



PATIENT

Bear Lowder

SPECIES

Canine

BREED

Weimaraner

SEX

Male, neutered

AGE

4/12/2017

WEIGHT

81.2 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

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

HOSPITAL NAME

Saddleback

REFERRING VET

Dr. Klein

INVOICE

13686

DATE

4/28/26

PRESENTING CLINICAL SIGNS

Pt presented with difficulty urinating and inappropriate urination. BUN 51, creatinine 1.8, CBC WNL, T4 normal, USG 1.020, no proteinuria, inactive sediment, heartworm negative, fecal negative. Pt has been azotemic for at least a year and the BUN and creatinine have been stable.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended with anechoic urine. The wall is of appropriate thickness for the level of repletion. The mucosal surface is smooth. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is enlarged (2.23 cm in width) with smooth peripheral contours. The parenchyma is homogeneous. No focal lesions are observed. The prostatic urethra is not overtly dilated.

The left kidney is normal to borderline small in size (6.26 cm in length) with an irregular shape and a swelling (2.6 cm) at the caudal pole. The cortex is isoechoic to hyperechoic relative to the spleen and variably thickened with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (xx cm in length) with an irregular shape. The cortex is isoechoic to hyperechoic relative to the spleen and variably thickened with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.63 cm at cranial pole) (0.77 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 (1.66 cm at cranial pole) (0.77 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 (2.25 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.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of gravity-dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.



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Gastrointestinal

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 ileocecolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

Pancreas

The region of the pancreas is slightly hypoechoic 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

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

ULTRASONOGRAPHIC FINDINGS

- Mild prostatomegaly. This could be consistent with emerging neoplasia (i.e., prostatic adenocarcinoma, transitional cell carcinoma), late-in-life neutering (if applicable), prostatitis, other.
- Bilateral chronic nephropathy, the cause of which is unclear. A prior insult (i.e., infection, toxin, hypotensive event) is suspected. Renal dysplasia is also a consideration. However, given the patient's age, this differential is less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the prostate changes, additional information regarding when the patient was neutered would be useful. Also consider a urine BRAF test to further evaluate for lower urinary tract neoplasia. A positive test confirms neoplasia, however a negative test does not rule out the possibility of cancer and further testing (i.e., prostatic biopsies) may be necessary to get a definitive diagnosis.
- Regarding the azotemia, consider the following:
 1. Urine culture and sensitivity
 2. Baseline blood pressure measurement
 3. Transition to a prescription renal diet
 4. Serial monitoring of the patient's renal values to assess progression of the azotemia



