PATIENT

Sebastian Reaves

SPECIES

Canine

BREED

Lab

SEX

Male, intact

AGE

5/27/2015

WEIGHT

127 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Meadowlawn Conway

REFERRING VET

Dr. Heim

INVOICE

13583

DATE

3/4/26

PRESENTING CLINICAL SIGNS

- SWO mid-day. Discussed continued hematuria - there are a finite number of causes, some being more concerning in an older intact male dog, Discussed no abnormalities noted involving the bladder wall when using the small US probe here. Discussed possible prostate enlargement noted on x-rays. Discussed no evidence of bladder stones thus far. Recommended treating as if prostatitis - O approved. Recommended Baytril, an expensive medication - recommended dispensing enough to get Sebastian through the weekend, recommended purchasing more through our online pharmacy. Discussed utility of a full AUS - O interested.
- Discussed behavior - Sebastian seems quite stressed here. Recommend Gaba and Traz, and discussed why. O approved. Bloodwork reveals a hematocrit of 37% non-regenerative. ALT 217, USG 1.040 with proteinuria, hematuria and pyuria along with struvite crystalluria. Normal T4. 4DX negative. Fecal negative.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A large amount of suspended debris, some of which is aggregated is observed within the lumen. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 6-7 cm, are normal.

The prostate is enlarged (4.17 cm in width) with smooth peripheral contours. The parenchyma is heterogeneous with numerous mineralized foci throughout the organ. The prostatic urethra is not overtly dilated. The mesentery effacing the serosal surface is mildly hyperechoic.

The left kidney is normal in size (8.23 cm in length) with a normal shape, architecture and 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. Renal vasculature is normal.

The right kidney is normal in size (8.44 cm in length) with a normal shape, architecture and 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. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.69 cm at cranial pole) (0.68 cm at caudal pole) with a normal shape and 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 mildly enlarged (0.91 cm at cranial pole) (0.91 cm at caudal pole) with a normal shape and 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.

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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 portal vein to caudal vena cava ratio is approximately 1:1.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of gravity-dependent echogenic debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly distended with ingesta and irregular shadowing material. 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 is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is slightly hyperechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Lymph nodes

1-2 prominent medial iliac lymph nodes are visualized, one of the nodes measuring 3.55 x 0.59 cm.

Free Abdomen

There is no obvious evidence of free fluid.

Other

The testicles are subjectively normal in size (left 4.2 x 2.2 cm; right 3.7 x 2.9 cm) and symmetrical with homogeneous parenchyma.

A brief echocardiogram reveals no obvious evidence of pericardial or pleural effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The prostate changes are most consistent with benign prostatic hyperplasia. Concurrent bacterial prostatitis is possible, particularly given the patient's clinical history and mild adjacent retroperitonitis. Prostatic neoplasia can also not be completely excluded.

Secondary Findings:

- The urinary bladder could be consistent with cells, crystals, exfoliated material, mucus, and/or lipid droplets.
- Minor geriatric hepatic and renal changes
- Mild right adrenomegaly

