fat and subtly heterogenous in appearance. Several, small, ill-defined parenchymal cysts are observed. The prostatic urethra is not overtly dilated.

The left kidney is normal size (8.09 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (7.74 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is normal size (0.70 cm at cranial pole) (0.78 cm at caudal pole) (3.06 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 (1.50 cm at cranial pole) (0.74 cm at caudal pole) (2.49 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 (2.13 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**



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

## SPECIES

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The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated, echogenic +/- mineralized, gravity dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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German Shepherd

### *Gastrointestinal*

## SEX

Intact Male

The gastric lumen is mildly 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. No obstructive disease is noted.

## AGE

8 years

### *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.

## WEIGHT

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### *Free Abdomen*

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

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### *Other*

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

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Sara Hansen

## ULTRASONOGRAPHIC FINDINGS

## HOSPITAL NAME

West Hills AH

### Primary Findings

- The prostate changes are most consistent with benign prostatic hyperplasia with small parenchymal cysts. Concurrent bacterial prostatitis is also possible, particularly given the patient's clinical history.

## REFERRING VET

Dr. Cole

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

## DATE

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- Urine culture and sensitivity. While awaiting test results, consider initiation of broad-spectrum antibiotics (i.e., fluoroquinolone).
- Castration is also strongly recommended. Baseline lab work, including a CBC Chemistry panel, urinalysis and T4 is recommended to assess overall metabolic function, particularly if the patient is to undergo anesthesia. Also consider thoracic radiographs to assess cardiopulmonary status prior to surgery.

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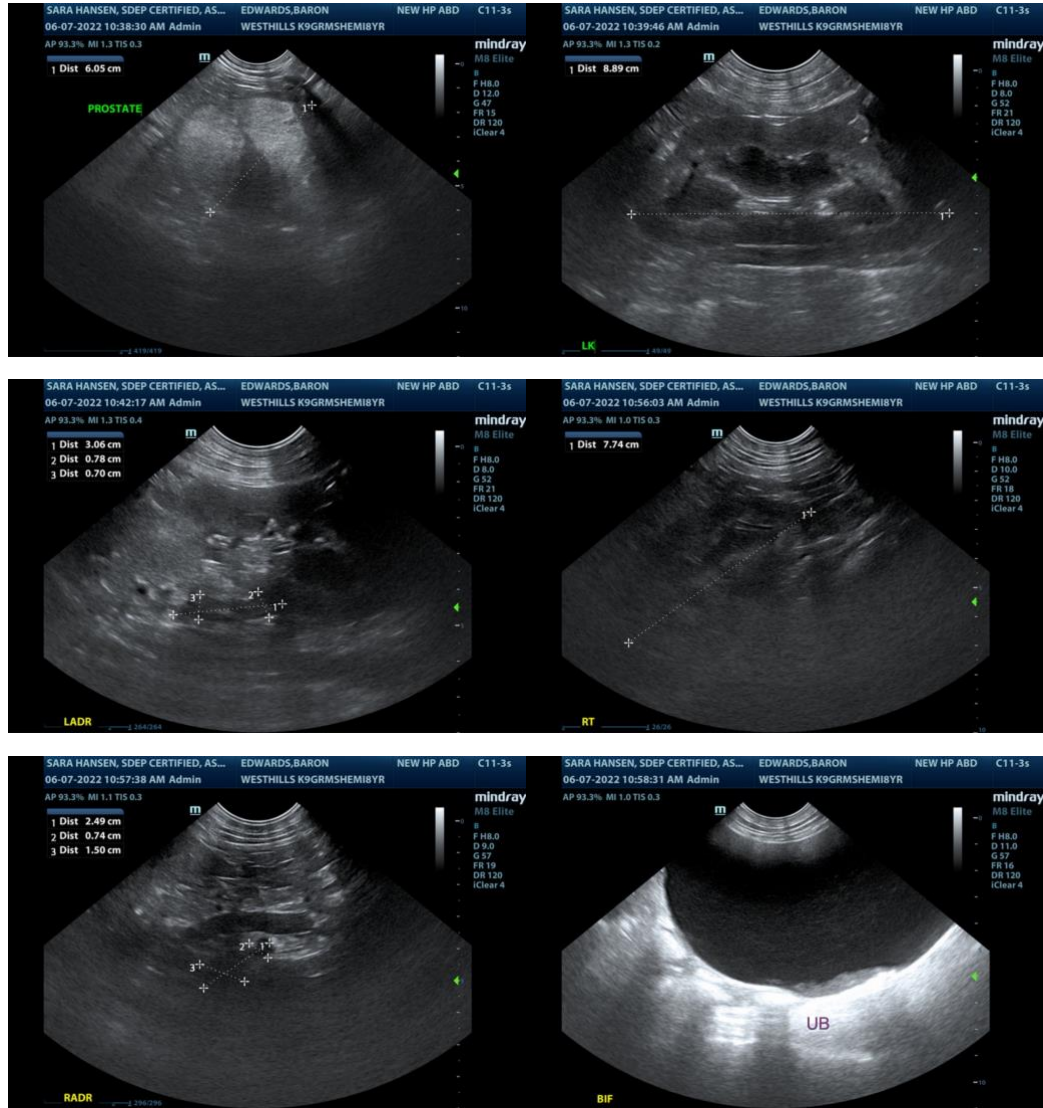
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Diplomate DACVIM (Small Animal Internal Medicine)  
info@SonoPath.com



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