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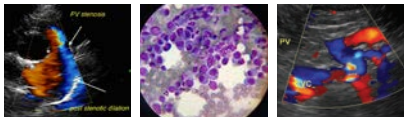
IntraPet.com



SonoPath

Clinical Sonography & Telecytology

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**DATE**

8/16/22

**PATIENT**

Bobby Kman

**SPECIES**

Canine

**BREED**

Terrier

**SEX**

Intact Male

**AGE**

4/12/21

**WEIGHT**

16.4 Pounds

**INTERPRETED BY**

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

**IMAGING PERFORMED BY**

Rachel Brilhart RDMS

**HOSPITAL NAME**

Hickory Vet Hospital

**REFERRING VET**

Dr. McCourt

**INVOICE**

40498

## PRESENTING CLINICAL SIGNS

1y intact male, presenting for ultrasound to attempt to identify/locate retained testicle in order to reduce anesthesia time. 1 normal scrotal teste.

Current Medications: None listed.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

## LIMITED ULTRASONOGRAPHIC EXAMINATION

The urinary bladder is moderately distended with mildly echogenic urine. There is a large volume of dependent, hyperechoic, irregular debris visualized. Some of this debris appears mobile and suspended. Findings are most consistent with a large volume of echogenic sandy debris/small stones. This material appears to extend into the trigone and proximal urethra. No mass lesions are visualized.

The prostate is large in size, measuring 1.8 cm in cross section. It has a regular shape with smooth external margins. The parenchyma is heterogeneous and hyperechoic, but no discrete focal lesions are present. The prostatic urethra appears normal with no evidence of irregularity, invasion, or mass effect. Sandy hyperechoic debris is visualized in the pre-prostatic urethra.

The left kidney has a normal shape and size (4.92 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.87 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right testicle is visualized within the scrotum. It appears normal measuring 2.49 cm. There is an ovoid, homogeneous structure within the inguinal canal, most consistent with the left testicle, measuring 2.07 cm.

## ULTRASONOGRAPHIC FINDINGS

- Large volume echogenic sandy debris visualized within the urinary bladder and proximal urethra – Recommend urinalysis and culture.
- Large, heterogeneous prostate – Prostatic changes are most consistent with benign prostatic hyperplasia. Other differentials include bacterial prostatitis and prostatic neoplasia. However, given the lack of lower urinary tract symptoms, these differentials are considered less likely in this patient.
- Inguinal left testicle

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The bladder is very abnormal in that there is a large volume of echogenic mineralized debris visualized within the lumen. This is atypical for a cryptorchid. Recommend urinalysis and culture. If surgery is planned, recommend sampling of this material and flushing out the urinary bladder as well as a culture. Consider submitting any mineralized debris for stone analysis.

The prostate is large and heterogeneous, as would be expected in an intact male. This combined with the abnormal material in the urinary bladder would increase my concern for possible prostatitis. Recommend neutering, and if an infection is identified, recommend a prolonged course of antibiotics.

Both testicles appear relatively normal, but the left testicle is visualized within the inguinal canal. Recommend a cryptorchid castration.

**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.

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