



PATIENT

Buckle Troillet

SPECIES

Canine

BREED

Border Collie

SEX

Male, intact

AGE

8 Yrs.

WEIGHT

49 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Harold Mike Beard

HOSPITAL NAME

West Prince AH

REFERRING VET

Dr. Greg Hartman

INVOICE

11952

DATE

8/24/21

PRESENTING CLINICAL SIGNS

History: Chronic LUTD in an 8 yr old intact male, R unilateral cryptorchidism. RDVM concerned about possible prostate or undescended testicle issues. Also wanted us to look at bladder.
Abnormal PE/Chem/CBC/UA Results: Urine culture no growth. Prostatomegaly reported by RDVM. CBC eosinophilia. Chemistry WNL. UA WBCs, RBCs, protein.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended. The wall is of appropriate thickness for the level of repletion. A small amount of suspended echogenic debris is observed within the lumen. The region of the trigone is prominent but smooth. The visible portion of the proximal urethra is normal.

The prostate is enlarged (5.35 cm) with slightly irregular peripheral contours. The parenchyma is hypoechoic and mottled in appearance. A few cystic areas are observed within the parenchyma, the largest measuring 1.75 cm in diameter. The prostatic urethra is not overtly dilated. A scant amount of retroperitoneal fluid is visualized adjacent to the prostate.

The left kidney is normal size (6.32 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (7.04 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.55 cm at cranial pole) (0.60 cm at caudal pole) (2.43 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 (0.83 cm at cranial pole) (0.55 cm at caudal pole) (2.11 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 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 curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion. The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.



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Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly fluid 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. No obstructive disease is noted.

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.

Free Abdomen

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

Other

The left testicle is subjectively normal in size (3.09 x 2.28 cm) with a normal shape and smooth peripheral contours. The parenchyma is homogeneous. No focal lesions are observed.

A testicle is observed in the last video clip time stamped 4:40 pm. It is unclear if this is the left or right testicle as it is without a label.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The prostate changes are most consistent with benign prostatic hyperplasia and parenchymal cysts. Based on the urinalysis results, concurrent bacterial prostatitis is suspected. Caudal retroperitonitis is present, likely secondary to prostatic pathology.
- The urinary bladder debris could be consistent with cells, crystals and/or exfoliated material.

Secondary Findings:

- Minor age-related hepatic and renal changes.
- I am unable to comment on the cryptorchid status as the testicles are not labeled.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Despite the negative urine culture, empirical treatment for bacterial prostatitis (i.e., a fluoroquinolone) is recommended along with castration. Additional sonographic images of the testicles particularly the right testicle would be useful in pre-surgical planning.
- Given the patient's age, three view thoracic radiographs are recommended prior to anesthesia.



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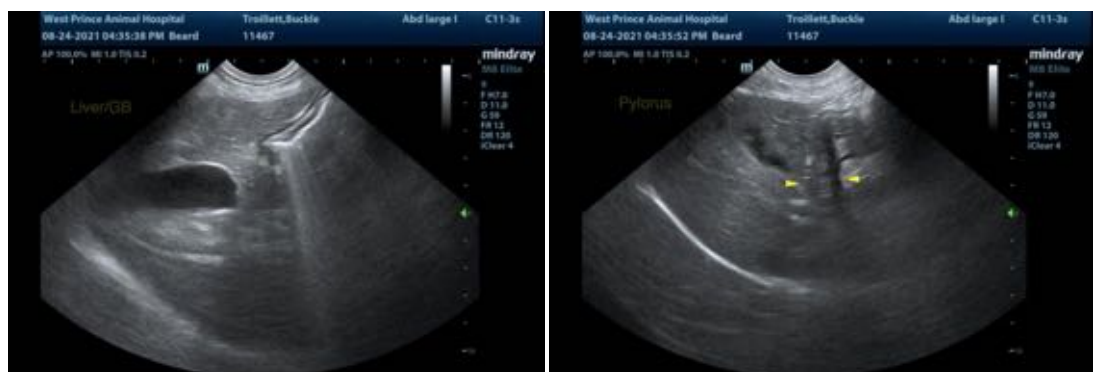
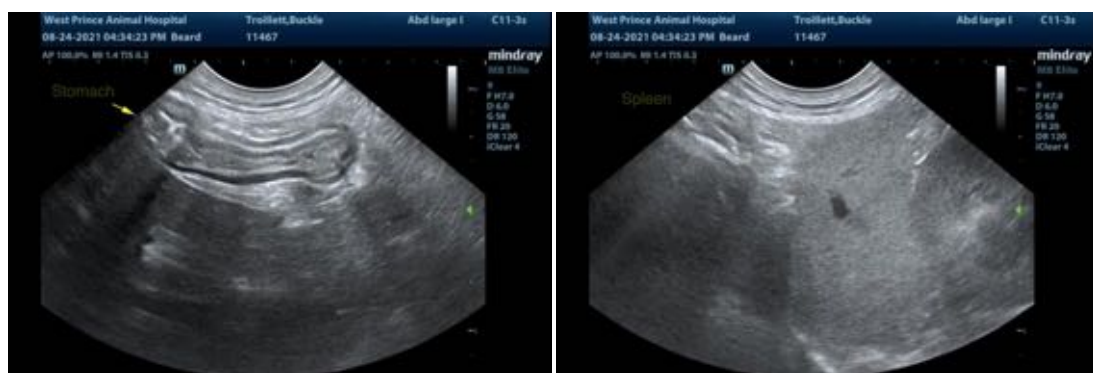
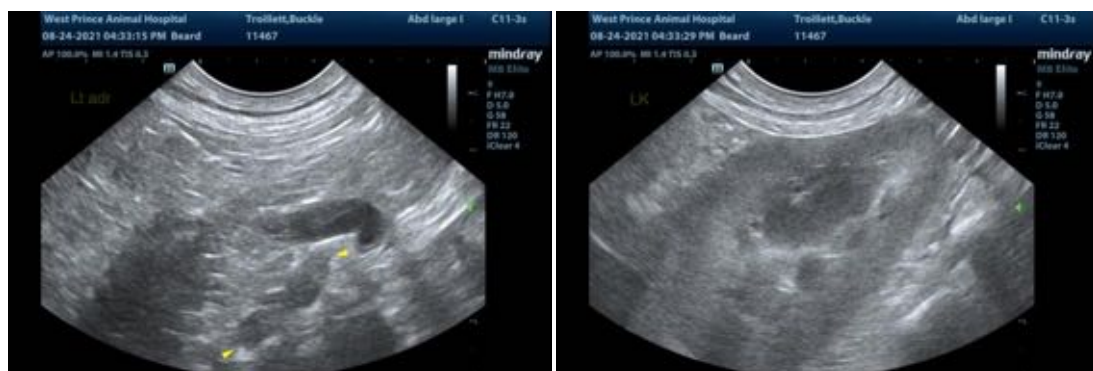
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

Andrea.nicastro@sonopath.com