

PATIENT

Marley George

SPECIES

Canine

BREED

Puggle

SEX

Male, neutered

AGE

13 Yrs.

WEIGHT

10.4 kg.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

East Credit VH

REFERRING VET

Dr. Jerabek

INVOICE

13326

DATE

11/10/25

PRESENTING CLINICAL SIGNS

History: Any concerning abdominal changes? Has increased urination Abnormal PE/Chem/CBC/UA
Results: Bloodwork: Reticulocytes: 160 Chloride: 105 Urine: SG: 1.010 WBC: <1/HPF RBC: 1/HPF

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. A small amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is mildly enlarged (1.55 cm in width) with smooth peripheral contours. The parenchyma is slightly heterogeneous in appearance with a few pinpoint hyperechoic foci. The prostatic urethra is not overtly dilated.

The left kidney is normal in size (4.88 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 (4.61 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.

Adrenal Glands

The left adrenal gland is normal in size (0.58 cm at cranial pole) (0.62 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 (0.85 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.

Spleen

The spleen is subjectively overall normal in size (1.22 cm in width at the level of the hilus). A 1.15 x 0.82 cm hypoechoic slightly expansile nodule is observed at the mid to caudal aspect. In addition, a 0.55 x 0.44 cm ill-defined hypoechoic nodule is observed at the medial aspect adjacent to the hilus. The remainder of the parenchyma is homogeneous in appearance. Splenic vasculature is normal with no evidence of thrombosis.

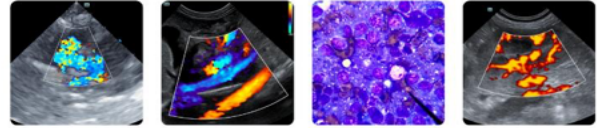
Liver

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 amount of suspended echogenic debris is observed within the lumen. 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.



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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

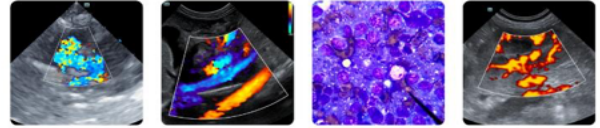
The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

ULTRASONOGRAPHIC FINDINGS

- Mild prostatomegaly. Differentials include emerging neoplasia (i.e., transitional cell carcinoma, adenocarcinoma), late-in-life neutering (if applicable) with residual prostatic hyperplasia, prostatitis, other. Correlation with the patient's clinical history is recommended.
- The splenic nodules could be consistent with emerging neoplasia or benign foci (i.e., lymphoid hyperplasia or similar).
- Mild bilateral non-specific chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the prostate changes, a urine BRAF test should be considered. A positive test confirms neoplasia. However, a negative test does not rule out the possibility of cancer and further testing (i.e., aspirates or biopsies) may be necessary to get a definitive diagnosis.
- Regarding the PU/PD, consider the following:
 1. Urine culture and sensitivity to assess for occult infection
 2. Pre and post-prandial serum bile acids to assess for an occult hepatopathy
 3. Leptospirosis testing (i.e., blood and urine PCR, serology) particularly if clinical suspicion for disease is high
 4. Cushing's testing (i.e., low-dose dexamethasone suppression test)
 5. Depending on the results of the above diagnostics, further workup (i.e., DDAVP trial, modified water deprivation test) may be indicated.
- Regarding the larger splenic nodule, consider fine needle aspiration (assuming normal clotting status). A 25-gauge needle should be used. Three-view thoracic radiographs are also recommended to assess for metastatic disease.



