



**PATIENT PRESENTING CLINICAL SIGNS**

**Loki Ahern** History: Pet has not urinated since 12/1/25. Pet was walking with antibiotics, 48 hours back to laying down. Discussed infection in spine.

**SPECIES** Current meds: Ciprofloxacin 750mg BID, Sucralfate 1g SID  
 Abnormal PE/Chem/CBC/UA Results: CBC: lymph 0.22% Chem: ALP 156 U/A: squamous cell 1, WBC, RBC, USG 1.005  
**Canine**

**BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Siberian Husky** *Urinary System*

**SEX**

**Neutered Male** The urinary bladder is mildly to moderately distended. The wall in the region of the apex is mildly thickened (up to 0.64 cm) and slightly irregular. The wall tapers to a normal thickness as it extends towards the cystourethral junction. A small amount of gravity-dependent, mineralized sand, +/- tiny cystic calculi is observed within the lumen. The region of the trigone and the proximal urethra, visible to a depth of 4-5 cm, are normal.

**AGE**

13

The prostate is normal in size (0.98 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

**WEIGHT**

77 lbs

The left kidney is normal in size (6.91 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

**INTERPRETED BY**

Andrea Nicastro DVM  
 Diplomate ACVIM  
 (Sm Animal Internal Med)

The right kidney is normal in size (6.99 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

**IMAGING PERFORMED BY**

Meghan Morse LVT CVT

*Adrenal Glands*

The left adrenal gland is enlarged (1.84 cm at cranial pole) (0.67 cm at caudal pole) with an irregular shape. A 2.8 x 1.8 cm hyperechoic-to-heterogenous cavitated mass is arising from the cranial- to mid-aspect, with extension into the caudal pole. Glandular echogenicity and detail at the tip of the caudal pole are normal. Surrounding vasculature appears normal, without obvious invasion of the mass into the caudal vena cava.

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The right adrenal gland is enlarged at the cranial pole and normal-in-size at the caudal pole (1.67 cm at cranial pole) (0.45 cm at caudal pole) with an irregular shape. A 1.8 x 1.3 cm hyperechoic-to-heterogenous nodule is observed at the cranial- to mid-aspect. Glandular echogenicity and detail at the caudal aspect are normal. Surrounding vasculature appears normal.

**REFERRING VET**

Dr. Acworth

*Spleen*

The spleen is normal in size (1.66 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.

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*Liver*

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

**DATE**

12-3-25

The gallbladder is moderately distended. The wall is variably thickened (up to 0.33 cm) and hyperechoic-to



**PATIENT**

Loki Ahern

mineralized. A small amount of echogenic-to-mineralized debris is suspended within the lumen. The cystic and common bile ducts are normal/not seen.

**SPECIES**

Canine

**Gastrointestinal**

The 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.

**BREED**

Siberian Husky

**Pancreas**

The prostate is normal in size (xxx cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

**SEX**

Neutered Male

**Lymph Nodes**

The abdominal lymph nodes are normal/not visible.

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**Free Abdomen**

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

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

77 lbs

**Primary Findings**

- The urinary bladder wall changes in the region of the apex could be consistent with cystitis or may be artifactual due to lack of full repletion. Some mineralized sand +/- tiny calculi are observed within the bladder lumen.
- Bilateral nonspecific age-related renal changes with subtle dystrophic mineralization
- Left adrenal mass and right adrenal nodule. These lesions could be consistent with focal nodular hyperplasia, adenomas, emerging adenocarcinomas, pheochromocytomas, other.

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**Secondary Findings**

- The diffuse hepatic changes are nonspecific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory disease, infiltrative neoplasia and other hepatopathies are considered less likely.
- The gallbladder wall mineralization (aka "porcelain" gall bladder) is suggestive of cholecystitis. However, this finding can be associated with biliary carcinoma in rare instances.

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\*An obvious cause for the patient's clinical signs is not definitively identified in this study. Considerations include a distal urethral obstruction, underlying neurologic issue, other.

