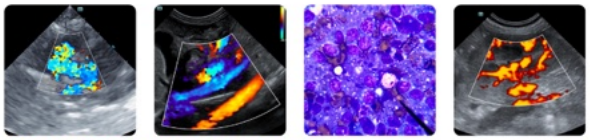

PATIENT

Ignacio Gomez Lopez

SPECIES

Canine

BREED

Bull Terrier

SEX

Intact male

AGE

11 years

WEIGHT

50 lbs

INTERPRETED BY

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM

IMAGING PERFORMED BY

Mark Reser

HOSPITAL NAME

Harvest Hills VH

REFERRING VET

Dr. Sieger

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2/9/26

PRESENTING CLINICAL SIGNS

- Progressive truncal alopecia noted last 6 months. Did have mild pruritus that developed in the last month that responded to triamcinolone, hair loss has continued to worsen. Previously noted as cryptorchid, obvious descended testicle (left) is larger than previously, was able to palpate tissue that felt like as possible right testicle today after sedation. recently noted increased drinking/urination - attributed to recent steroid administration; included images of left descended testicle, unable to see obvious testicular tissue to right side of scrotum
- 1/23 (prior to steroid) - BUN 45, SDMA 16, creatinine 1.6, mild neutrophilia on CBC, usg 1.014, thyroid 2.5

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a thickened and irregular appearance of the apical wall measuring up to 1.0 cm. The rest of the wall is of normal thickness with a smooth appearance. Normal anechoic urine with no sediment or uroliths evident.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size (left measured 6.2 cm, right measured 6.0 cm), increased echogenic appearance, some loss of cortico-medullary differentiation and normal pelvis and capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident in both kidneys.

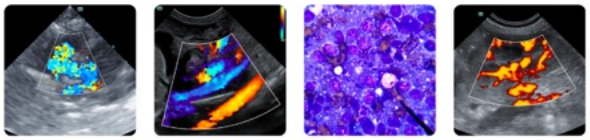
The prostate was symmetrically enlarged measuring 3.0 x 3.0 cm in size with a normal echogenic appearance and a smooth curvilinear capsule. Normal appearance of the periprostatic tissue. Enlarged visible testicle measuring 4.7 cm in size with a mottled echogenic parenchymal nodule measuring 1.8 x 2.3 cm in size.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.4 cm and 0.45 cm in width. The right adrenal gland measured 0.48 cm and 0.42 cm in width.

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 1.7 cm in width.



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Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

The gallbladder is full containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen. A moderate amount of ingesta is present within the stomach compatible with a recent meal.

Pancreas

The visible sections of the pancreas are of normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder pathology.
- Prostatomegaly.
- Testicular nodule.
- Age related renal changes versus early chronic kidney disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the urinary bladder pathology would be chronic bacterial cystitis, granulomatous disease and possibly emerging neoplasia.

The most likely etiology for the prostate would be benign prostatic hyperplasia compatible with the patient's age and intact status.

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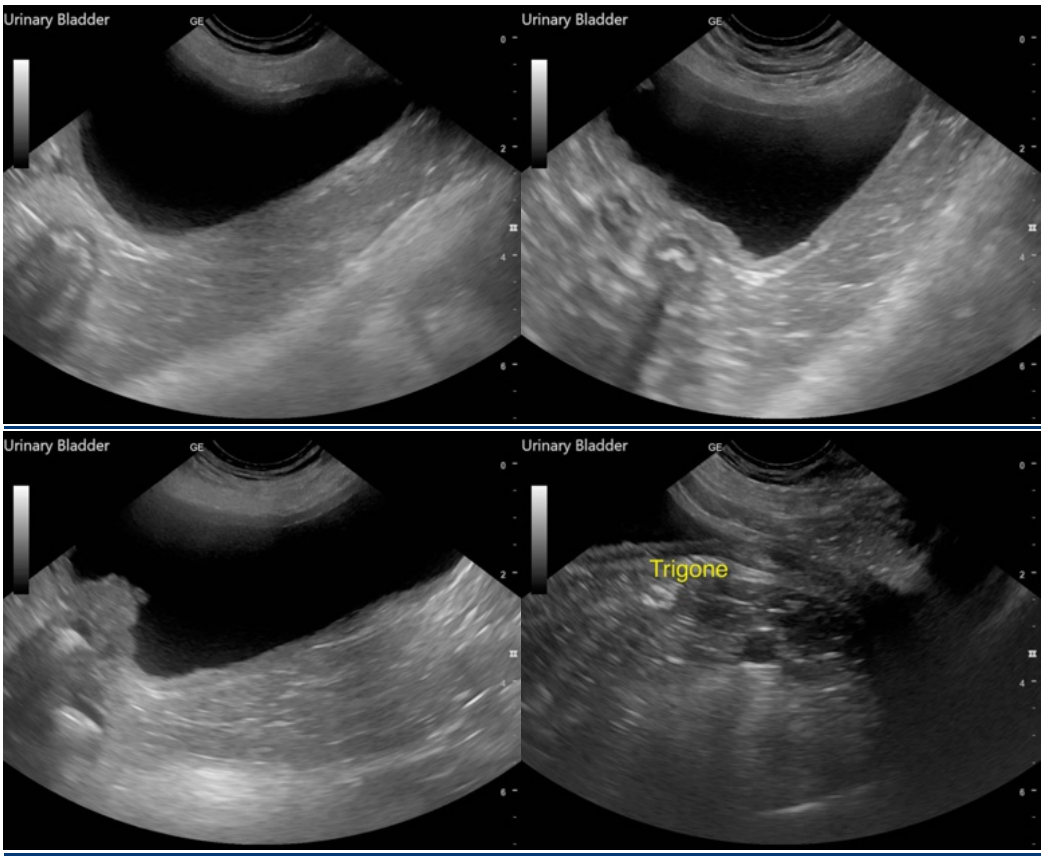
The most likely etiology for the testicular nodule would be neoplasia with a granuloma a differential diagnosis.