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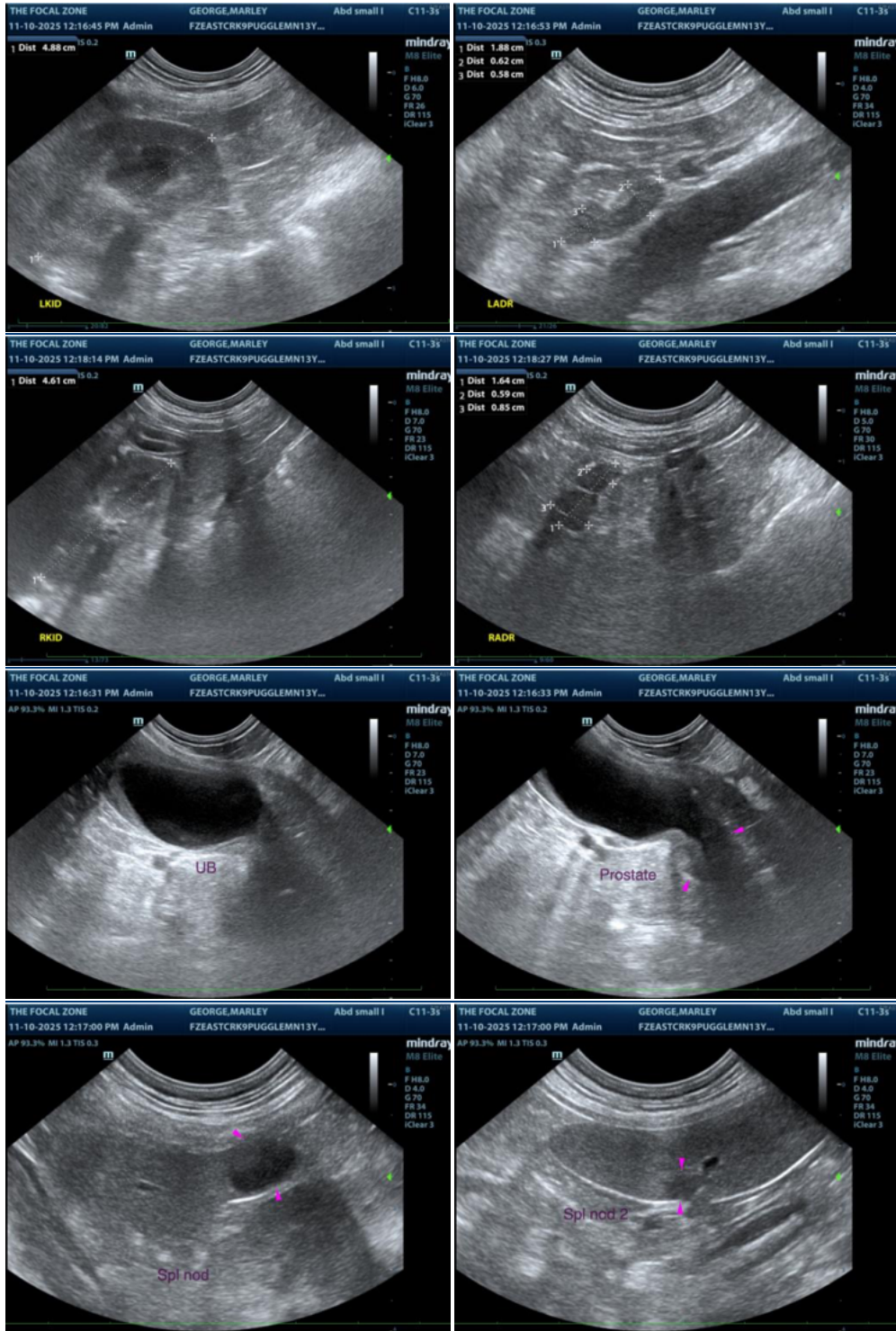
Dr. Jerabek

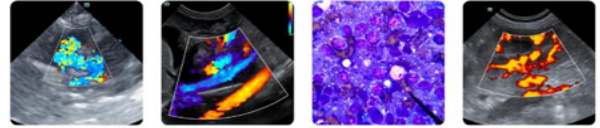
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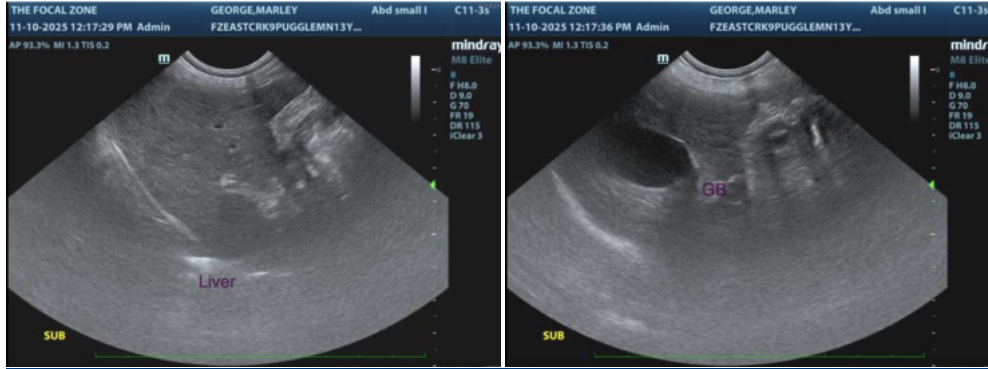
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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