

**DATE PRESENTING CLINICAL SIGNS**

3/29/23 Ultrasound to search for abdominal testicle for castration (Cryptorchid).

**PATIENT**

Current Medications: None listed.

Date of Previous IntraPet Ultrasound: No previous.

Max Saran

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

**SPECIES**

Imaging Performed By: Stephanie Warga RDCS, RVT.

Canine

**LIMITED ULTRASONOGRAPHIC EXAMINATION****BREED**

Prostate is normal in size for an intact male (4.3 cm wide). Parenchyma is diffusely homogenous and relatively hyperechoic. Normal distinct margins and symmetrical bilobed shape are maintained.

German Shepherd

**SEX**

The right kidney is normal in size (8.19 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Intact Male

**AGE**

The left kidney is normal in size (8.37 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

1/4/22

**WEIGHT**

Presumably, the right testicle is visualized within the abdomen adjacent to the urinary bladder, in the area of the aortic bifurcation. The presumably left testicle is visualized within the scrotum.

81.8 Pounds

**ULTRASONOGRAPHIC FINDINGS****INTERPRETED BY**

- Cryptorchid with an intraabdominal testicle (presumably the right) well visualized.

Beth Johnson, DVM  
DACVIM

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS****HOSPITAL NAME**

Recommendations are to proceed with neuter as planned.

Banfield Timonium

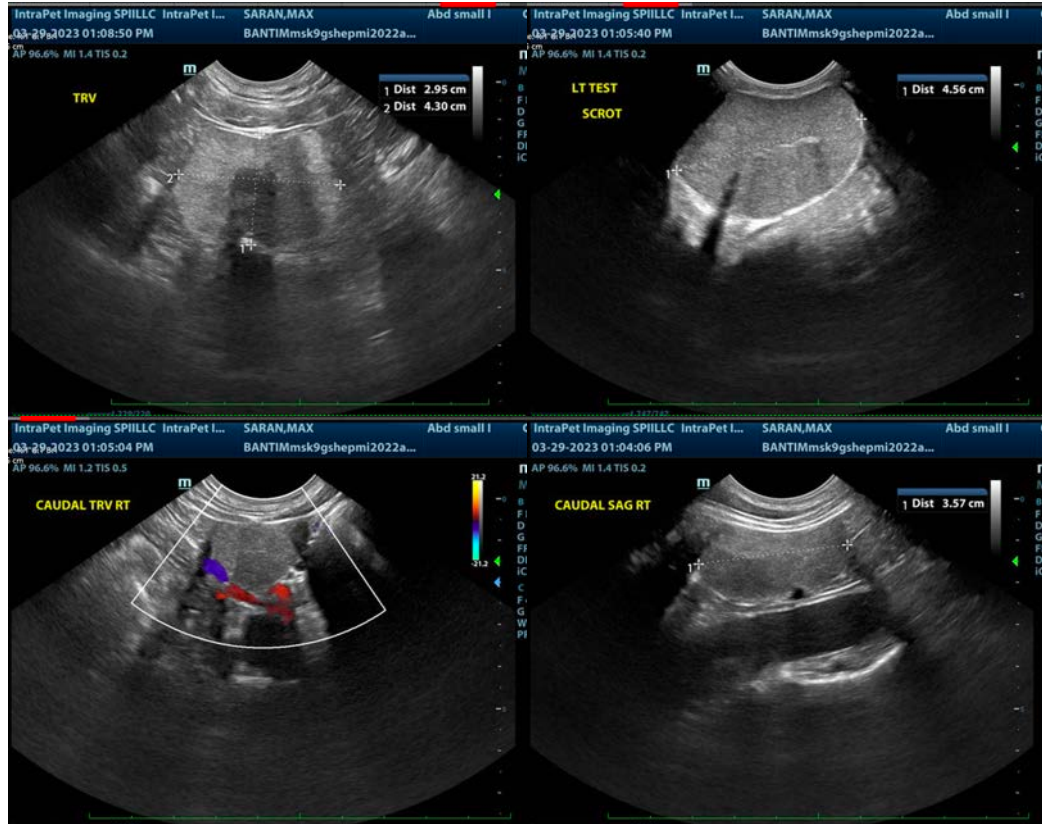
**REFERRING VET**

Dr. Kameka

**INVOICE**

46277





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.

**Beth Johnson, DVM, DACVIM**  
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