

PATIENT

Frankie Gelardi

SPECIES

Canine

BREED

Pomeranian

SEX

Male

AGE

7 Years

WEIGHT

20 lbs

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Dr. Sreenivasa
Maddineni

HOSPITAL NAME

West Babylon Animal
Hospital

REFERRING VET

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15978

DATE

05/08/26

PRESENTING CLINICAL SIGNS

Elevated kidney values. blood in urine. enlarged prostate

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is normally distended, and the wall of the urinary bladder appears thin and smooth. The urine is predominantly anechoic with scant suspended echoes. Normal appearance of the trigone, bladder neck, and proximal urethra. There are no calculi and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size: 4.54×2.88 cm, and the thickness of the cortex is 0.52 cm in the sagittal plane. The renal cortex is hyperechoic compared to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Doppler color evaluation shows a normal vascular pattern.

The right kidney is normal in shape and size: 4.97×2.33 cm, and the thickness of the cortex is 0.60 cm in the sagittal plane. The renal cortex is hyperechoic compared to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Doppler color evaluation shows a normal vascular pattern.

Prostate and testicles

The testicles appear ultrasonographically normal.

The prostate is enlarged, measuring 4.53×3.15 cm at maximum dimensions. The prostatic parenchyma is diffusely homogeneous and mildly hyperechoic, without cystic change, mineralization, cavitory lesions, or focal mass effect. The overall appearance is most compatible with benign prostatic hyperplasia.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.33 cm at the cranial pole and 0.34 cm at the caudal pole. The right adrenal gland measures 0.50 cm at the cranial pole and 0.44 cm at the caudal pole.

Spleen

Splenic thickness is 1.28 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

Liver

The liver is subjectively normal in size, with sharp edges and a regular contour. The liver parenchyma looks uniform and isoechoic compared to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.



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The gallbladder lumen is normally distended. The wall is thin and the contents are primarily anechoic with a small amount of biliary sludge. No evident dilation of the cystic duct or common bile duct is observed.

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Gastrointestinal Tract

The stomach is distended with ingesta, with gastric mural thickness measuring 1.66 mm and preserved wall layering.

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The pylorus measures 3.75 mm in wall thickness. The duodenum measures 3.34 mm and the jejunum measures 2.97 mm in wall thickness, both with preserved wall layering.

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No evidence of gastrointestinal obstruction, inflammatory change, ileus, or foreign material is identified.

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The colon measures 0.94–1.18 mm in wall thickness and contains mildly poorly formed fecal material within the descending segment.

Pancreas

The evaluated pancreatic regions do not show evidence of overt inflammation or neoplastic disease.

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Free Abdomen

No sonographic evidence of abdominal effusion, peritonitis, or lymphadenomegaly is identified. The iliac trifurcation is normal.

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PRIMARY FINDINGS

- Bilateral renal cortical hyperechogenicity.
- Prostatomegaly with homogeneous mildly hyperechoic parenchyma.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The kidneys demonstrate bilateral cortical hyperechogenicity without loss of corticomedullary definition, renal pelvic dilation, nephrolithiasis, or obstructive change. In the context of elevated SDMA, azotemia, proteinuria, and hematuria, these findings are compatible with diffuse medical renal disease/chronic kidney disease, although the ultrasonographic changes are relatively mild and nonspecific. Ultrasound cannot determine the severity or chronicity of the underlying renal dysfunction.

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No ultrasonographic evidence of pyelonephritis, hydronephrosis, nephrolithiasis, or obstructive urinary tract disease is identified.

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The prostate is moderately enlarged but maintains a homogeneous echotexture without cystic, cavitory, or invasive changes. In an intact male dog, this appearance is most compatible with benign prostatic hyperplasia. No ultrasonographic evidence of prostatitis, abscessation, or prostatic neoplasia is identified at this time.

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Recommendations

- Correlation with urine protein quantification (UPC) and blood pressure assessment is recommended given the azotemia and proteinuria.
- Serial monitoring of renal values, SDMA, urinalysis, and urine culture may be considered as



