

**PATIENT PRESENTING CLINICAL SIGNS**

**Cruz Fitsell** History: Given Gabapentin and Trazodone for US. Poor urine stream, ongoing. U/A has marked transitional cells and blood present.

**SPECIES**

Canine

**BREED**

Argentino Dogo

**SEX**

Intact Male

**AGE**

3

**WEIGHT**

39.9 kg

**INTERPRETED BY**

Andrea Nicastro DVM  
 Diplomate ACVIM  
 (Sm Animal Internal Med)

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Novel Vet

**REFERRING VET**

Gibbs

**INVOICE**

22274

**DATE**

11-19-25

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. A moderate amount of echogenic-to-mineralized debris/sand, along with tiny, cystic calculi are observed within the lumen. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The region of the prostate is not visualized due to its pelvic location.

The left kidney is normal in size (7.30 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (6.64 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is normal in size (0.80 cm at cranial pole) (0.61 cm at caudal pole) with a normal shape and 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 in size (1.59 cm at cranial pole) (0.50 cm at caudal pole) with a normal shape and 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 (2.42 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly heterogenous in appearance. No focal lesions are observed. Splenic vasculature is normal.

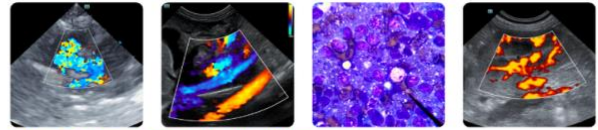
**Liver**

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.

The gallbladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

**Gastrointestinal**

The lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. 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. There is no evidence of an obstructive pattern.



**PATIENT** *Pancreas*

Cruz Fitsell The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion

**SPECIES** *Lymph Nodes*

Canine The abdominal lymph nodes are normal/not visible.

*Free Abdomen*

**BREED** The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

Argentino Dogo *Other*

The testicles are subjectively normal in size and symmetrical with homogenous parenchyma.

**SEX**

Intact Male

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

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- Urinary bladder debris/sand with suspected tiny calculi
- Although the prostate is not definitively visualized in the available images, given the patient's intact status, benign prostatic hyperplasia +/- prostatitis may be contributing to the patient's clinical signs.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

Andrea Nicastro DVM  
 Diplomate ACVIM  
 (Sm Animal Internal Med)

- Minimum database (including a CBC, chemistry panel, urinalysis, and T4) is recommended to assess overall metabolic function.
- A urine culture and sensitivity should also be performed to assess for infection.
- Given the presence of transitional cells on the urinalysis, consider a urine BRAF test to evaluate for lower urinary tract neoplasia.
- Ultimately, castration should be considered. If surgery is pursued, also consider a cystotomy with sand/stone removal, analysis and culture

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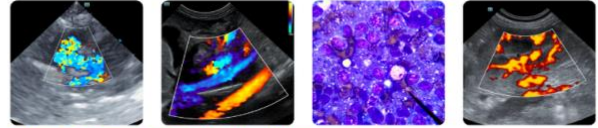
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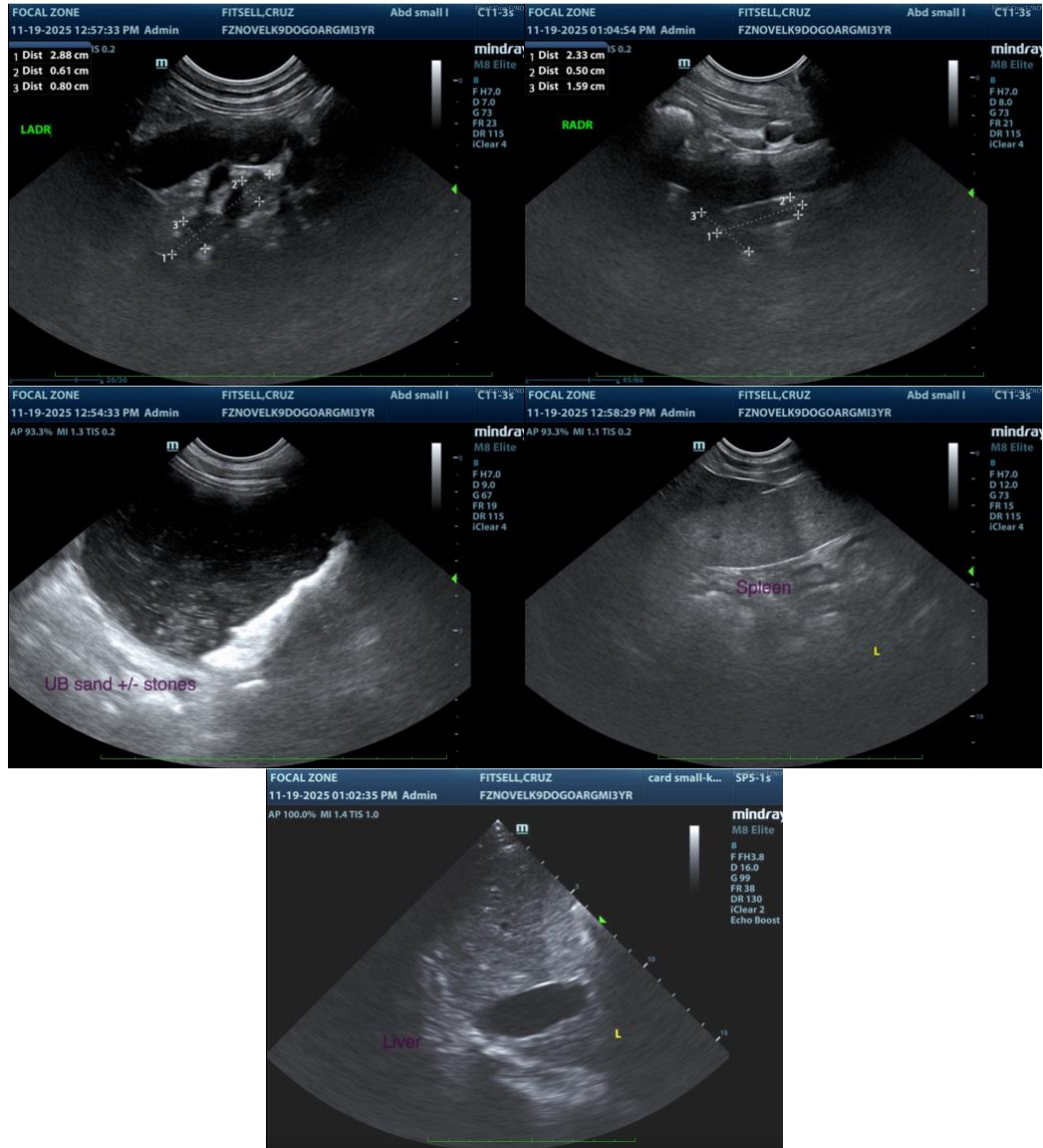
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)**  
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