



PATIENT

Camden Courville

SPECIES

Canine

BREED

Golden Retriever

SEX

Intact Male

AGE

4

WEIGHT

62 lbs

INTERPRETED BY

Andrea Nicaastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

**IMAGING
PERFORMED BY**

Andrea Nicaastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Trinity Island VC

REFERRING VET

Dr Kristi Oldham

INVOICE

22286

DATE

12-18-25

PRESENTING CLINICAL SIGNS

Several-month history of chronic intermittent diarrhea. Bloodwork from September unremarkable except for a mild monocytosis. T4 normal. Fecal negative. Patient sedated with Dexdomitor for this study.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately 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.

The prostate is enlarged (4.33 cm in width) with smooth peripheral contours. Parenchyma is hyperechoic relative to surrounding omental fat and heterogenous in appearance, with numerous, small, ill-defined cystic areas. The prostatic urethra is not overtly dilated.

The left kidney is normal in size (7.27 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 (7.54 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 subjectively normal in length (0.45 cm at cranial pole) (0.42 cm at caudal pole) with a flattened contour. Glandular echogenicity and detail are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is subjectively normal in length (0.83 cm at cranial pole) (0.44 cm at caudal pole) with a flattened contour. Glandular echogenicity and detail are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (2.30 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.

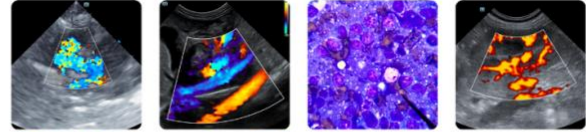
Liver

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.

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 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 ileoceocolic junction and colonic wall are normal. There is no obvious evidence of an obstructive pattern.



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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.

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Lymph Nodes

A few prominent lymph nodes are visualized (one measuring 2.03 x 0.66 cm).

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Free Abdomen

There is no obvious evidence of free fluid.

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Other

The left testicle is subjectively normal in size (3.2 x 2.5 cm). A 1.3 x 1.2 cm ill-defined, heterogenous, cystic area is observed approximately mid-gland. The remaining parenchyma is homogenous.

The right testicle is subjectively normal in size (3.5 x 2.8 cm) with a homogenous parenchyma.

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

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The flattened adrenal glands may be a normal variant or could be consistent with early atrophy (i.e., secondary to hypoadrenocorticism).
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

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Secondary Findings

- The cystic lesion in the left testicle may represent a benign lesion. However, an emerging tumor cannot be excluded.
- The prostate changes are most consistent with cystic benign prostatic hyperplasia. Concurrent bacterial prostatitis is also a consideration, particularly if the patient is exhibiting appropriate clinical signs.

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*An obvious cause for the patient's clinical signs is not definitively identified in this study. Considerations include a primary enteropathy (i.e., food allergy/intolerance, inflammatory bowel disease, infectious/parasitic disease), underlying metabolic issue, (i.e., hypoadrenocorticism), other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Regarding the chronic intermittent diarrhea, consider the following:

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- A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended.
- Despite the negative fecal evaluation, consider prophylactic deworming with fenbendazole.



