

**DATE**

9/13/22

PATIENT

Liberty Phaneuf

SPECIES

Canine

BREED

Husky mix

SEX

Male, neutered

AGE

9/15/2015

WEIGHT

19 kg.

INTERPRETED BY

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

HOSPITAL NAME

Nexus VS

REFERRING VET

Dr. Steele

INVOICE

13946

PRESENTING CLINICAL SIGNS

Owners noted frank blood dripping from penis 9/4, no other abnormalities at home, no lower urinary tract signs. Seen at ER 9/5, noted to have prostatomegaly and prostatic pain. CBC/chem unremarkable, UA questionable bacteria, culture ultimately negative. Improved with enrofloxacin and NSAID, owners no longer seeing blood. PE--smooth, symmetric, but enlarged and painful prostate. Nothing in the inguinal area suspicious for retained testicle. Adopted Dec 2020 from Kuwait, neutered with rescue and as far as owner knows, routine neuter (waiting to see if we can get a surgery report). Owner reports a similar episode of blood from the penis in December 2021 that resolved w/antibiotics.

Current Medications: Enrofloxacin 136mg 1.5 PO q24h

Lab Results: 9/5 CBC/chem unremarkable. UA--USG 1.034, pH 7.0, trace protein, 4+ blood, suspect cocci. Negative culture.

Radiographs: 9/5: Rads--prostatomegaly.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, BS, RDMS.

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 prostate is enlarged (3.54 cm in width) with a slightly irregular shape. The parenchyma is hyperechoic relative to surrounding omental fat and heterogeneous in appearance with a few small cystic lesions, the largest measuring 0.75 cm in diameter. The prostatic urethra is not overtly dilated.

The left kidney is normal size (6.46 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (6.38 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.44 cm at cranial pole) (0.52 cm at caudal pole) (2.14 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 (0.50 cm at cranial pole) (0.48 cm at caudal pole) (1.99 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 (1.69 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 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. The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of echogenic to mineralized debris is observed within the lumen, most of which is gravity-dependent and some of which is suspended. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally gas distended. 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 right testicle (1.79 x 1.33 cm) is visualized adjacent to the apex of the bladder. The testicle is small with a slightly irregular shape and mildly heterogeneous parenchyma.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The prostate changes are consistent with benign prostatic hyperplasia with parenchymal cysts. Concurrent bacterial prostatitis is also possible, particularly given the patient's lower urinary tract signs.
- Intra-abdominal right testicle.

Secondary Findings:

- Minor, bilateral age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further diagnostic and treatment recommendations are to be implemented by Dr. Cara Steele.



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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