



PATIENT PRESENTING CLINICAL SIGNS

Tucker Wetzel
SPECIES Canine
BREED German Shepherd

History: 1 week ago ate rabbit feces after was having loose stool, diarrhea started over the weekend, was seen at a different vet- was diagnosed with Giardia and put on Metronidazole, P on Provable. fecal testing pending. bloodwork showed elevated white count. no radiographs done at this time. P has increased thirst since then, decreased urination, has not defecated in at least 1-2 days, possibly 24 hours since urinated, straining to urinate this morning, vomiting once last night- bile to clear. Prior history of colitis. after P admitted urinary catheter placed, passed easily and bladder emptied. P noted with straining to urinate. P is not on iv fluids. P was admitted after 4 am today. P has not voided since admitted (12 hours)

Concern for stranguria, prostatomegaly - r/o prostatitis vs. prostatic cyst vs. prostatic abscess vs. infiltrative disease vs. BPH; Elevated body temperature - r/o stress/pain vs. pyrexia (infectious vs. inflammatory vs. paraneoplastic); Diarrhea - r/o non-specific colitis vs. other

SEX Neutered Male
AGE 8

Abnormal PE/Chem/CBC/UA Results: PE: mild pain; Reactive to abdominal palpation, uncomfortable with caudal abdominal palpation; Abnormal, large, firm bladder; large, irregular, hard, painful structure palpated along the rectal floor; Not able to urinate well on own; EPOC: PO2 67.7, SO2 95.4, PCO2 29.1, PH 7.525, BUN 4 - remainder WNL rads: prostatomegaly; large, full bladder; no radiopaque uroliths identified u/a: SpGr 1.040, pH 7.0, WBC <5/HPF, RBC <5/HPF, +1 cocci

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. A small- to moderate amount of echogenic debris is suspended within the lumen. No cystic calculi are observed. The region of the trigone and the proximal urethra appear normal.

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 minimal- to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (7.35 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 caudal pole of the left adrenal gland is visualized, and is normal in size (0.67 cm in width) with a normal shape, glandular echogenicity and detail. Surrounding vasculature is normal.

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

Spleen

The spleen is normal in size (2.18 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.

WEIGHT

40.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Melissa Randolph

HOSPITAL NAME

Shores VEC

REFERRING VET

Logan Law

INVOICE

22809

DATE

4-2-26



PATIENT

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The gallbladder lumen is moderately distended. The wall is thin and smooth. A small amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

SPECIES

Canine

Gastrointestinal

The gastric lumen is minimally- to mildly fluid-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

German Shepherd

Pancreas

The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

SEX

Neutered Male

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Lymph Nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

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

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Other

In the caudal abdomen, a 5.2 x 4.7 cm focal, heterogenous mass, with ill-defined mineralized foci is observed. Surrounding mesentery is mildly hyperechoic.

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

ULTRASONOGRAPHIC FINDINGS

Caudal abdominal mass, the origin of which is unclear. It may be arising from prostate, mesentery, lymph node, other. Neoplasia (i.e., carcinoma, sarcoma, round cell tumor) is suspected with a lower possibility of a focal inflammatory process.

IMAGING PERFORMED BY

Melissa Randolph

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider ultrasound-guided fine-needle aspiration of the caudal abdominal mass (assuming normal clotting status). A 25-gauge needle should be used.
- A urine BRAF test can also be considered to assess for lower urinary tract neoplasia.
- Depending on the results of the above diagnostics, consultation with a board-certified oncologist +/- abdominal CT scan may be indicated.

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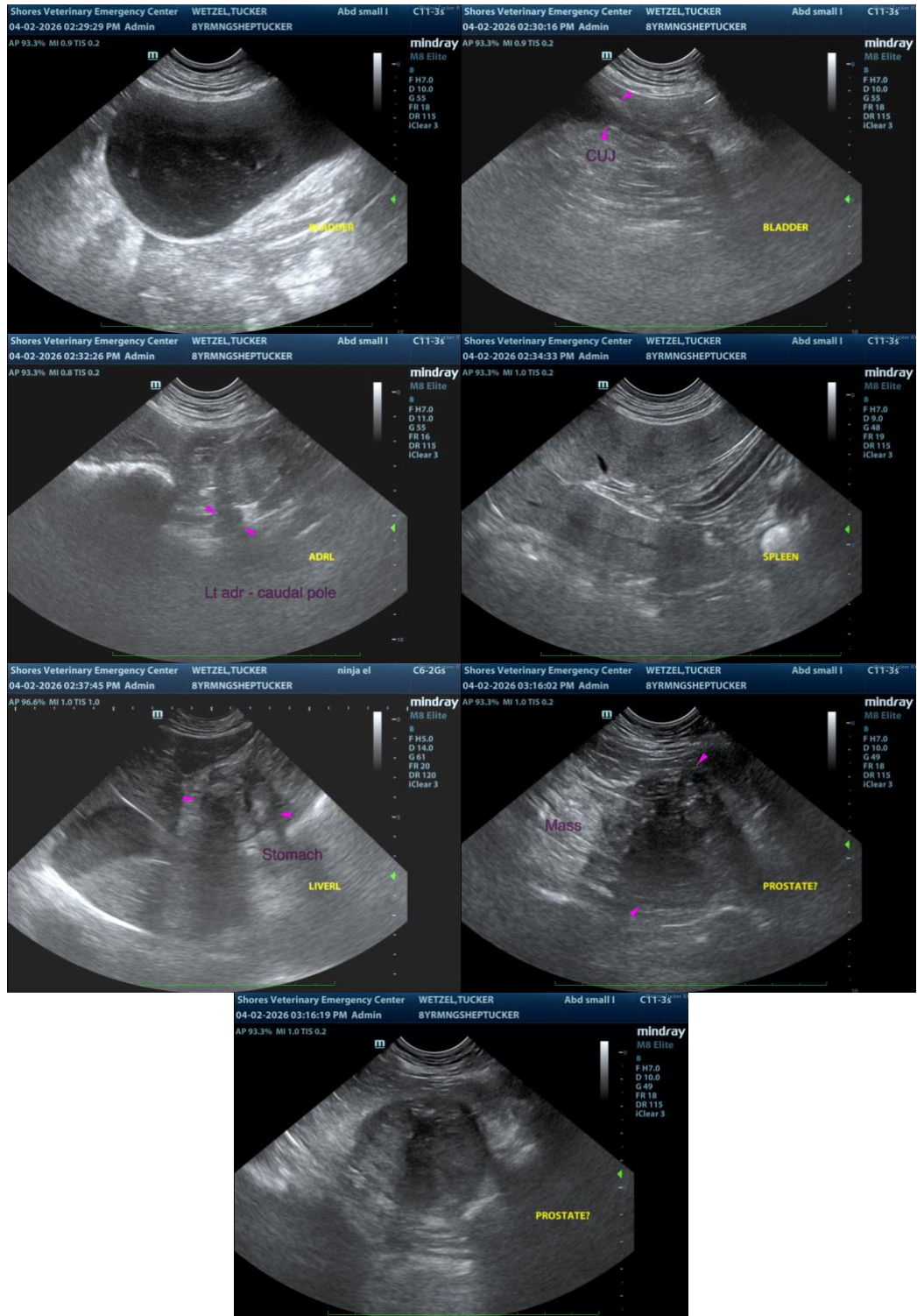
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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)

info@SonoPath.com

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