

**PATIENT PRESENTING CLINICAL SIGNS**

Yoda Gerber Clinical Exam Findings: weight loss, vomiting, and frequent urination.

**SPECIES** Abnormal lab-work values:

CBC nsf

Canine Chem SDMA 18 (0-14)

Glob 4.1 (2.4-4.0)

**BREED** UA USG 1.021

pH 5.5

Puggle Prot Neg

Inactive sediment

**SEX** Labs unremarkable and relatively unchanged from labs done June 2025

Current Medications: No meds

Neutered Male Radiographic Findings: Sending Xray separate.

**AGE ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

12 **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 4 cm, are normal.

**WEIGHT**

13.2 lbs

The prostate is normal in size (0.70 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

**INTERPRETED BY**

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

The left kidney is normal in size (3.60 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal-to-mild corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

**IMAGING PERFORMED BY**

Sara Hansen

The right kidney is normal in size (3.56 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal-to-mild corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

**HOSPITAL NAME**

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**Adrenal Glands**

The left adrenal gland is normal in size (0.49 cm at cranial pole) (0.49 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.

**REFERRING VET**

Dr Heider

The region of the right adrenal gland is evaluated. No obvious pathology is observed in this region.

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**Spleen**

The spleen is normal in size (0.88 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 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



**PATIENT** thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

Yoda Gerber **Gastrointestinal**

**SPECIES** 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.

**BREED** **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.

**SEX** **Lymph Nodes**  
 The abdominal lymph nodes are normal/not visible.

Neutered Male **Free Abdomen**

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

12 **ULTRASONOGRAPHIC FINDINGS**

**WEIGHT** Minor bilateral nonspecific age-related renal changes

13.2 lbs **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY** Given the patient's clinical signs, consider the following:

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 Diplomate ACVIM  
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 Medicine)

1. Urine culture and sensitivity to assess for occult infection
2. Fecal evaluation for ova and Giardia
3. GI panel including serum cobalamin and folate, TLI, PLI and resting cortisol level
4. Three-view thoracic radiographs to evaluate for occult pathology in the chest
5. Depending on the results of the above diagnostics further work-up may be indicated. In the meantime, symptomatic care is recommended.

**IMAGING PERFORMED BY**

Sara Hansen

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**REFERRING VET**

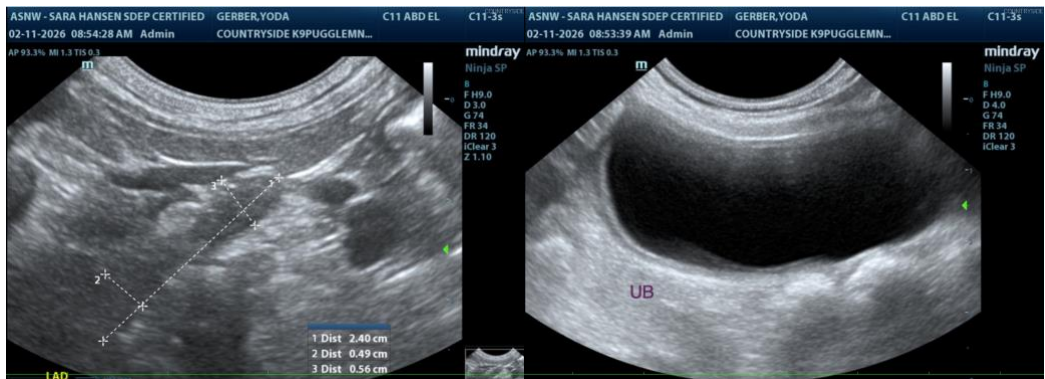
Dr Heider

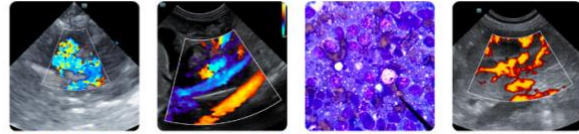
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**PATIENT**

