**DATE**

12/1/25

**PATIENT**

Asher Grskovich

**SPECIES**

Canine

**BREED**

Doberman Pinscher

**SEX**

Male, intact

**AGE**

6/4/2019

**WEIGHT**

83 lbs.

**INTERPRETED BY**

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

**HOSPITAL NAME**

VCA Columbia Centre Park

**REFERRING VET**

Dr. Springer

**INVOICE**

13389

## PRESENTING CLINICAL SIGNS

**Patient History:** Patient is doing well. P is hypothyroid and well regulated. Hx of proteinuria and mildly elevated liver enzymes that have resolved. PE WNL. UPC September 2025 was 0.3, USG 1.055, inactive sediment, 4DX negative.

**Current Medications:** Levothyroxine 0.6mg BID, SAM-e supplement, monthly preventatives
**Labwork Results:** Labwork attached, reported as: Hx of mildly elevated liver enzymes: ALT (12-118): 9/6/24 (145), 2/6/25 (N at 54), 9/11/25 (N at 54), Alk phos (5-131): 9/6/24 (141), 2/6/25 (260), 9/11/25 (N at 121) O has been giving sam-e. Hx of proteinuria: 2+ on 9/6/24, 2/6/25, 9/11/25. Urine protein/creatinine (
**Date of Previous IntraPet Ultrasound:** No previous.
**Sedation:** Midazolam/Torbugesic.
**Stat Report:** Not requested.
**Imaging Performed by:** Stephannie Wagra RDCS, RVT.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder wall is moderately distended. The wall is normal in thickness with a smooth mucosal surface. A few cystic calculi are observed, one of the largest nodes measuring 0.36 cm in diameter. The remaining luminal contents are anechoic. The region of the trigone and the proximal urethra, visible to a depth of 4 cm, are normal.

The prostate is enlarged (3.5 cm in width) with relatively smooth peripheral contours. The parenchyma is hyperechoic relative to surrounding omental fat and heterogeneous in appearance with a few small ill-defined cystic areas. The prostatic urethra is not overtly dilated.

The left kidney is normal in size (7.37 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 (6.66 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.

### *Adrenal Glands*

The left adrenal gland is normal in size (0.58 cm at cranial pole) (0.58 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 (0.85 cm at cranial pole) (0.68 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 prominent in size (2.33 cm in width at the level of the hilus) with smooth peripheral contour. The parenchyma is subtly mottled 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 is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

### *Gastrointestinal*

The gastric lumen is mildly distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. 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.

### *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 0.95 x 0.45 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.

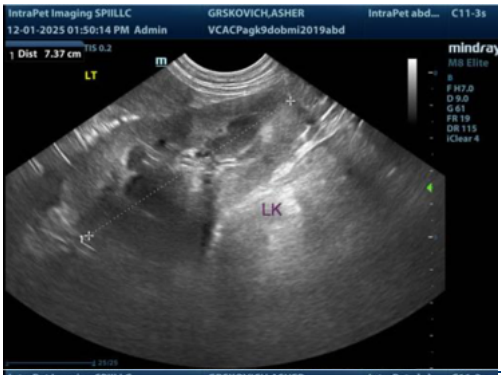
## ULTRASONOGRAPHIC FINDINGS

- The splenic parenchymal changes could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, antigenic stimulation or emerging neoplasia (i.e., round cell tumor).
- Small cystic calculi
- The prostate changes are most consistent with cystic benign prostatic hyperplasia.
- The prominent medial iliac lymph node is likely reactive with a low possibility of emerging neoplasia.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Regarding the splenic changes, consider fine needle aspiration to rule out round cell neoplasia (assuming normal clotting status). A 25-gauge needle should be used.