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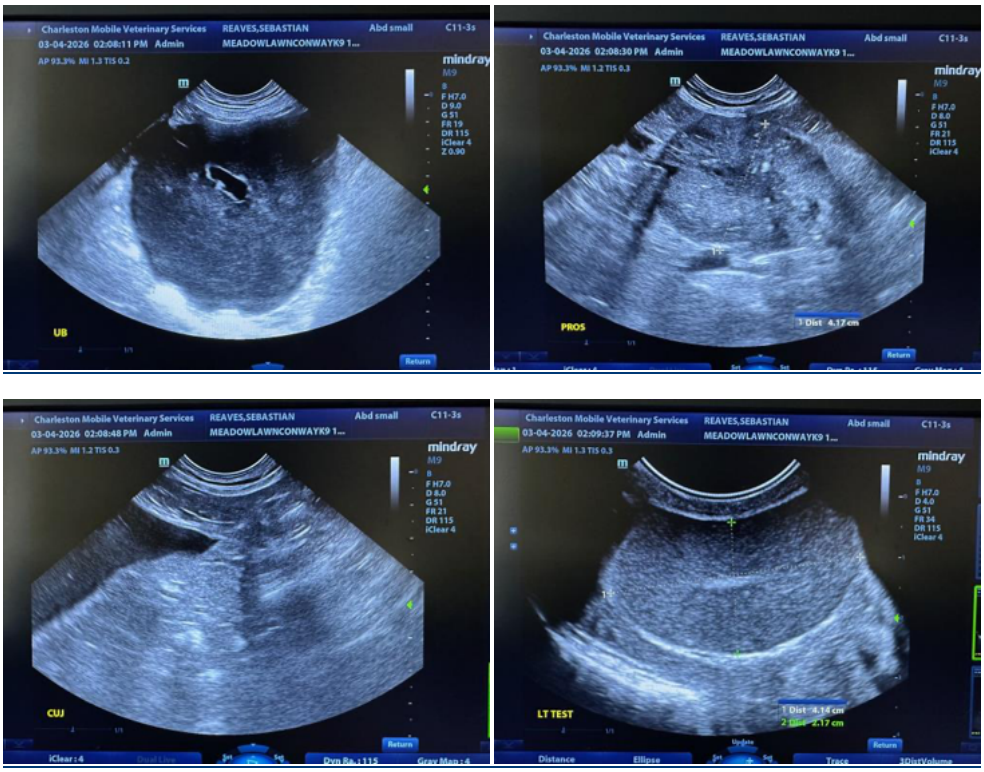
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The shadowing material within the gastric lumen may represent normal ingesta and/or foreign material. It appears non-obstructive at the time of this study. If the patient was fasted for this study, delayed gastric emptying should be considered.
- The medial iliac lymphadenopathy is likely reactive with a lower possibility of infiltrative neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient's clinical history, consider the following:

1. Urine culture and sensitivity
2. Fine needle aspiration of the prostate (assuming normal clotting status). A 25-gauge needle should be used.
3. +/- urine BRAF test to further evaluate for lower urinary tract neoplasia
4. Ultimately, castration should be considered.
5. While awaiting test results, empirical treatment for bacterial prostatitis (i.e., a fluoroquinolone) is recommended.



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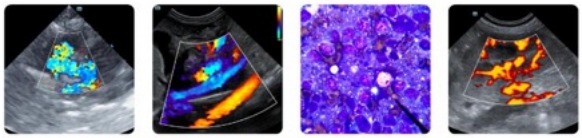

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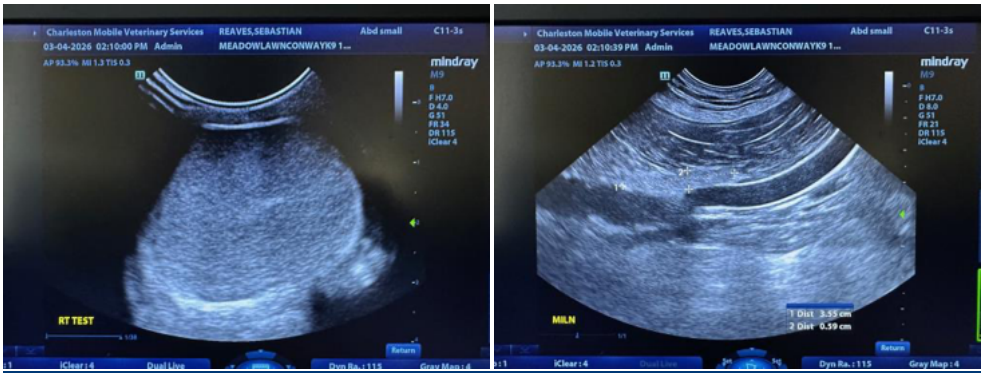