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**DATE**

12-3-25



**PATIENT INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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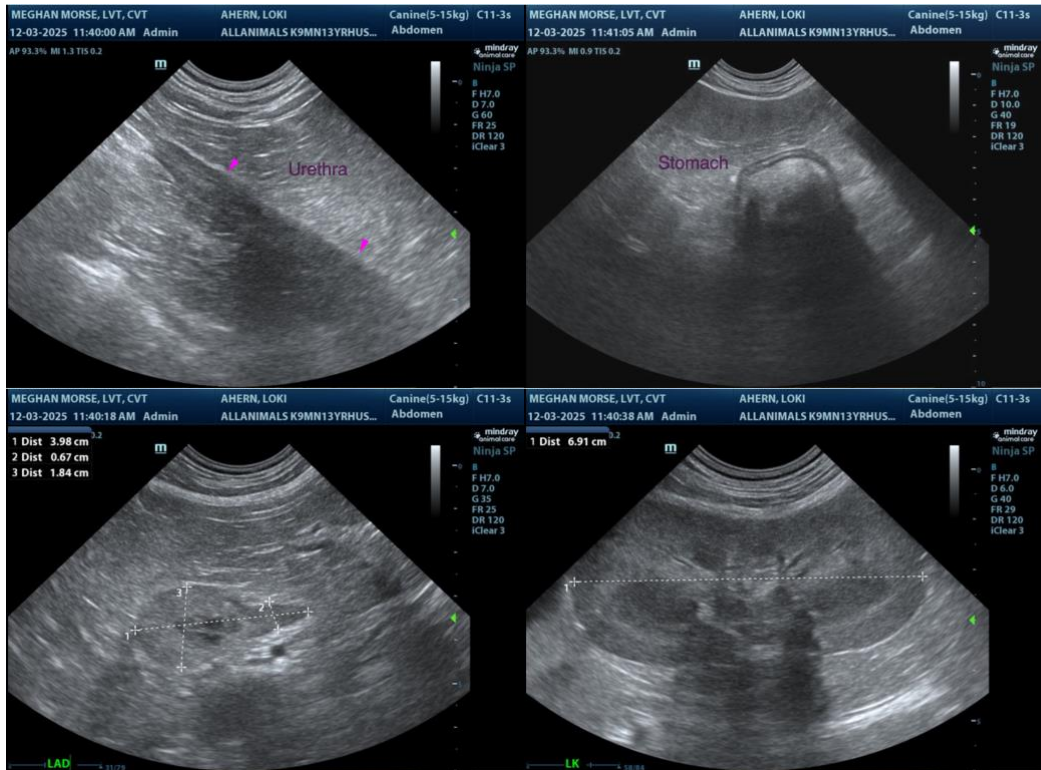
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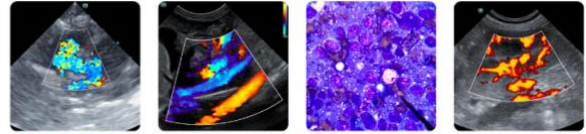
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- Abdominal/pelvic radiographs are recommended to assess for stones in the penal urethra.
- Also consider passing a urinary catheter to assess for obstruction.
- A full neurologic examination is also recommended.
- Also consider a urine culture and sensitivity to assess for occult infection, preferably on a pre-antibiotic sample.
- Also consider a urine BRAF test to evaluate for occult lower urinary tract neoplasia.
- Depending on the results of the above diagnostics, further work-up may be indicated.
- Regarding the bilateral adrenal nodules, consider further testing for functional tumors (i.e., low-dose dexamethasone suppression test, urine/blood metanephrine levels). Also consider a baseline blood pressure measurement to assess for systemic hypertension. Three-view thoracic radiographs are also recommended to assess for metastatic disease. Consider a recheck ultrasound in 2-3 months to assess for growth of the lesions.





