



**PATIENT PRESENTING CLINICAL SIGNS**

Luther Lopez Zupko History: 2-3 days of acting anxious  
Bloodwork pending.

**SPECIES**

Canine

**BREED**

German Shepherd

**SEX**

Intact Male

**AGE**

11 years

**WEIGHT**

83 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

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Diplomate ACVIM (*Small Animal Internal Medicine*)

**HOSPITAL NAME**

Sun Dog Cat Moon

**REFERRING VET**

Dr Federoff

**INVOICE**

13944

**DATE**

8.4.23

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder wall is normal in thickness and 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, appear normal.

The prostate is enlarged (4.99 cm in width) with relatively smooth peripheral contours. Parenchyma is hyperechoic relative to surrounding omental fat and subtly heterogenous in appearance. No distinct focal lesions are observed. The pancreatic is not overtly dilated.

The left kidney is normal in size (8.78 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 appears normal.

The right kidney is normal in size (8.52 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 appears normal.

**Adrenal Glands**

The left adrenal gland is normal in size (0.75 cm at cranial pole) (0.60 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 appear normal.

The right adrenal gland is in normal size (1.08 cm at cranial pole) (0.55 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 appear normal.

**Spleen**

The spleen is subjectively normal in size with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature appears 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. No pathological hepatic lymphadenopathy observed.

The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

**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.



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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.

**Free Abdomen**

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

**Other**

The testicles are subjectively normal in size (left testicle: 3.90 x 1.98) (right testicle: 3.33 x 1.91) and symmetrical. The parenchyma in both testicles is subtly mottled in appearance.

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

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- The prostate changes are most consistent with benign prostatic hyperplasia. Bacterial prostatitis is also a differential but considered unlikely in the absence of lower urinary tract signs.
- Minor bilateral age-renal changes
- Mild parenchymal remodeling in both testicles.

\*An obvious cause for the patient's clinical signs is not definitively identified in this study. Considerations include orthopedic/neurologic disease, occult prostatitis, underlying metabolic issue, systemic hypertension, stress, other.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Thorough orthopedic and neurologic evaluations are recommended.
- A urinalysis +/- culture and sensitivity should also be considered to assess for prostatitis/occult urinary tract infection.
- Consider obtaining a baseline blood pressure measurement.
- Further diagnostics/treatment recommendations should be based on the above diagnostics as well as the pending lab-work.



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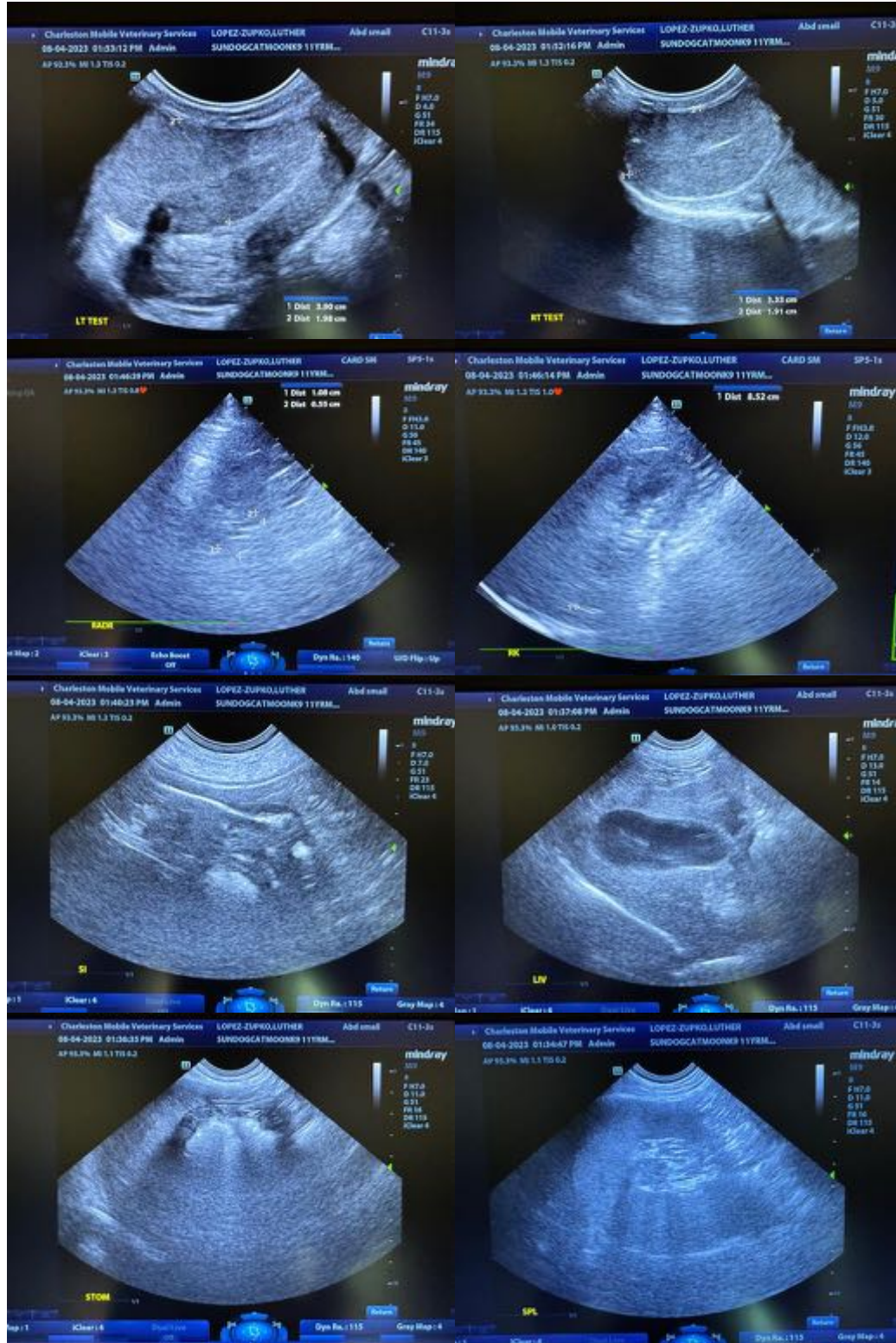
Dr Federoff

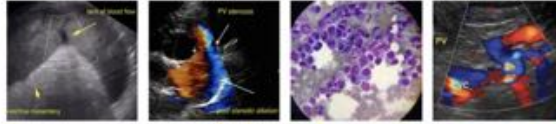
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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