Further assessment would be urinalysis, urine culture and BRAF analysis and/or catheter assisted aspirate/biopsy of the urinary bladder wall for cytology/histopathology and culture.

Specific therapy would be dependent on an etiological diagnosis.

Management of the prostatomegaly and testicular nodule would be castration.



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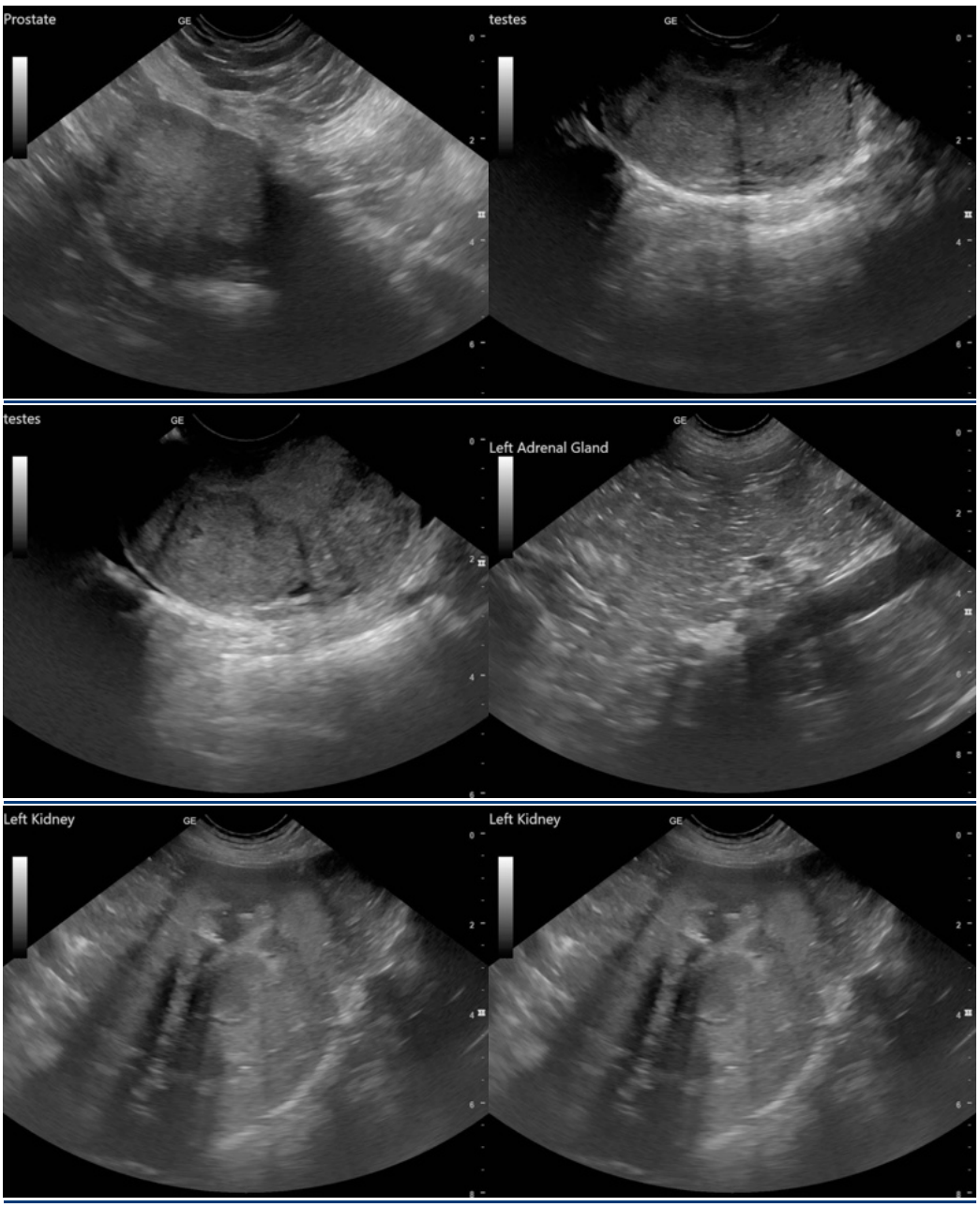