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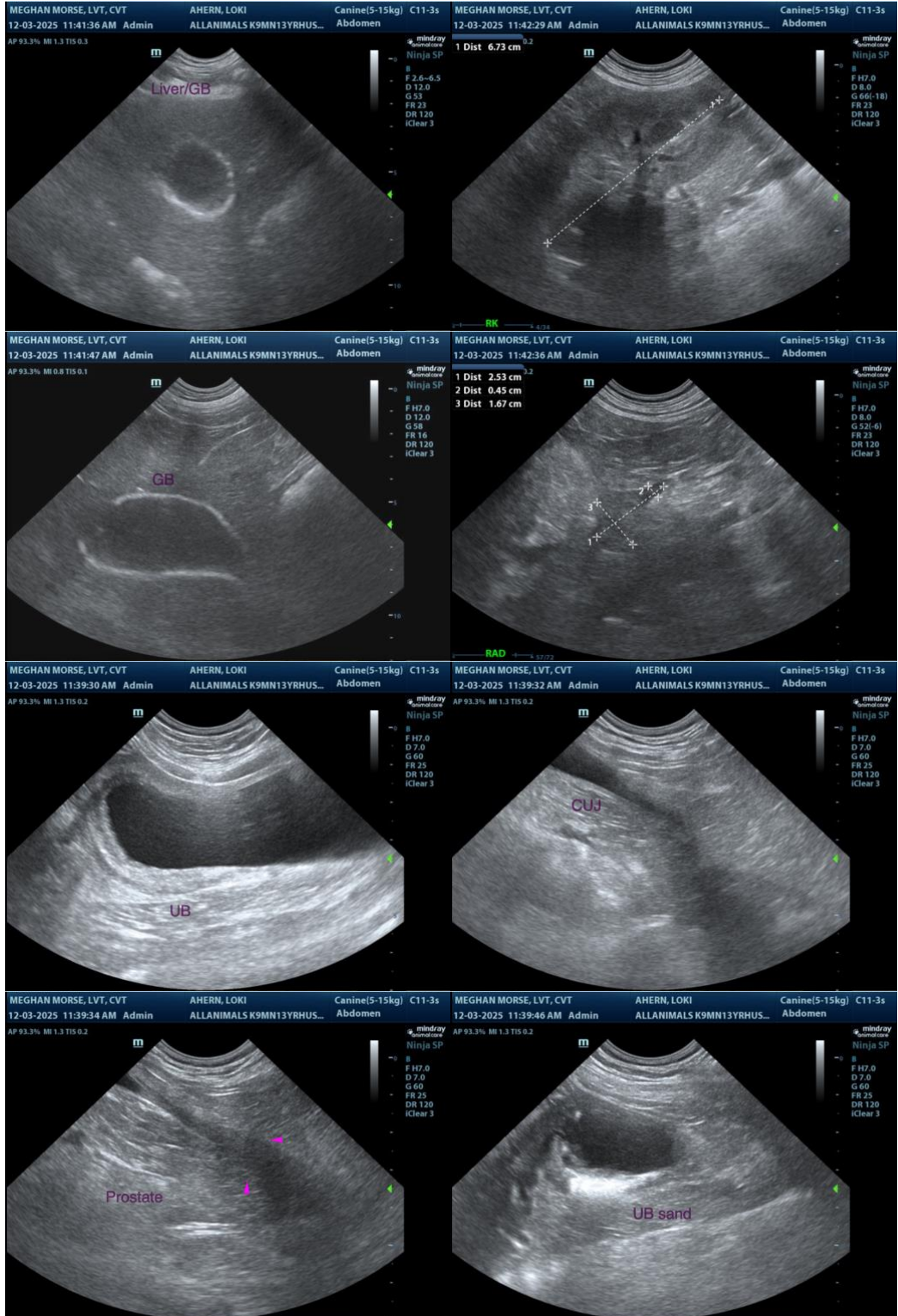
Dr. Acworth

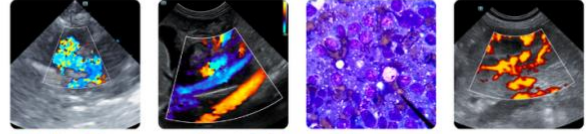
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

Canine

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.

**BREED**

Siberian Husky

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