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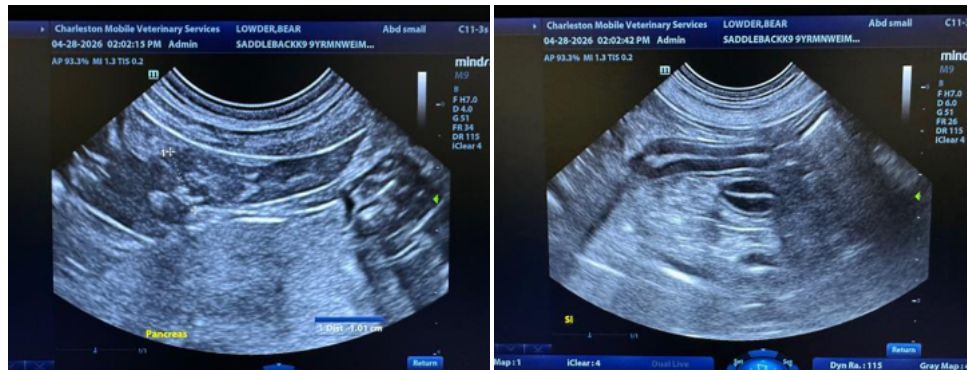
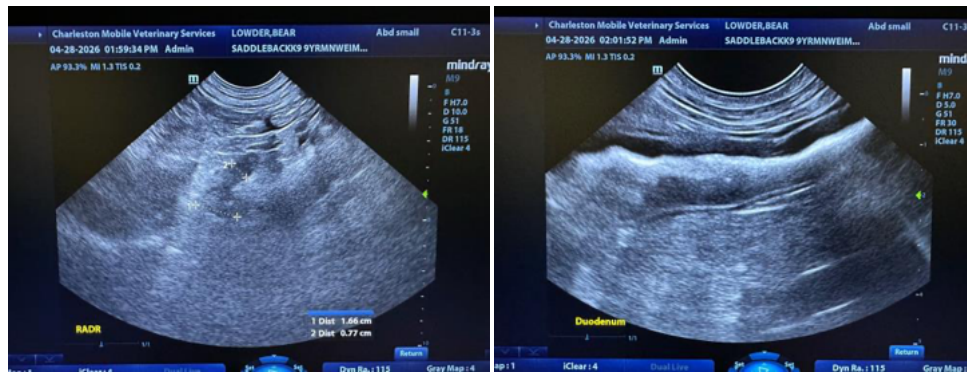
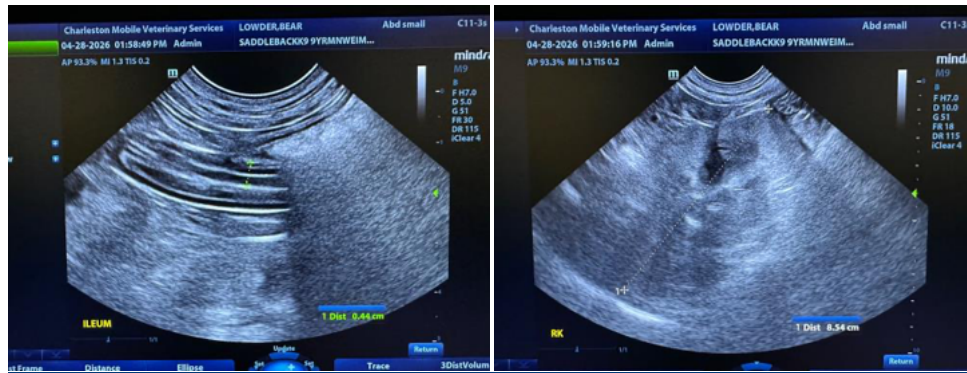
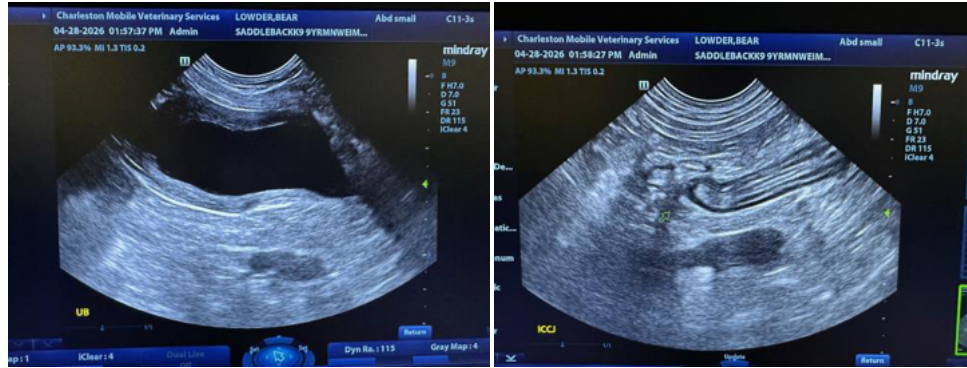
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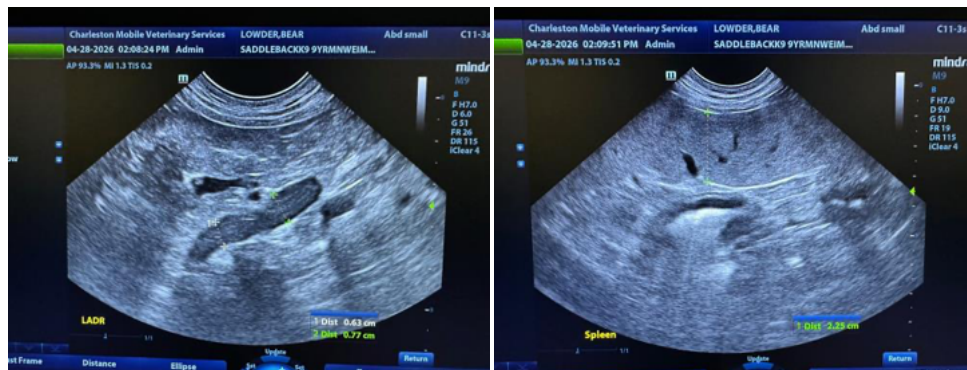
