



DATE PRESENTING CLINICAL SIGNS

11/24/25

Patient History: Excessive urinations, normal blood work and electrolytes, no history of increased water intake. Still working and has good energy. No vomiting or diarrhea. Serum cortisol was low (1.2) ACTH test scheduled

PATIENT

Bohdi Lane

This patient is a Baltimore County Police Dog

SPECIES

Canine

Current Medications: None listed.

Labwork Results: Labwork not attached.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Dexdomitor.

Stat Report: Not requested.

Imaging Performed by: Stephanie Warga RDCS, RVT.

BREED

Shepherd

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Male, intact

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is mildly distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

AGE

9/30/2020

The prostate is enlarged (4.13 cm in width) with smooth peripheral contours. The parenchyma is hyperechoic relative to surrounding omental and homogeneous in appearance. The prostatic urethra is not overtly dilated.

WEIGHT

79 lbs.

The left kidney is normal in size (7.46 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

Andrea Nicastro, DVM,
Diplomate ACVIM
(Small Animal Internal
Medicine)

The right kidney is normal in size (7.12 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

HOSPITAL NAME

Paradise AH

Adrenal Glands

The left adrenal gland is subjectively normal in length with a slightly flattened contour (0.55 cm at cranial pole) (0.49 cm at caudal pole). The glandular echogenicity and detail are unremarkable. The phrenicoabdominal vein and surrounding vasculature are normal.

REFERRING VET

Dr. Martin

The right adrenal gland is normal in size (0.76 cm at cranial pole) (0.57 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.

INVOICE

13372

Spleen

The spleen is normal in size (2.16 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 1.06 x 0.58 cm irregular hypoechoic slightly cavitated nodule is observed approximately mid-body. 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 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 to moderately amount of mostly gravity-dependent echogenic to mineralized debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is not distended. 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 not dilated. The small intestinal wall is normal in thickness 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.

Pancreas

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.

Lymph nodes

A 1.01 x 0.43 cm medial iliac lymph node is visualized.

Free Abdomen

There is no obvious evidence of free fluid.

Other

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

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

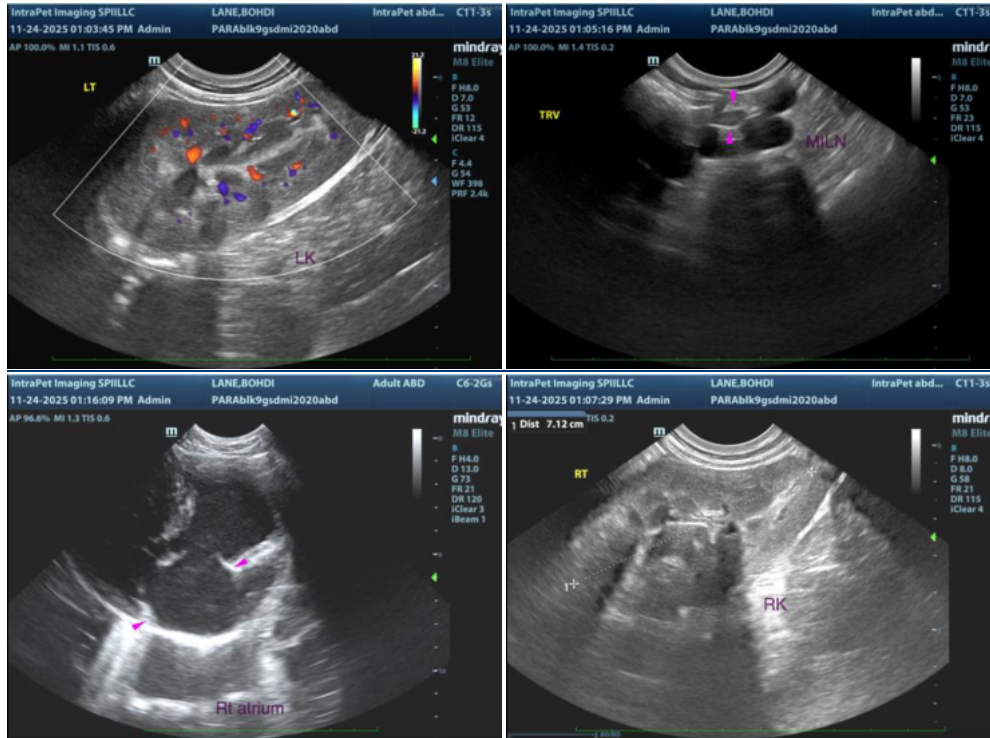
ULTRASONOGRAPHIC FINDINGS

- The prostatic changes are most consistent with benign prostatic hyperplasia. Concurrent bacterial prostatitis is also possible.
- The prominent medial iliac lymph node is likely reactive with a low possibility of emerging neoplasia.
- The cystic splenic nodule could be consistent with a benign focus or an emerging vascular tumor.
- Gallbladder debris/sand, non-mucocele

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Given the patient's clinical signs, a urinalysis with a culture and sensitivity is recommended along with a minimum database including a CBC chemistry and T4 if not already performed. Depending on these results along with the ACTH stimulation test, further workup may be indicated. Castration should also be considered.
2. Regarding the splenic nodule, consider a recheck ultrasound in 1-2 months to assess for growth of the lesion.





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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