



## PATIENT

Harley Newton

## SPECIES

Canine

## BREED

Golden retriever

## SEX

Male, neutered

## AGE

12 Yrs.

## WEIGHT

73 lbs..

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Crystal Hill

## HOSPITAL NAME

The Maples AH

## REFERRING VET

Dr. Kazienko

## DATE

3/8/22

## PRESENTING CLINICAL SIGNS

History: Full feeling abdomen with previously enlarge adrenal gland. Follow up ultrasound since concern about poss bladder stones and off and on loose stools.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is moderately distended. The wall is mildly thickened (up to 0.53 cm) with an irregular mucosal surface. A large amount of echogenic debris and mineralized sand along with large cystic calculi are observed within the lumen. The region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is enlarged (2.46 cm) with a slightly irregular shape. The parenchyma is mildly heterogeneous. The prostatic urethra is not overtly dilated.

The left kidney is normal in size (6.19 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Several small, non-obstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (6.65 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is minimal to mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Several small, non-obstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

### *Adrenal Glands*

The left adrenal gland is normal size (0.65 cm at cranial pole) (0.80 cm at caudal pole) (2.84 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

What is thought to be right adrenal gland is normal in size (0.91 cm at the cranial pole)(0.70 cm at the caudal pole) with a normal shape and smooth peripheral contours. 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 (1.62 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 curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No focal lesions are observed. Hepatic vasculature 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*



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The stomach and intestine are free of stasis and exhibit normal peristaltic activity. 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 thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

***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.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings:**

- Cystic calculi with urinary bladder sand and debris. The bladder wall changes are consistent with cystitis.
- The prostatomegaly is a new finding. Therefore, there is some concern for emerging neoplasia (i.e., adenocarcinoma, transitional cell carcinoma).

**Secondary Finding:**

- Bilateral, age-related renal changes with non-obstructive nephrocalcinosis.
- The hepatic changes are consistent with age-related parenchymal remodeling and are not considered clinically significant at this time.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- A urine BRAF test or traumatic urethral catheterization is recommended to further assess for prostatic neoplasia. Three-view thoracic radiographs should also be considered to assess for pulmonary metastatic disease. If there is no evidence of cancer, a cystotomy with stone removal, analysis and culture are recommended.
- An obvious cause for the chronic intermittent loose stools is not identified in this study. This issue was previously reported. Diagnostic/therapeutic considerations include the following: fecal evaluation for ova and Giardia, prophylactic deworming with Fenbendazole, malabsorption panel (send to Texas A&M), limited antigen diet trial +/- GI biopsies.

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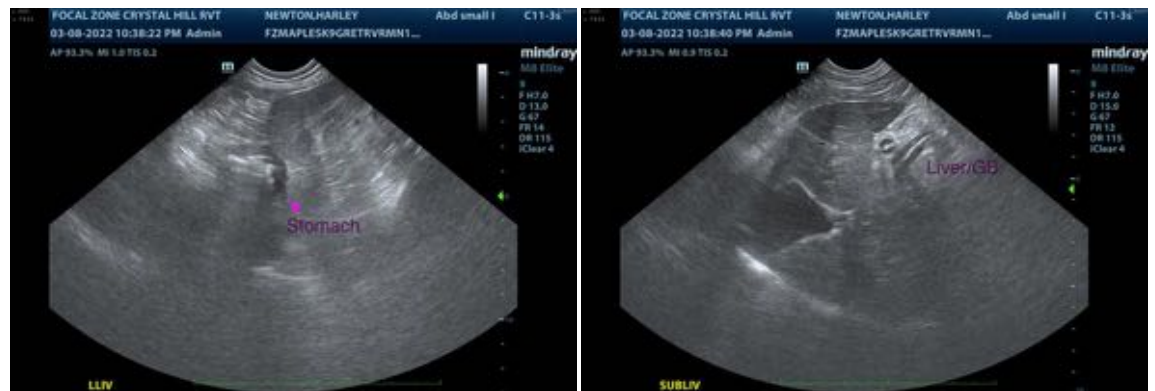
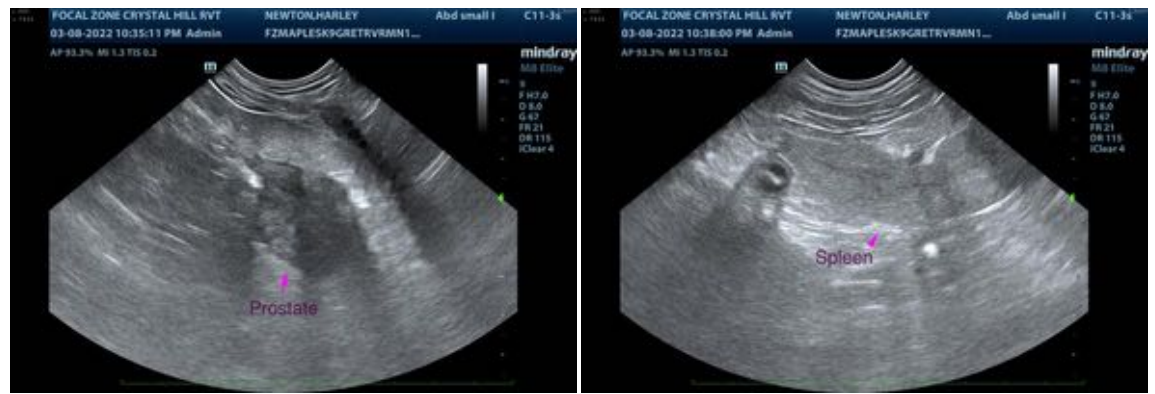
**HOSPITAL NAME**

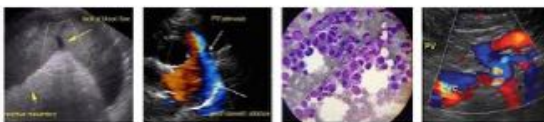
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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Canine

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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Golden retriever

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Andrea.nicastro@sonopath.com

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