Yoda Gerber

**SPECIES**

Canine

**BREED**

Puggle

**SEX**

Neutered Male

**AGE**

12

**WEIGHT**

13.2 lbs

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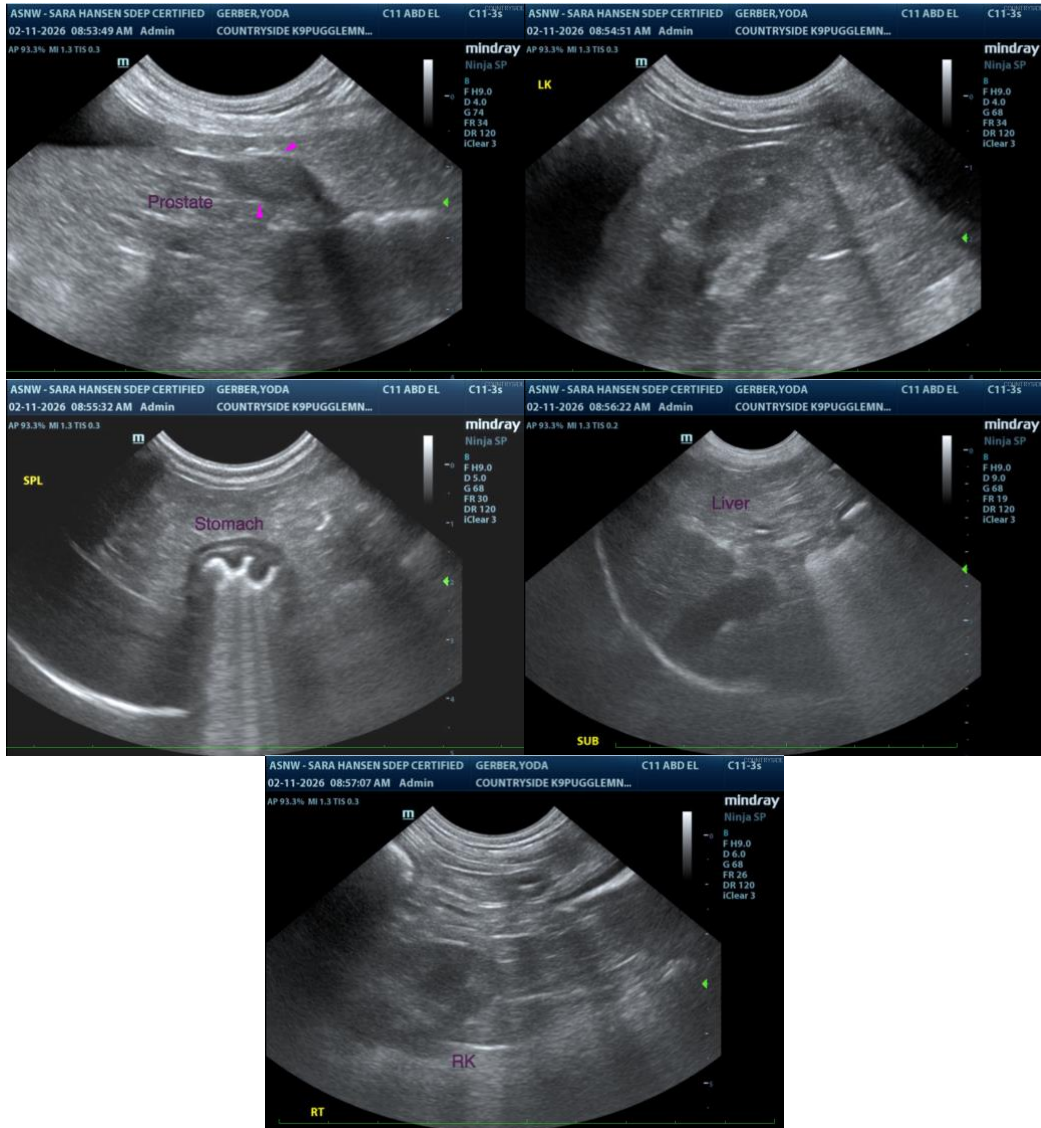
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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