



PATIENT PRESENTING CLINICAL SIGNS

Marley Amaya

History: Pet had vomiting and hematuria on 5-17-26. Went to ER. Treated for UTI with Baytril and meloxicam. Pet has improved since then and is "normal" according to owner. O requested ultrasound
Abnormal PE/Chem/CBC/UA Results: Mild anemia, hematuria, neutrophilia, low chloride. USG 1.022 with proteinuria, hematuria and pyuria.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Boxer

Urinary System

The urinary bladder is mildly to moderately distended with anechoic urine. The wall is mildly-thickened (up to 0.49 cm) and irregular. Luminal contents are mostly anechoic. No cystic calculi are observed. The region of the trigone is normal. The proximal urethral wall is subjectively mildly-thickened. The lumen is not overtly dilated.

SEX

Male

The region of the prostate is not visualized due to its pelvic location.

AGE

7

The left kidney is normal in size (7.67 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

WEIGHT

88 lbs

The right kidney is normal in size (7.85 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

INTERPRETED BY

Andrea Nicastro, DVM,
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Adrenal Glands

No images provided.

Spleen

The spleen is normal in size (1.96 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.93 x 0.54 cm ill-defined, hypoechoic nodule is observed approximately mid-body. Splenic vasculature is normal.

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Ray Caughman

Liver

The liver is normal- to prominent-in-size with smooth peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion.

HOSPITAL NAME

Dogwood AH

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.

REFERRING VET

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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 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.

INVOICE

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DATE

6-1-26

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.



PATIENT *Lymph Nodes*

The abdominal lymph nodes are normal/not visible.

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SPECIES *Free Abdomen*

There is no obvious evidence of free fluid.

BREED *Primary Findings*

- The urinary bladder wall and urethral changes are most consistent with cystitis and urethritis respectively. However, emerging neoplasia cannot be completely excluded.

SEX *Secondary Findings*

- Mild bilateral nonspecific age-related renal changes

- The diffuse hepatic changes are most consistent with vacuolar hepatopathy (i.e., endocrine, idiopathic) with a lower possibility of inflammatory disease, infiltrative neoplasia, or other hepatopathy.

7

- The hypochoic splenic nodule trends toward the benign (i.e., focus of lymphoid hyperplasia or similar) with a lower possibility of an emerging tumor.

88 lbs

*If this patient is intact, bacterial prostatitis and/or benign prostatic hyperplasia should be considered as possible differentials for the hematuria.

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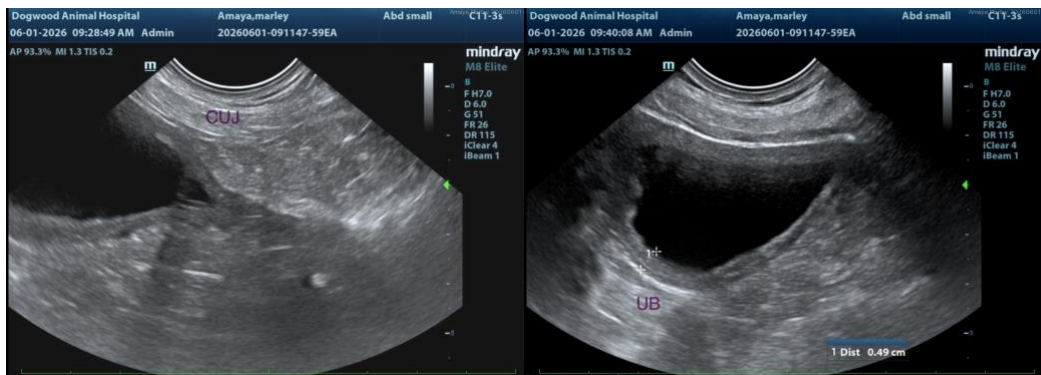
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider obtaining additional sonographic images of the prostate for further evaluation. Alternatively, consider an abdominal CT scan.
- A urine culture and sensitivity is recommended, preferably 5-7 days after the last dose of antibiotics.
- Also consider a urine BRAF test to assess for lower urinary tract neoplasia, particularly if the clinical suspicion for disease is high.
- If the patient is intact, also consider castration.