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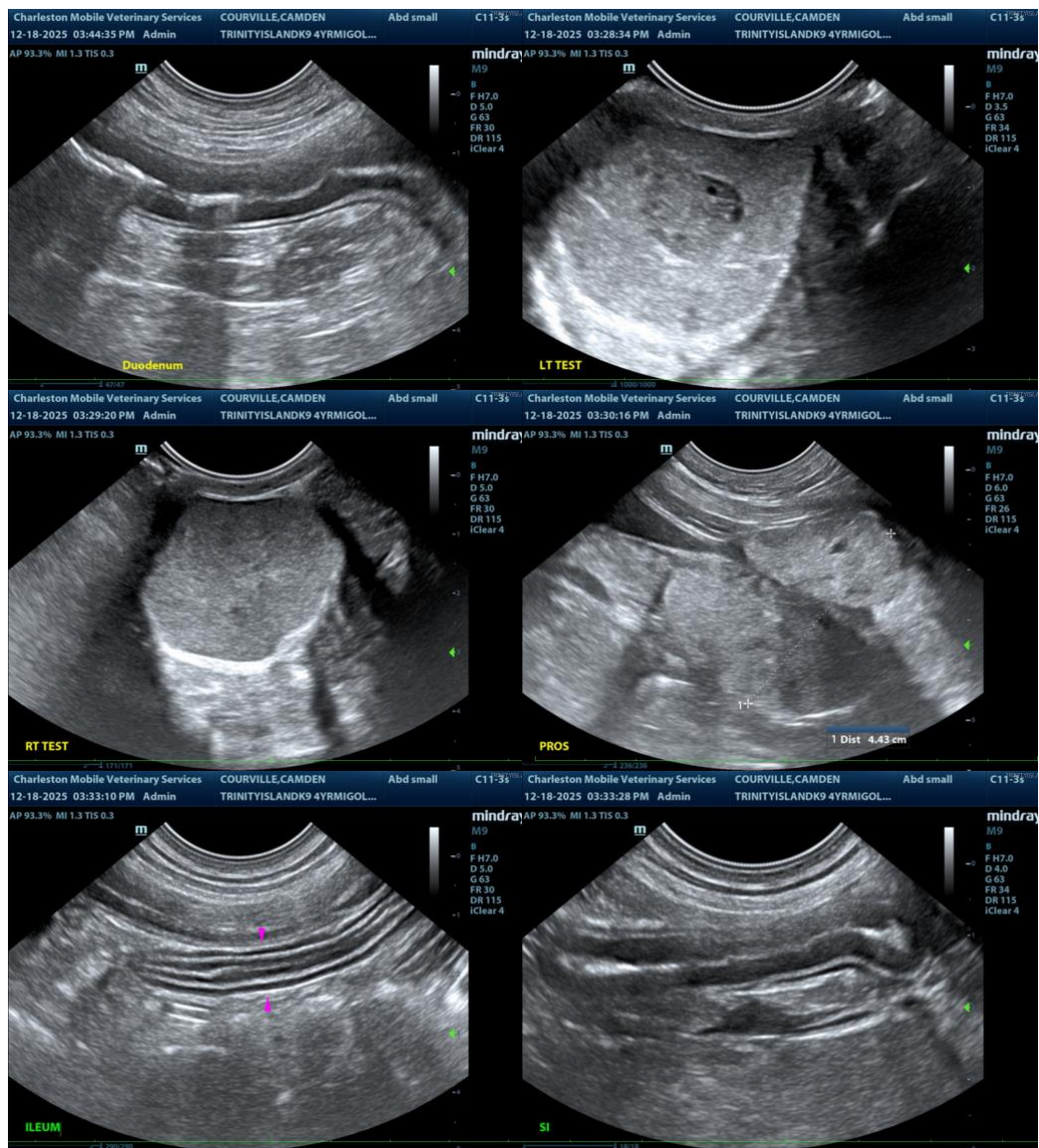
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- A GI panel including serum cobalamin and folate, TLI and PLI should also be considered.
- Depending on the results of the above diagnostics, further work-up may (i.e., limited antigen or hydrolyzed protein diet trial, GI biopsies) may be warranted.
- In the meantime, consider initiation of a probiotic along with a fiber supplement (i.e., psyllium).

Regarding the left testicular changes, consider castration with submission of the testicles for histopathology.





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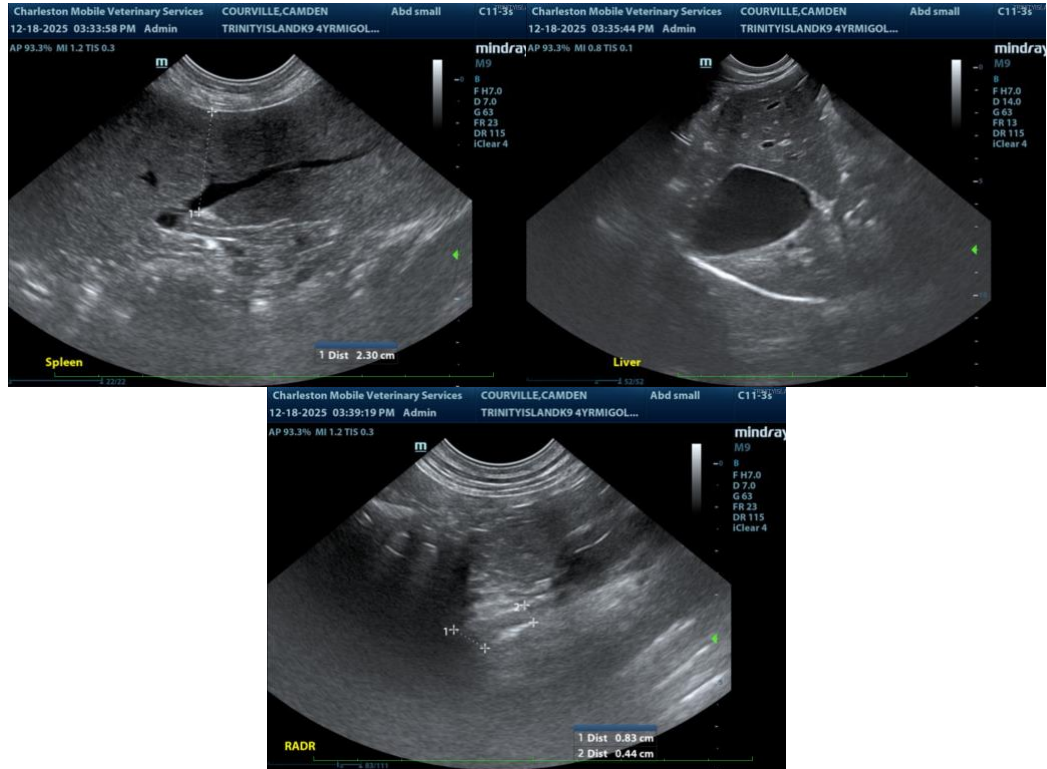
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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