

**PATIENT PRESENTING CLINICAL SIGNS**

Valentino Rheamount History: Hematuria for a week- licking penis- sedated and difficult to examine when not sedated -  
Prev diagnosed with a UTI but records not available-  
Abnormal PE/Chem/CBC/UA Results: Urine Culture Neg

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

*Urinary System*

Pitbull

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended. A small amount of suspended 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 penile urethra is evaluated. No obvious abnormalities are seen.

**SEX**

Male, intact

The prostate is enlarged (>4.5 cm in width) with a slightly irregular shape. The parenchyma is hyperechoic relative to surrounding omental fat and heterogeneous in appearance with several irregular cystic areas. Some of the cysts contain echogenic debris. The prostatic/post prostatic urethra is not overtly dilated.

**AGE**

2.8 Years

The left kidney is normal size (7.69 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.

**WEIGHT**

62 Pounds

The right kidney is normal size (7.49 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.

**INTERPRETED BY**

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

*Adrenal Glands*

**IMAGING PERFORMED BY**

The left adrenal gland is normal size (0.64 cm at cranial pole) (0.58 cm at caudal pole) (3.49 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.

Loetitia Saint-Jacques, RVT

**HOSPITAL NAME**

The right adrenal gland is normal size (0.68 cm at cranial pole) (0.58 cm at caudal pole) (3.11 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.

Truckee Meadows VH

**REFERRING VET**

*Spleen*

Dr. Rachel Kuester

The spleen is subjectively normal in size with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

**INVOICE**

*Liver*

14001

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

**DATE**

9/20/22



**PATIENT**

Valentino Rheamount

distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

***Gastrointestinal***

**SPECIES**

Canine

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. 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.

**BREED**

Pitbull

***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.

**SEX**

Male, intact

***Free Abdomen***

There is no obvious evidence of free fluid. A 1.46 cm jejunal lymph node is visualized. 2-3 prominent lymph nodes are also observed at the aortic trifurcation, the largest measuring 2.18 cm in length. All nodes are normal in shape and echogenicity.

**AGE**

2.8 Years

***Other***

**WEIGHT**

62 Pounds

The testicles are subjectively normal in size (left 3.37 x 2.22 cm; right 3.72 x 2.34 cm) and symmetrical with homogeneous parenchyma.

**INTERPRETED BY**

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

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings:**

- The prostate changes are consistent with benign prostatic hyperplasia. The cystic areas may represent sterile parenchymal cysts or areas of abscessation.
- The urinary bladder debris could be consistent with cells, crystals, exfoliated material and/or lipid droplets.

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques, RVT

**Secondary Findings:**

- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

**HOSPITAL NAME**

Truckee Meadows VH

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**REFERRING VET**

Dr. Rachel Kuester

- Consider fine needle aspiration of the prostate (with particular attention to the cystic areas) to help determine if abscessation is present. If abscessation is confirmed, consultation with a board-certified surgeon should be considered to discuss potential omentalization of the prostate (if indicated).

**INVOICE**

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- While awaiting urine culture and cytology results, empirical treatment for bacterial prostatitis (i.e., fluoroquinolone) is recommended. Castration is also strongly recommended.