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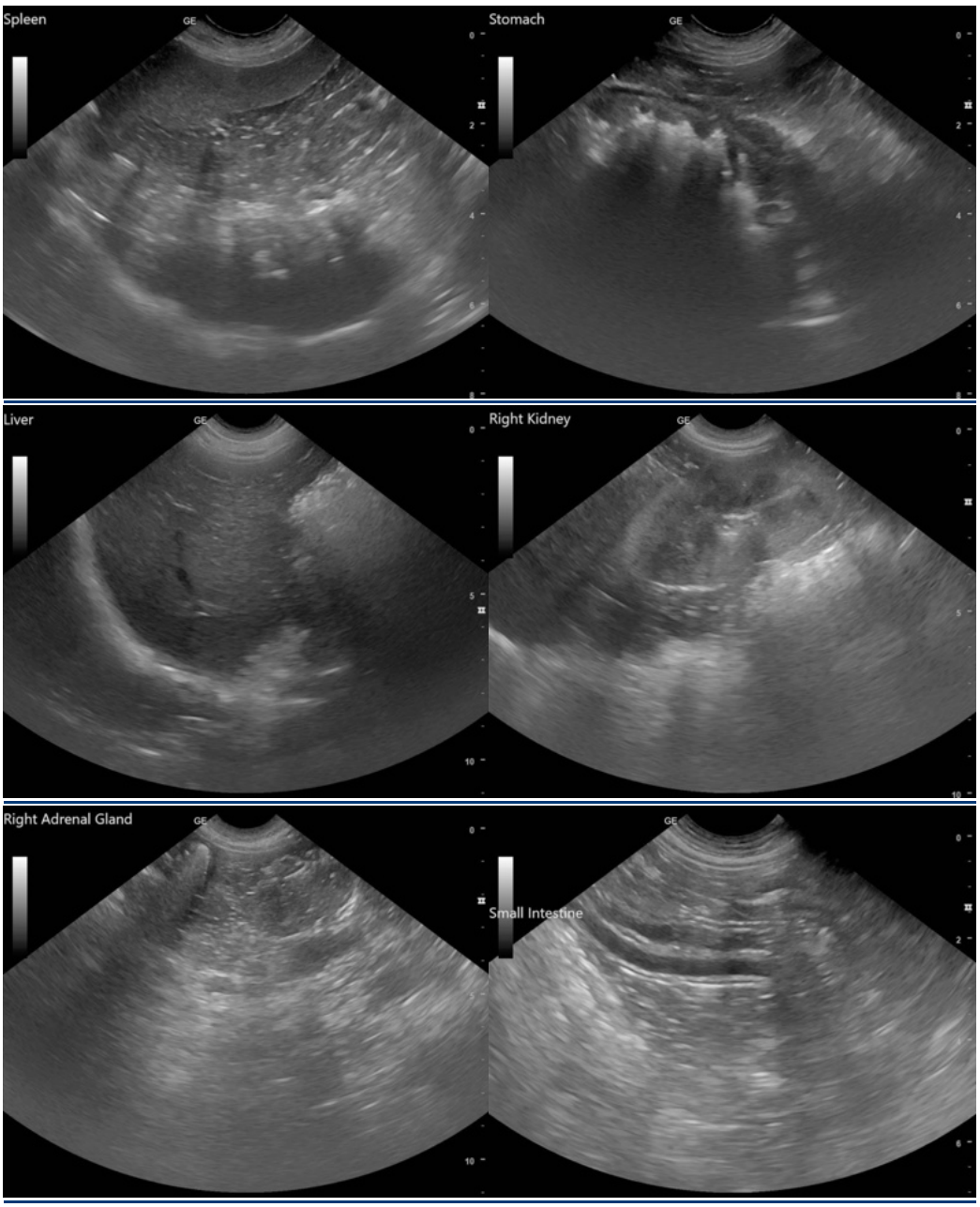

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)

info@sonopath.com