



**PATIENT**

Vidock Fernandez

**SPECIES**

Canine

**BREED**

German shepherd

**SEX**

Male, intact

**AGE**

9 Yrs.

**WEIGHT**

66 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Sheldon

**HOSPITAL NAME**

Advanced PetCare of  
Oakland

**REFERRING VET**

Dr. Sheldon

**INVOICE**

13989

**DATE**

9/20/22

**PRESENTING CLINICAL SIGNS**

History: Pet has history of urinary incontinence, and hematuria. Intact male. No stranguria per owner.

Abnormal PE/Chem/CBC/UA Results: Urine culture was negative. Aspirates and culture of prostate is pending.

**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 (>4.5 cm) with a slightly irregular shape. The parenchyma is hyperechoic relative to surrounding omental fat and heterogeneous in appearance with numerous small, ill-defined cystic areas throughout the gland. The prostatic urethra is not overtly dilated.

The left kidney is normal size (6.84 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 hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (7.11 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 hydronephrosis. Renal vasculature is normal.

*Adrenal Glands*

The left adrenal gland is normal size (0.42 cm at cranial pole) (0.63 cm at caudal pole) (2.06 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 (0.32 cm at cranial pole) (0.49 cm at caudal pole) (1.56 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 (2.13 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



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

**Gastrointestinal**

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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. No obstructive disease is noted.

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**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**

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**Free Abdomen**

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

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**ULTRASONOGRAPHIC FINDINGS**

- The prostate changes are most consistent with benign prostatic hyperplasia with parenchymal cysts. Concurrent bacterial prostatitis is also a consideration, particularly given the patient's clinical history.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- While awaiting prostatic aspirate and culture results, initiation of broad-spectrum antibiotics (i.e., a fluoroquinolone) is recommended.
- Castration is also strongly recommended.
- Baseline labwork including a CBC chemistry panel and T4 should also be considered to assess overall metabolic function.

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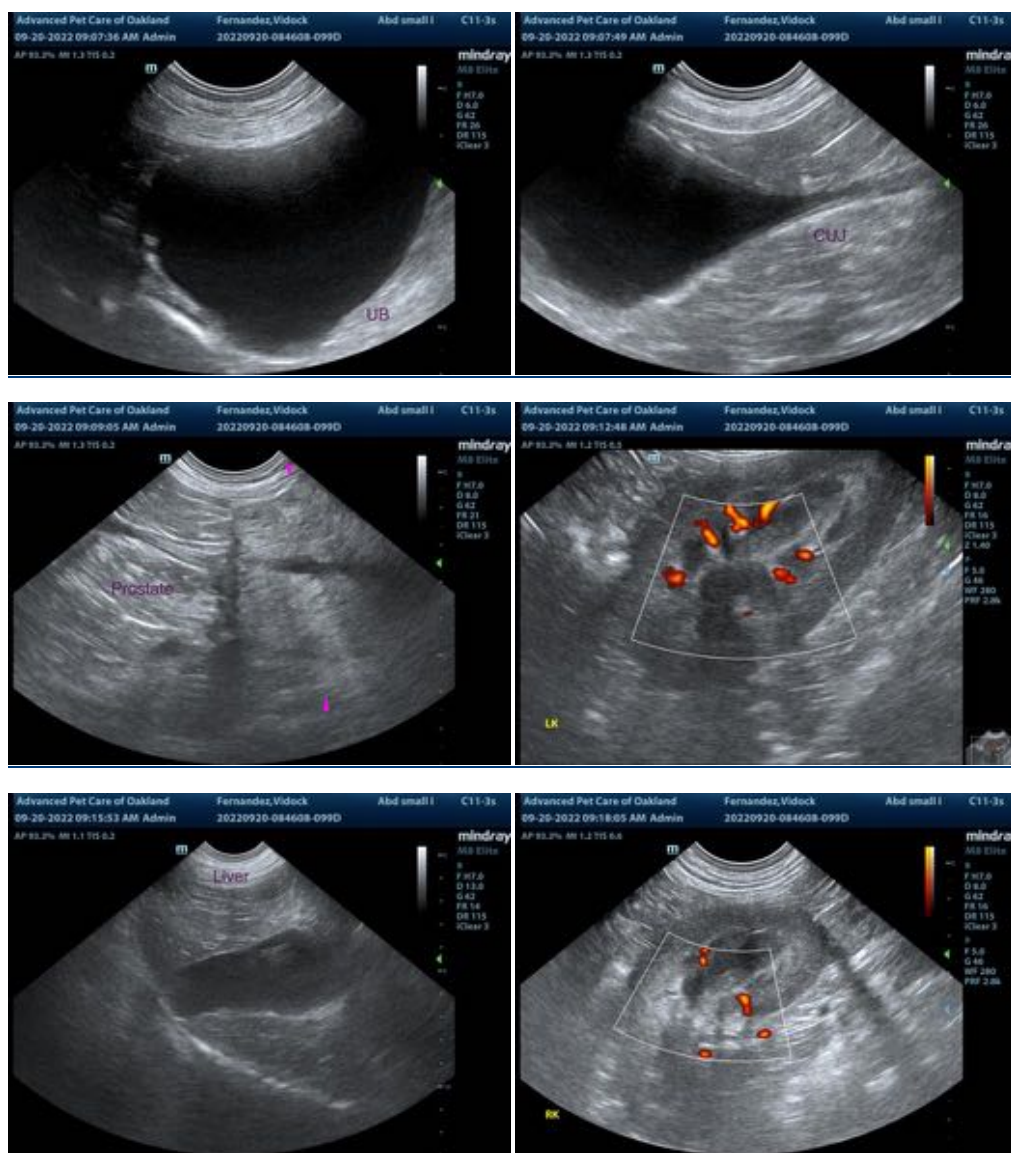
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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