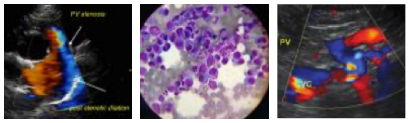
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE

8.11.2022

PATIENT

Winter Alvarez

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

11/25/2013

WEIGHT

63 lbs

INTERPRETED BY

Andrea Nicastro, DMV, Diplomate DACVIM (Small Animal Internal Medicine)

HOSPITAL NAME

Banfield Columbia

REFERRING VET

Dr. Scherping

INVOICE

11390

PRESENTING CLINICAL SIGNS

6/23/22 patient was taken to EVC for lameness and dribbling urine. On rads an enlarged prostate and very large bladder were noted. Ucath was placed to relieve potential obstruction and p was discharged on rimadyl and gabapentin. P was neutered approx. 1 year ago, per o it was done at a spay/neuter clinic and he was a cryptorchid. She believes they removed both testicles but does not have the surgery report. Recheck today - unable to palpate prostate d/t p size. Possible small soft tissue mass palpated in left inguinal canal that could be a small abnormal testicle but not definitive. P urinating normally and no longer lame.

Current Medications: Marbofloxacin - 150mg SID, started today. Not on any other meds currently. Will be on gabapentin and trazodone prior to ultrasound.
Lab Results: U/A done today - TNTC bacterial rods and WBC on free catch, no sperm, few clumps of transitional cells. No other sediment, dipstick chem normal save for positive nitrates.
Radiographs: show prostatomegaly.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, REDMS.

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

ULTRASONOGRAPHIC EXAMINATION OF THE 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 **prostate** is prominent in size (1.56 cm in width) with normal curvilinear peripheral contours. The parenchyma is homogenous and of appropriate echogenicity and echotexture. No distinct focal lesions are observed. The prostatic urethra is not overtly dilated.

The **left kidney** is normal size (6.79 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The **right kidney** is normal size (7.01 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Other

A 1.28 X 3.70 cm medial iliac **lymph node** is visualized.

A 1.29 x 0.40 cm irregular, hypoechoic to slightly heterogenous structure is observed in the left inguinal area.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

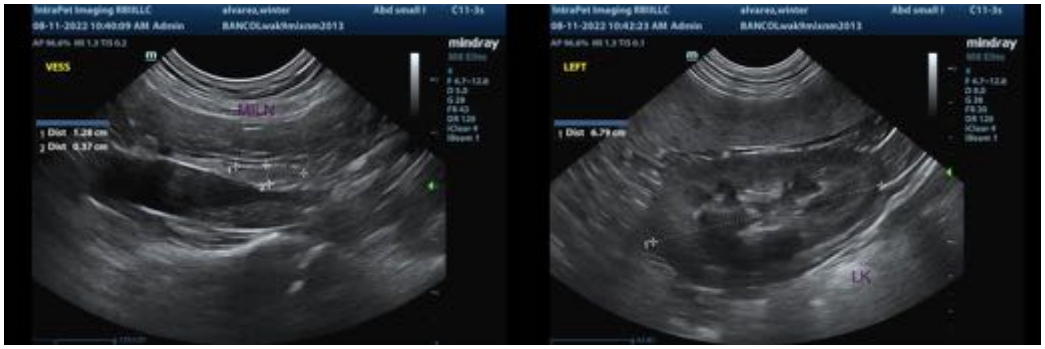
- The prostate changes are most consistent with resolving benign prostatic hyperplasia.

- Bilateral, age-related, chronic, degenerative renal changes

- The echogenic structure in the left inguinal area may represent an inguinal, remodeled lymph node, retained testicle (unlikely), granuloma, emerging tumor, other. Given the prostatic appearance, a retained testicle is considered less likely. However, further testing would be necessary to rule out a retained testicle.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

To further determine if a retained testicle is present, consider either a gonadotrophin-releasing hormone (GnRH) stimulation test or a human chorionic gonadotrophin (HCG) stimulation test.



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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