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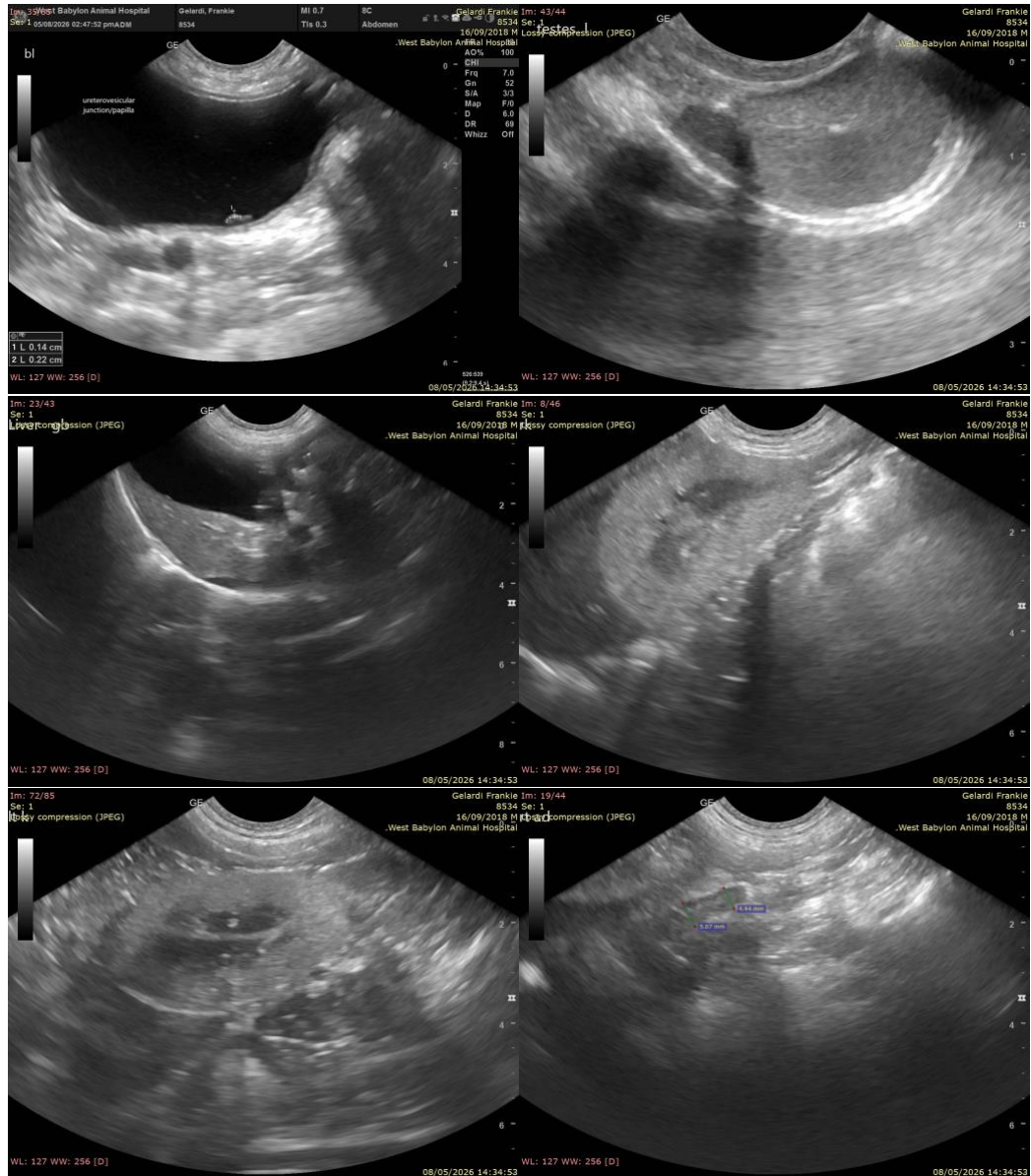
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clinically indicated.

- Elective castration may be considered depending on clinical signs and clinician preference.

Final diagnostic and therapeutic decisions should be made by the attending veterinarian, who can best integrate these findings with the patient's clinical status.





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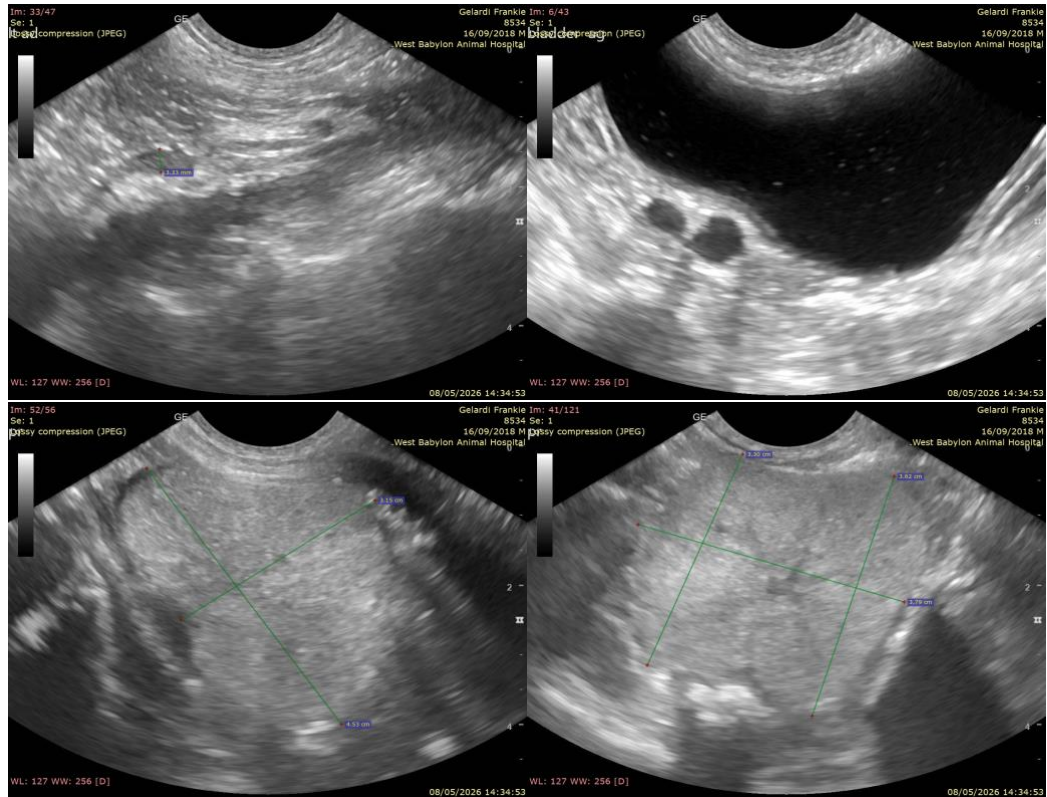
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Alicia Angosto Guerrero, DMV, PgDip, MSc.

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