



PATIENT

Gizmo Smith

SPECIES

Canine

BREED

Pomeranian Mix

SEX

Intact Male

AGE

4/30/2017

WEIGHT

8.7 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

Flowertown AH

REFERRING VET

Kristen Pignatello

INVOICE

11904

DATE

10.27.22

PRESENTING CLINICAL SIGNS

History of urinating in the house. Frequently sneezing and gagging but not vomiting. Medial patella luxation. Back legs giving out recently.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The **prostate** is enlarged (2.71 x 2.36 cm) with slightly irregular peripheral contours. The parenchyma is hyperechoic relative to surrounding omental fat and mildly heterogenous in appearance. No distinct focal lesions are observed. The prostatic urethra is not overtly dilated.

The **left kidney** is normal size (4.00 cm in length); normal shape and architecture with 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 hydronephrosis. Renal vasculature is normal.

The **right kidney** is normal size (4.13 cm in length); normal shape and architecture with 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 hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The **left adrenal gland** is normal size (0.56 cm at cranial pole) (0.49 cm at caudal pole) (1.94 cm in length); normal shape; 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 normal size (0.80 cm at cranial pole) (0.52 cm at caudal pole) (1.82 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

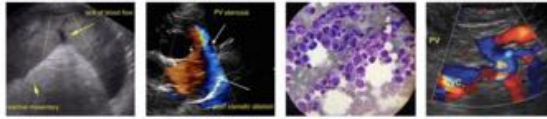
Spleen

The **spleen** is normal in size (1.04 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.

Liver

The **liver** is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. 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 amount of gravity dependent, echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.



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Gastrointestinal

The **gastric lumen** is mildly distended with ingesta and fluid. 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 segmentally dilated with chyme. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. The colonic lumen contains shadowing fecal material. 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 largely isoechoic 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.

Free Abdomen

The **peritoneal cavity** is normal. There is no evidence of inflammation or effusion. The abdominal **lymph nodes** are normal/not visible.

Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

The left testicle is cryptorchid and located in the inguinal region. It is enlarged (3.02 x 1.50 cm) compared to the right testicle. The parenchyma is hypoechoic to slightly heterogenous in appearance. No distinct focal lesions are observed.

The right testicle is subjectively normal in size (1.78 x 1.03 cm) with a normal shape and homogenous parenchyma. No distinct focal lesions are observed.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Left cryptorchid testicle (inguinal). The parenchymal changes could be consistent with remodeling or an emerging tumor.
- The prostate changes are most consistent with benign prostatic hyperplasia. Concurrent bacterial prostatitis is also possible, particularly given the patient's history of pollakiuria and dysuria.

Secondary Findings

- Mild pancreatic remodeling in the right limb
- Minor bilateral chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A urine culture and sensitivity is recommended to further assess for urinary tract/prostatic infection. Castration with submission of the testicles for histopathology is also recommended.

If urinary signs persist following castration, a more advanced work-up may be warranted.