2. Regarding the cystic calculi, a cystotomy with stone removal, analysis and culture should be considered. If pursued, castration can be performed at the time of surgery. If surgery is not pursued, an attempt at medical dissolution of the cystic calculi should be considered.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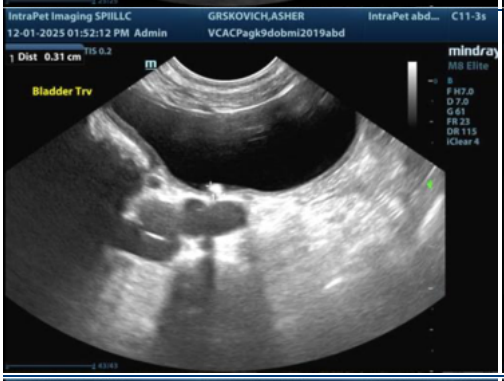
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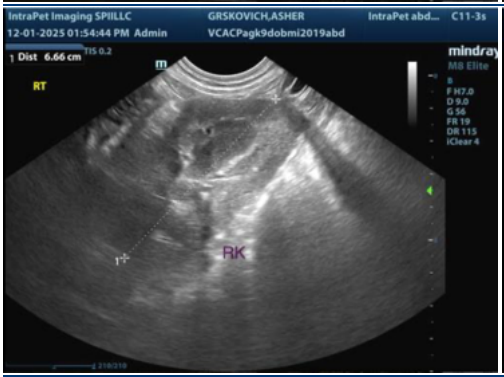
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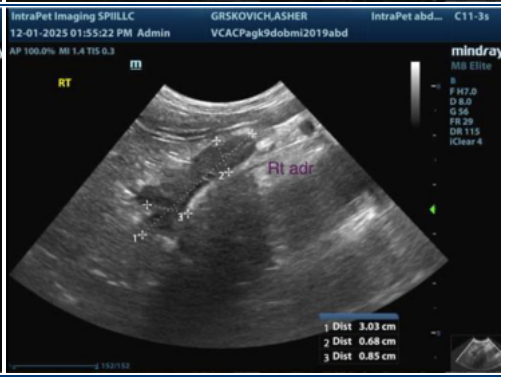
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Dist 0.85 cm
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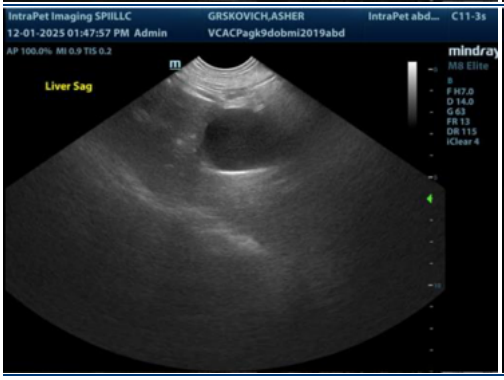
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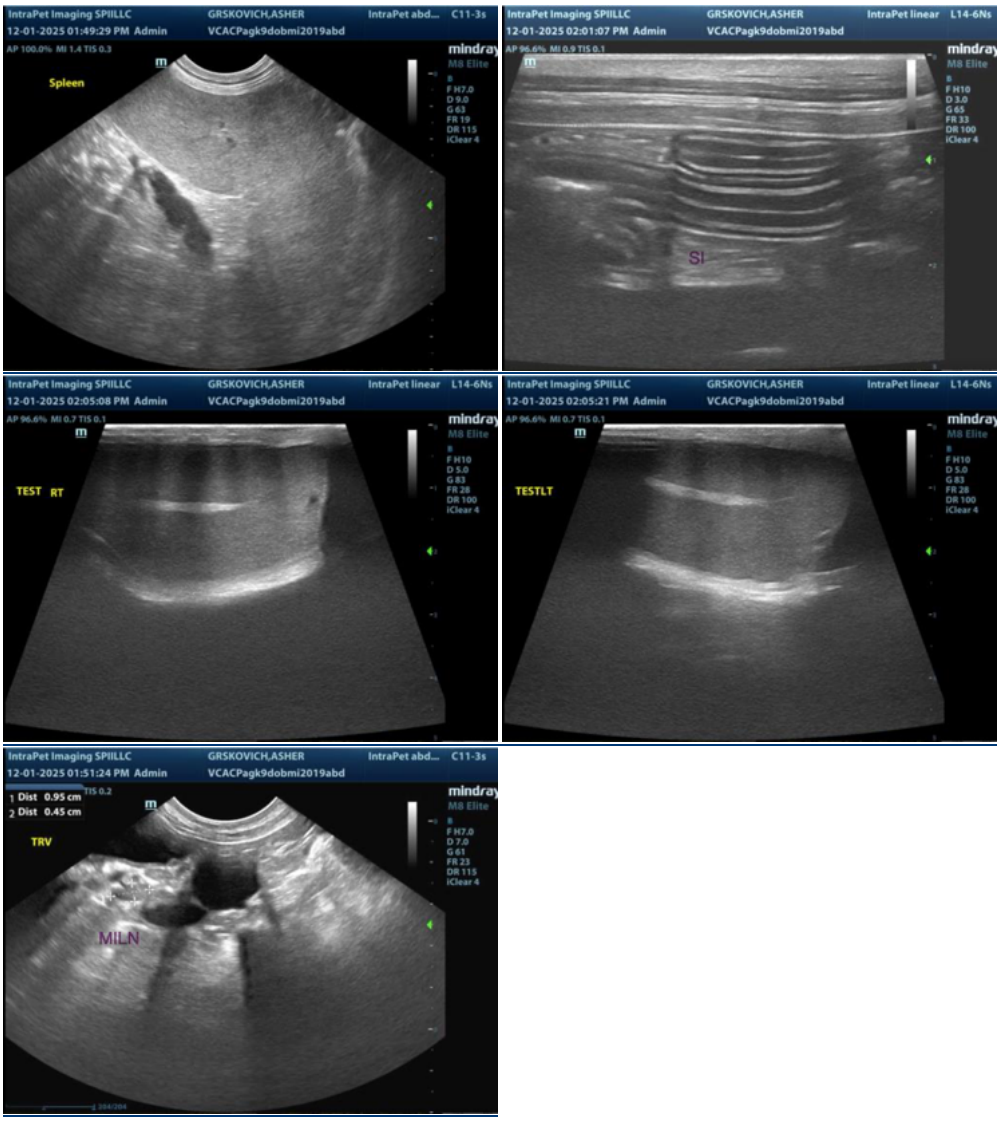


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

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