

PATIENT PRESENTING CLINICAL SIGNS

Gus Luhn
 History and Exam Findings Comments: Reason for visit: Gus is a 8y3m MN Labrador presenting for drops of blood from penis. Owner's were seeing drops of blood around the house for the past 3 weeks and could not figure out who is was coming from in the house. Last week O noticed that the drop of blood was from Gus' penis. O has noticed any straining or blood in the urine but said it is a more concentrated color, but that is not abnormal for him. Discussed potential causes for hematuria. Urinalysis did not show an overt UTI present, but cannot rule out low-grade infection or an infection of the kidneys or ureters. Recommend we start with short course of antibiotics and NSAIDs. If not improving or recurs following therapy, then recheck with culture (via ultrasound) and radiograph recommended as next step. Consider bloodwork as well especially if any other symptoms or further weight loss occurs. Suspect mild callus formation on the chin - patient lays head on hard surfaces for prolonged periods. Can trial a medicated wipe for next week and keep on hand if any signs of infection occur. Abnormal PE/Chem/CBC/UA Results: Galliprant 100mg - 1 tab PO SID #7 (sample dose). Sedated with Dexdomitor and Butorphanol for this study.

SPECIES

Canine

BREED

Lab

SEX

Male, neutered

AGE

8 Yrs.

WEIGHT

76 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Alpine AH

REFERRING VET

Dr. Porter

INVOICE

13584

DATE

5/26/26

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 is normal.

The prostate is enlarged (2.37 cm in width) with a slightly irregular shape. The parenchyma is mildly heterogeneous in appearance. Prostatic tissue appears to extend proximally into the proximal urethra. The urethra is not overtly dilated. The mesentery surrounding the prostate is mildly hyperechoic.

The left kidney is normal in size (7.40 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.

The right kidney is normal in size (7.20 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.

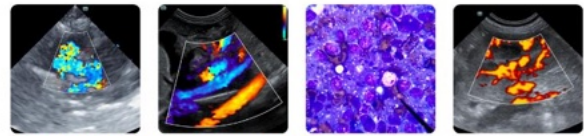
Adrenal Glands

The left adrenal gland is normal in size (0.65 cm at cranial pole) (0.59 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.

The right adrenal gland is normal in size (1.93 cm at cranial pole) (0.76 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.

Spleen

The spleen is normal in size (1.47 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 gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is not distended. 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.

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.

Lymph nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

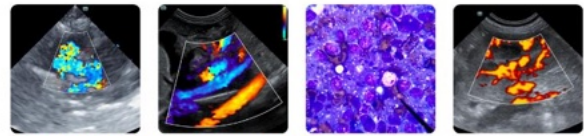
There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

The prostate changes are concerning for infiltrative neoplasia (i.e., prostatic adenocarcinoma, transitional cell carcinoma) with possible extension proximally into the urethra. Other considerations include hyperplasia (if patient was neutered later in life), prostatitis, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. A urine BRAF test is recommended to further evaluate for prostatic neoplasia. A positive result confirms neoplasia, however a negative result does not rule out the possibility of cancer and further testing (i.e., tissue sampling) may be necessary to get a definitive diagnosis. Also consider a urine culture and sensitivity to further evaluate for infection.
2. Depending on the results of the above diagnostics, consultation with a board-certified oncologist may be indicated.



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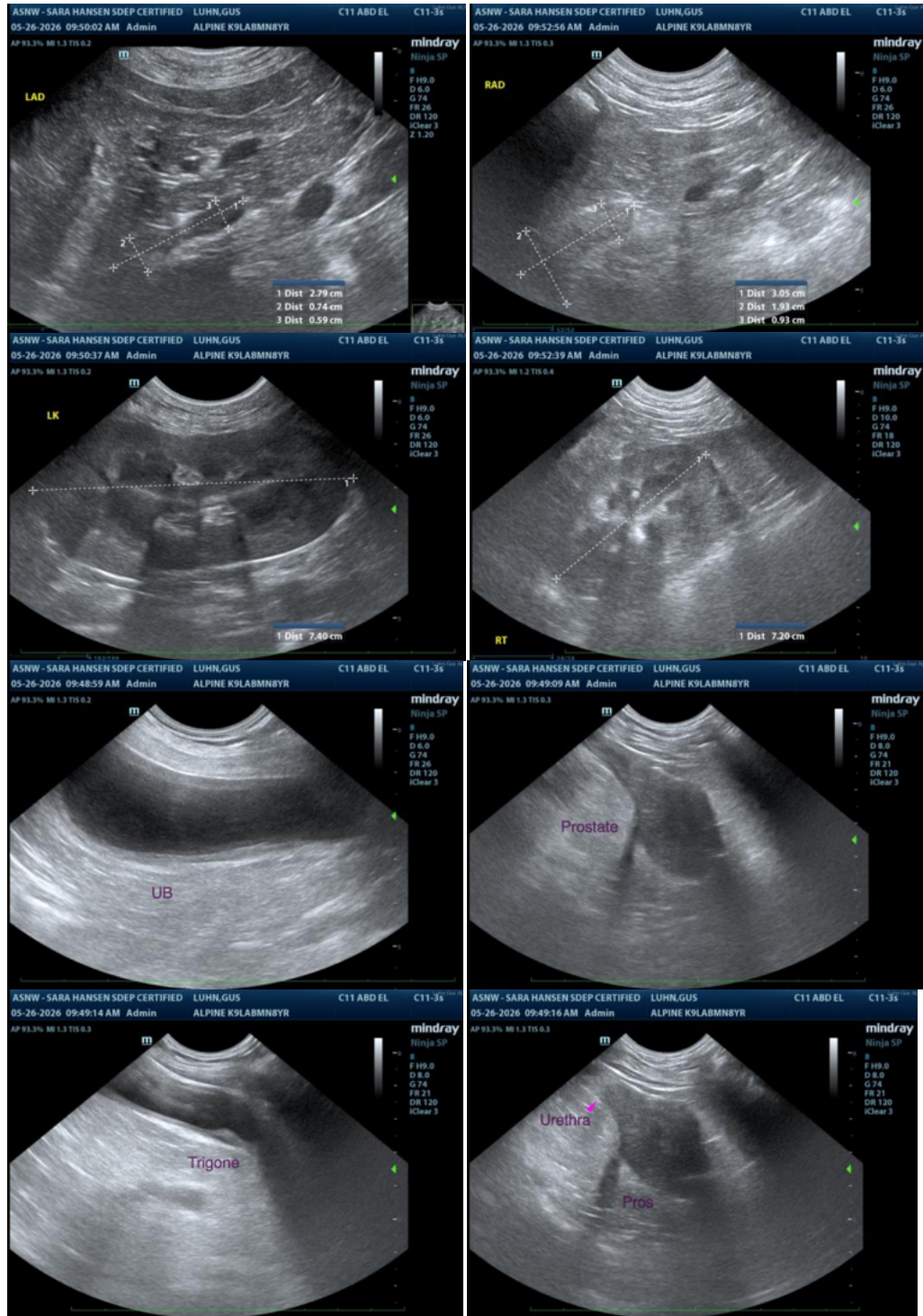
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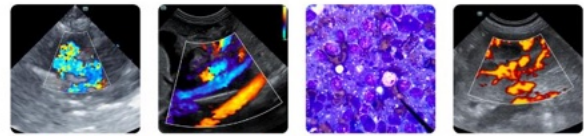
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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