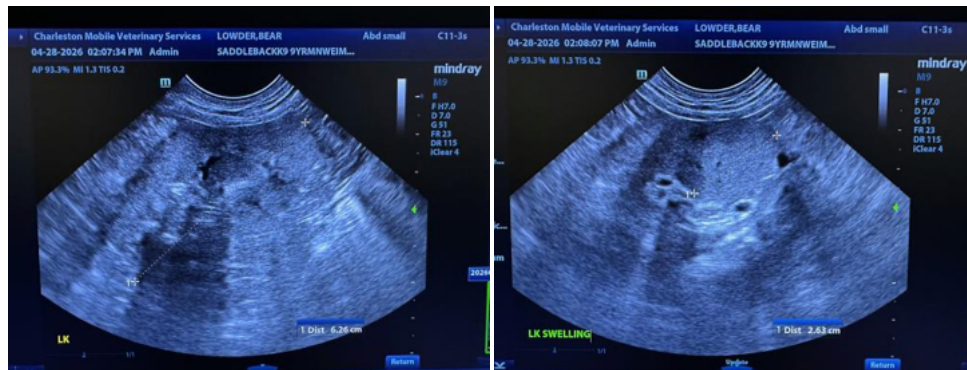
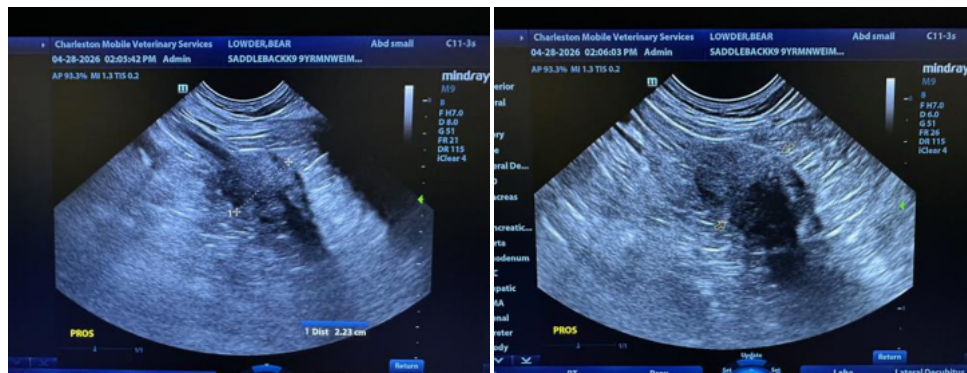
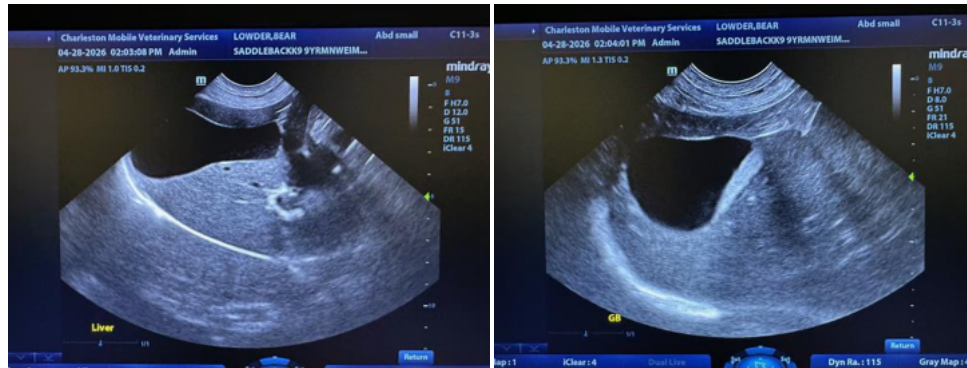
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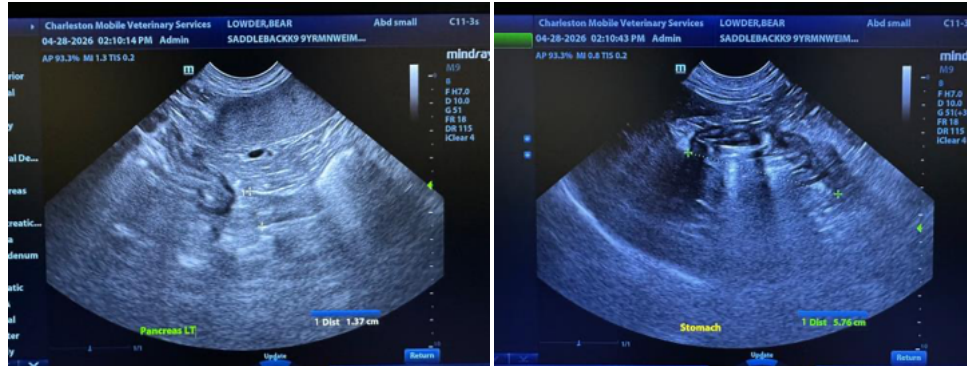
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com