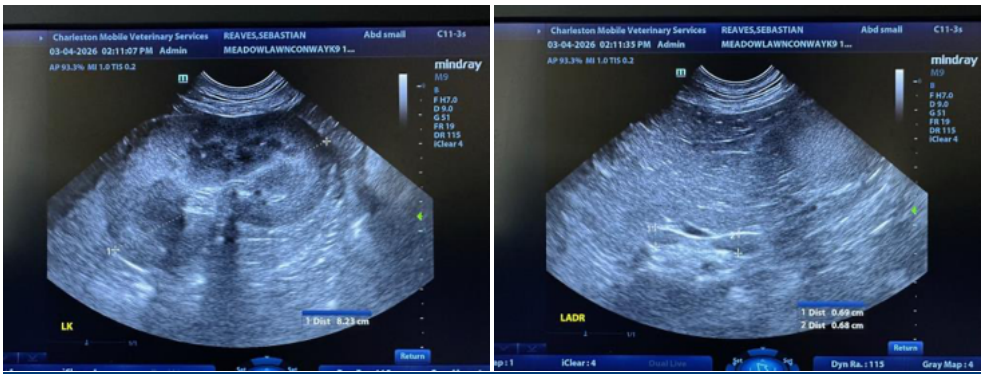

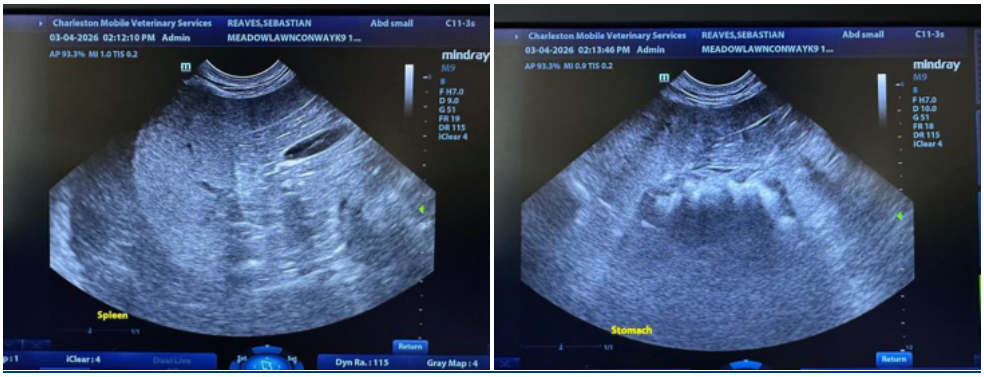

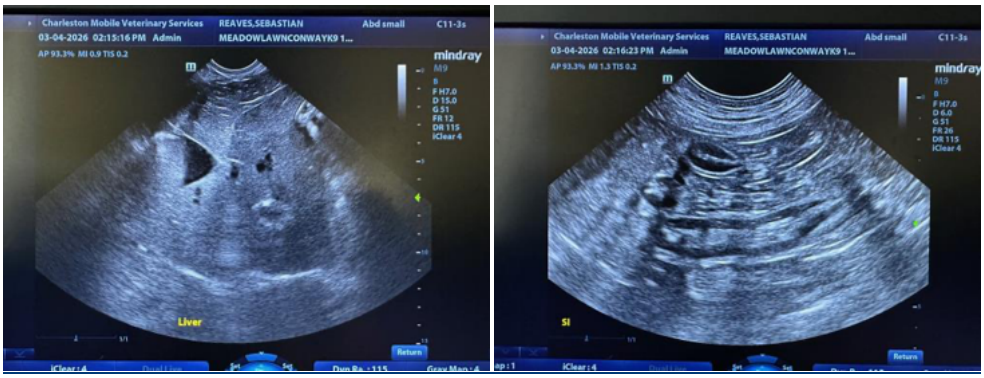

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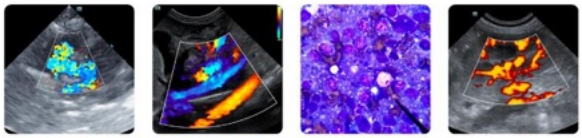