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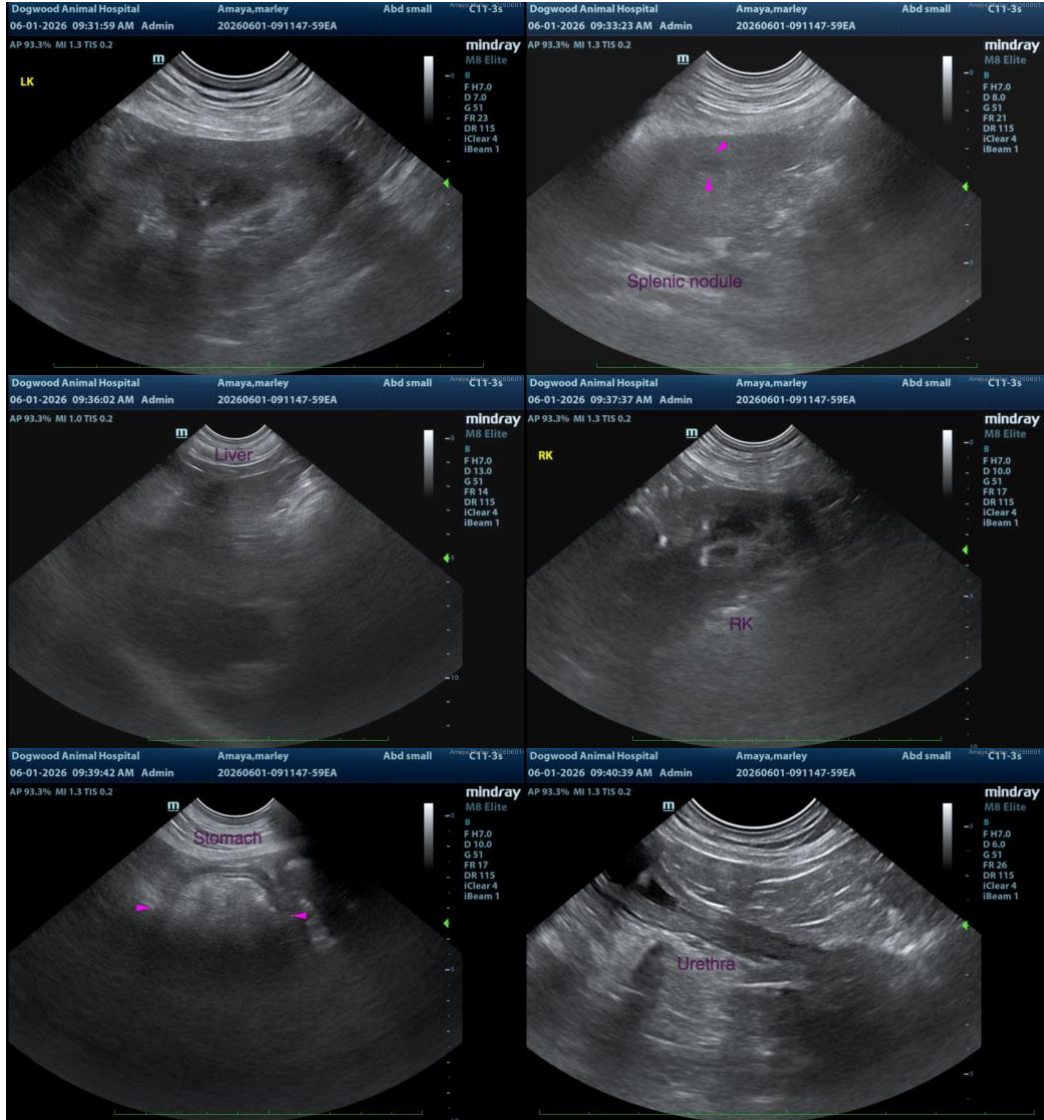
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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