

## PATIENT

Cookie Apulche

## SPECIES

Canine

## BREED

Boston Terrier

## SEX

Neutered Male

## AGE

4 years, 4 mos

## WEIGHT

25.8 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Loetitia Saint-Jacques,  
RVT LVT

## HOSPITAL NAME

MountainView AH

## REFERRING VET

Dr. Sarah Kalivoda

## INVOICE

11212

## DATE

7.8.22

## PRESENTING CLINICAL SIGNS

History: recheck prostate post castration~ MEDS: Heartgard Vetprofen prn for pain 25 mg po bid science diet c/d multicare.

## ULTRASONOGRAPHIC FINDINGS from 1/6/2022

### Primary Findings

- The prostate changes are most consistent with benign prostatic hyperplasia. Bacterial prostatitis is also a differential but considered unlikely in the absence of lower urinary tract signs.
- There is no evidence of urinary bladder sand or cystic calculi on today's scan

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Castration is recommended to reduce the risk of prostatitis in the future. prostate measures 2.15 cm

Abnormal PE/Chem/CBC/UA Results: LABS: no clinical sig chems normal 4dx neg

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder** wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. 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 penile urethra is evaluated. No obvious pathology is observed.

The **prostate** is prominent in size (1.34 cm in width) with normal curvilinear peripheral contours and homogenous parenchyma. The prostatic urethra is not overtly dilated.

The **left kidney** is normal size (4.79 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 hydroureter. Renal vasculature is normal.

The **right kidney** is normal size (4.81 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 hydroureter

### Adrenal Glands

The **left adrenal gland** is normal size (0.50 cm at cranial pole) (0.53 cm at caudal pole) (2.00 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.

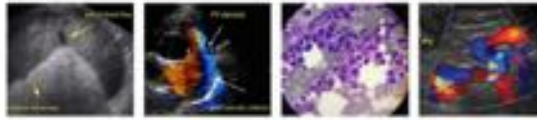
The **right adrenal gland** is normal size (0.79 cm at cranial pole) (0.58 cm at caudal pole) normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

### Spleen

The **spleen** is normal in size 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 normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or



## PATIENT

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

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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/not seen.

## BREED

Boston Terrier

### *Gastrointestinal*

The **stomach and intestine** are free of stasis and exhibit normal peristaltic activity. 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 thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

## SEX

Neutered 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

4 years, 4 mos

### *Free Abdomen*

The **peritoneal cavity** is normal. There is no evidence of inflammation or effusion. A 1.12 cm **lymph node** is observed at the aortic trifurcation. The node is normal in shape and echogenicity.

## WEIGHT

25.8 lbs

## ULTRASONOGRAPHIC FINDINGS

### Primary Findings

- Resolution of the previously observed benign prostatic hyperplasia.

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No further imaging is indicated unless problems arise.

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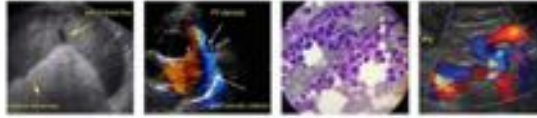
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**SPECIES**

Canine

**BREED**

Boston Terrier

**SEX**

Neutered Male

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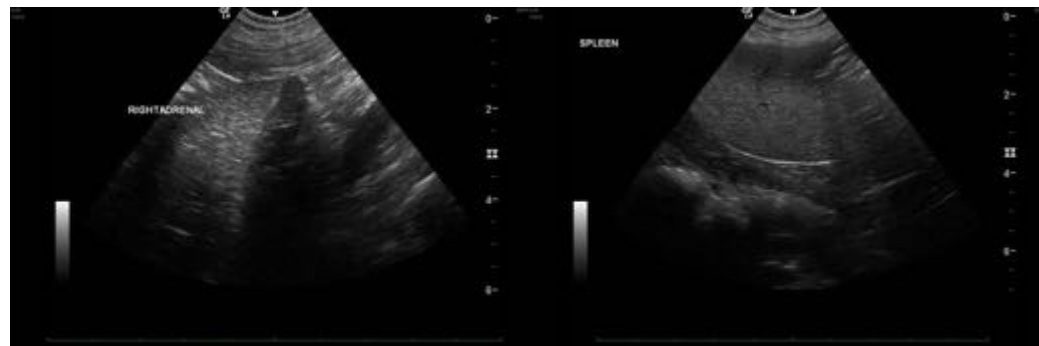
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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