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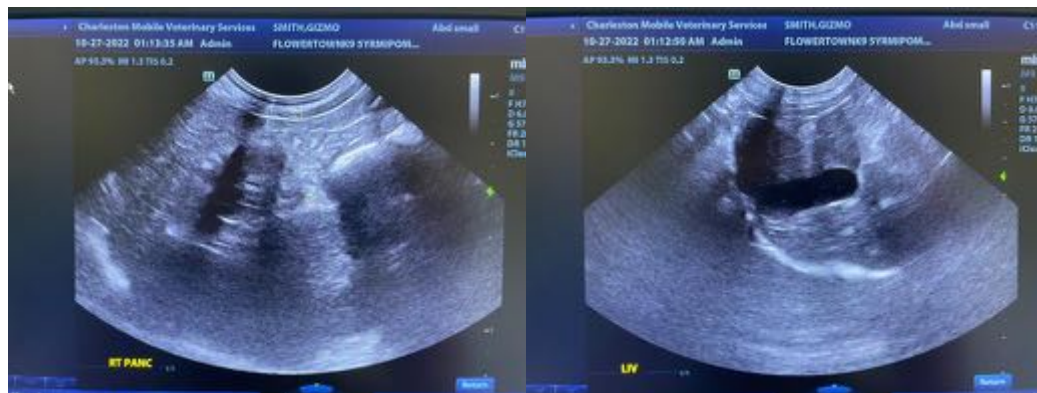
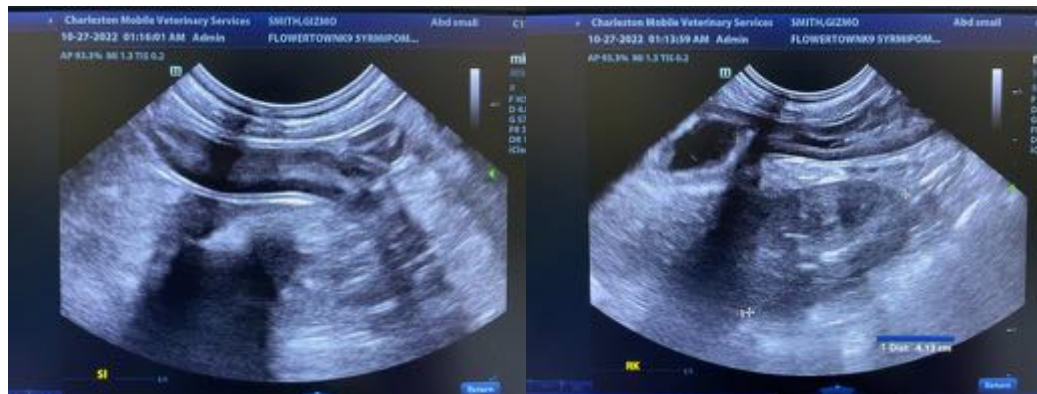
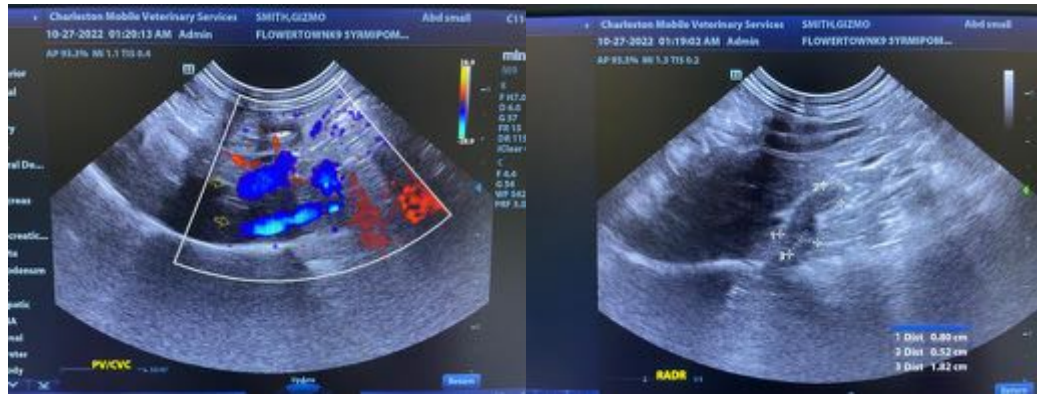
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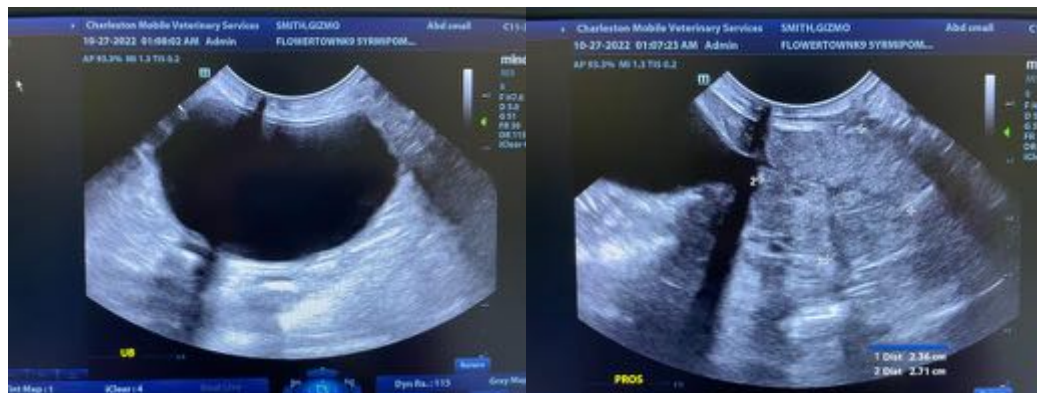
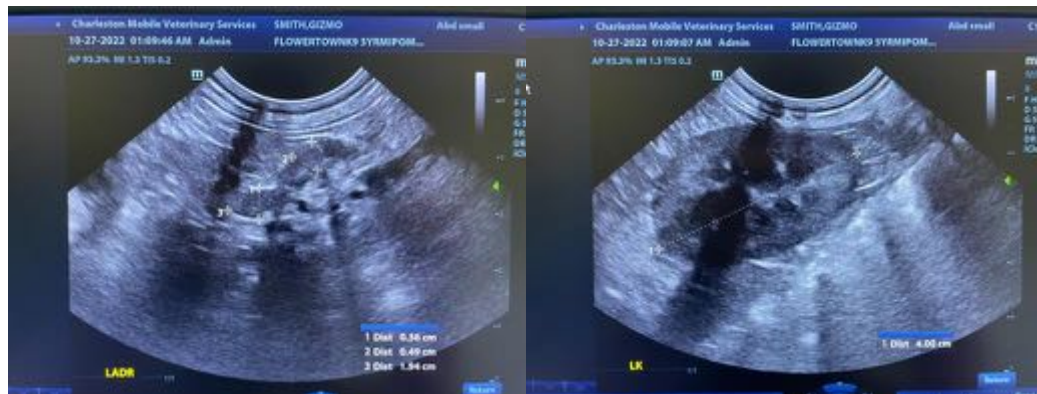
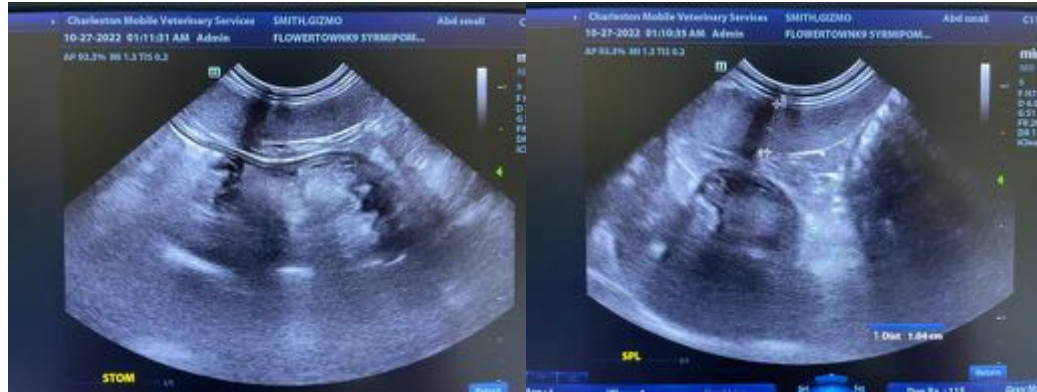
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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