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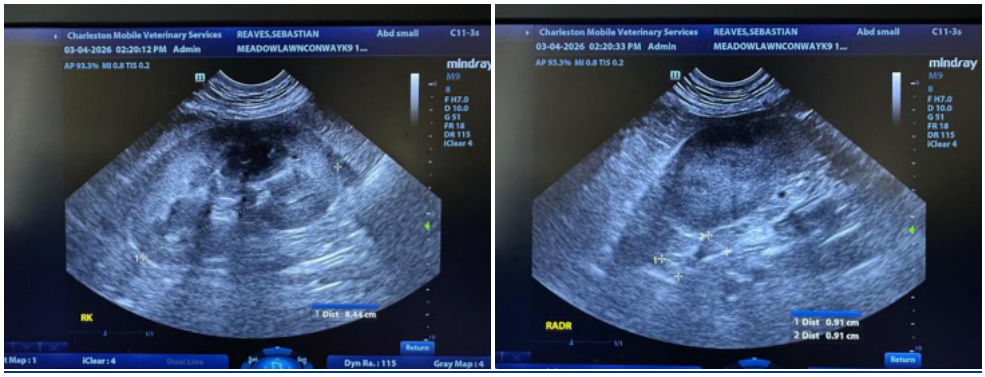

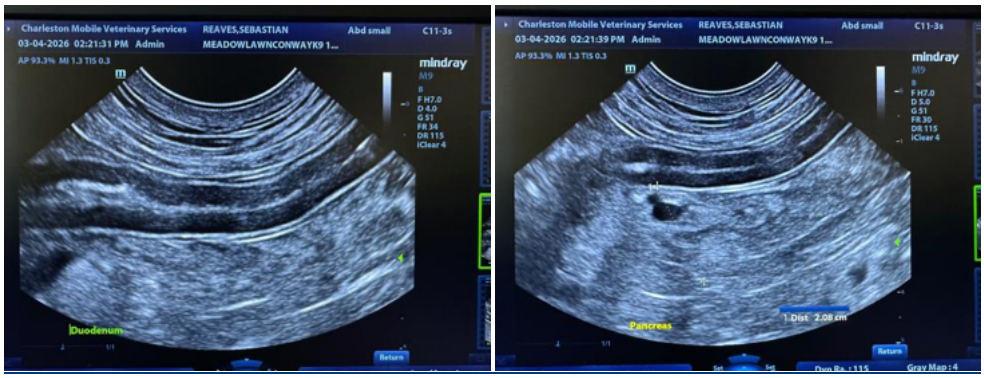

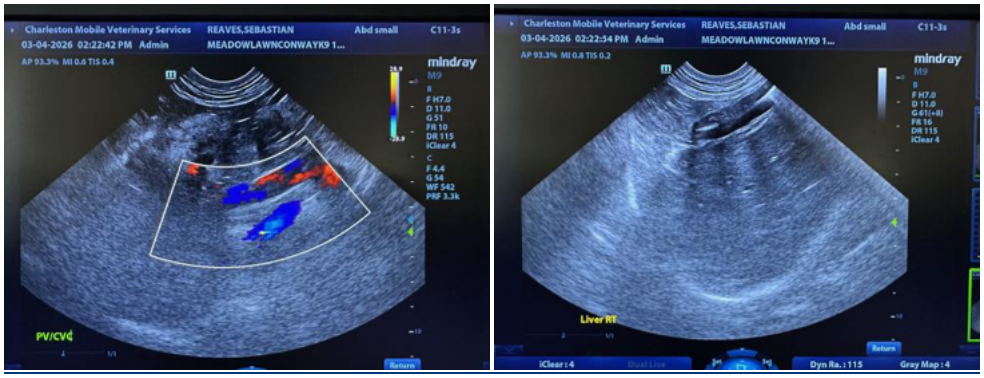

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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