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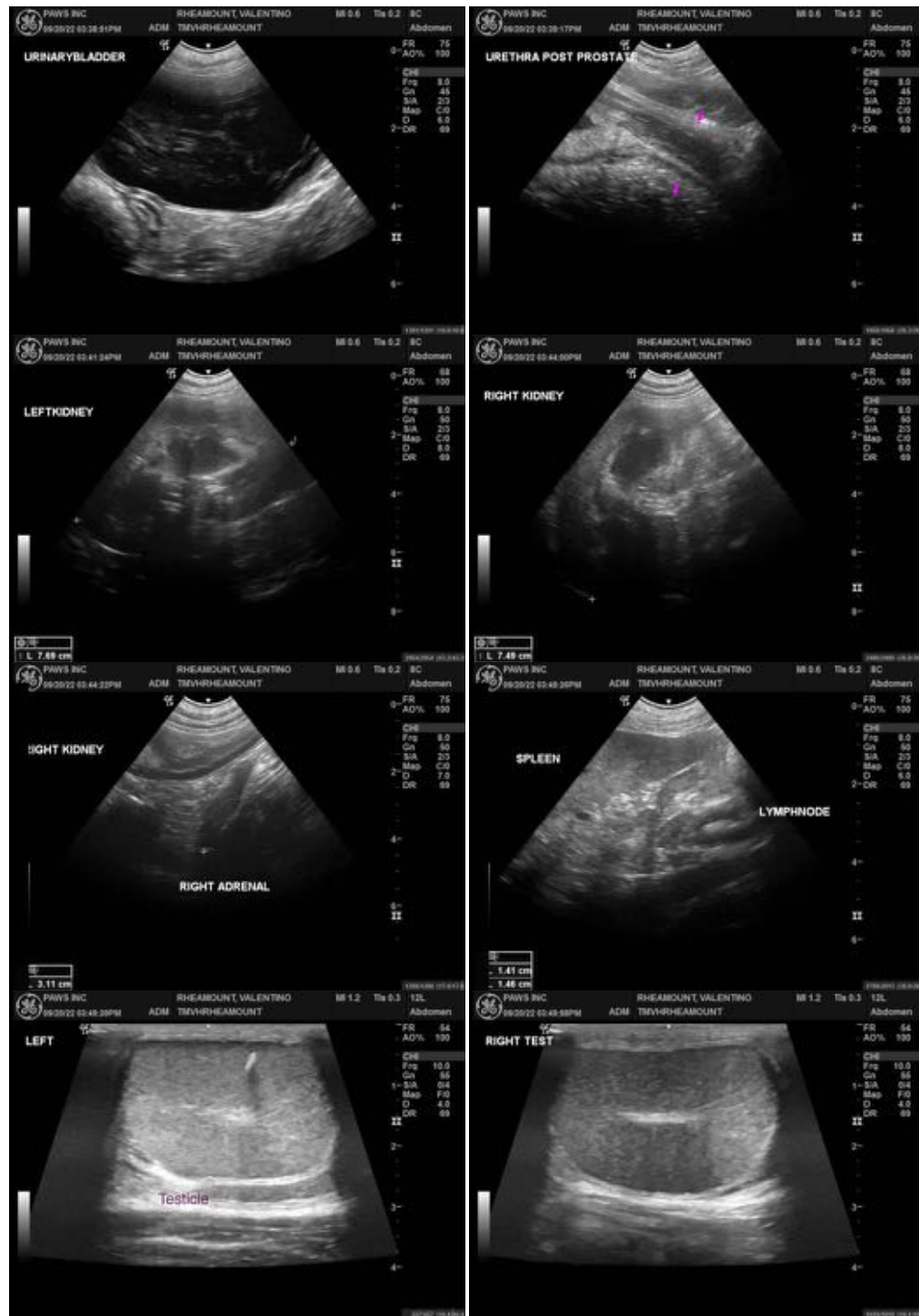
Loetitia Saint-Jacques, RVT

**HOSPITAL NAME**

Truckee Meadows VH

**REFERRING VET**

Dr. Rachel Kuester



**INVOICE**

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**PATIENT**

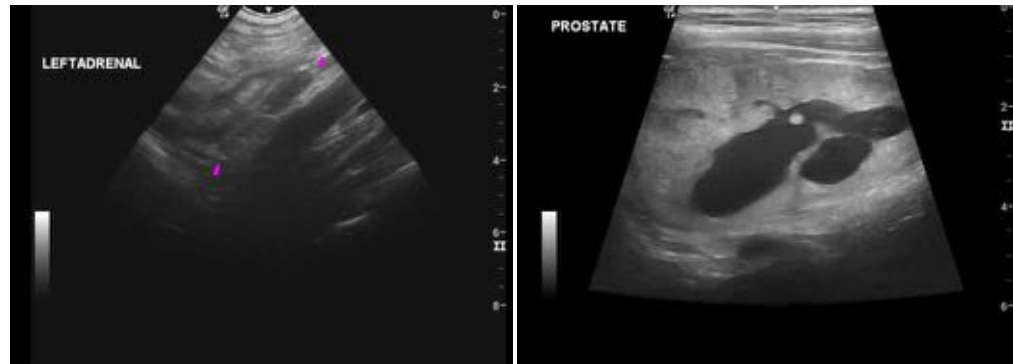
Valentino Rheamount

**SPECIES**

Canine

**BREED**

Pitbull



**SEX**

Male, intact

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.

**AGE**

2.8 Years

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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)  
[info@SonoPath.com](mailto:info@SonoPath.com)

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62 Pounds

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