



## PATIENT

Bruce Hoesman

## SPECIES

Canine

## BREED

Newfoundland

## SEX

Male, neutered

## AGE

11 Yrs.

## WEIGHT

106 lbs.

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Nikki Kollman, RVT

## HOSPITAL NAME

Airpark AH

## REFERRING VET

Dr. Grace Kennedy

## INVOICE

13398

## DATE

1/19/26

## PRESENTING CLINICAL SIGNS

Bruce presented for evaluation of collapse. He had an arrhythmia which was incidentally noted 11/2025. He has had bloodwork and radiographs which were unremarkable. He was seen at Cardiology on 1/15 and diagnosed with Atrial Fibrillation and occasional VPCs/runs of Ventricular tachycardia. He was started on sotalol BID on Saturday. Yesterday he had an episode of collapse after walking up the stairs. He urinated and defecated on himself. He would not get up for a few minutes until the owners physically got him up. He did not seem disoriented, just weak. He has had intermittent diarrhea starting around the time that the arrhythmia was noted. No vomiting, coughing, or sneezing. The Cardiologist did recommend an abdominal ultrasound to evaluate for other causes of V-tach since his echocardiogram was normal. Abnormal PE/Chem/CBC/UA Results: Labwork wnl in december. PCV 38% at VEG yesterday

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone is normal.

The prostate is not definitively visualized due to its pelvic location.

The left kidney is normal in size (6.58 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 (6.94 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

No images of the left adrenal gland provided.

The right adrenal gland is normal in size (0.81 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 are normal.

### Spleen

The spleen is normal in size (1.45 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 gallbladder is of normal contours and contains some dependent echogenic debris. The wall is



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normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

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**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**

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

**ULTRASONOGRAPHIC FINDINGS**

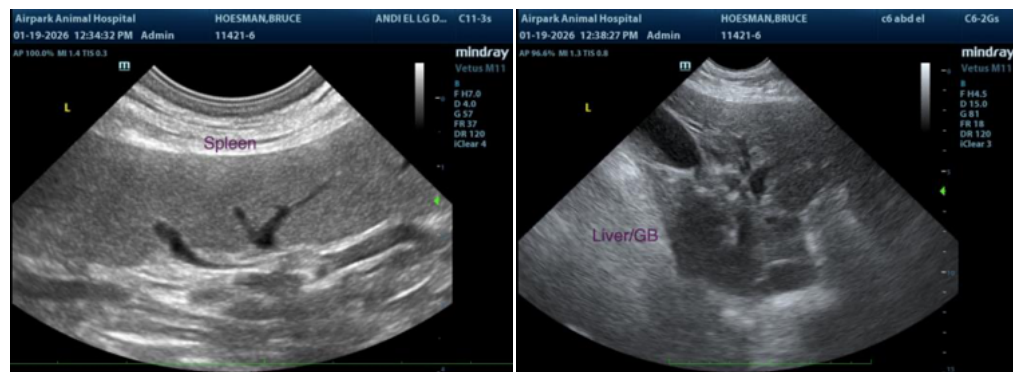
- Minor bilateral age-related renal changes

\*An obvious cause for the patient's arrhythmia is not definitively identified in this study.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the history of diarrhea, consider the following:

1. Fecal evaluation for ova and Giardia
2. Prophylactic deworming with fenbendazole
3. GI panel including serum cobalamin, folate, TLI, PLI and resting cortisol level
4. 3-4 week limited antigen or hydrolyzed protein diet trial
5. +/- endoscopic or surgical GI biopsies





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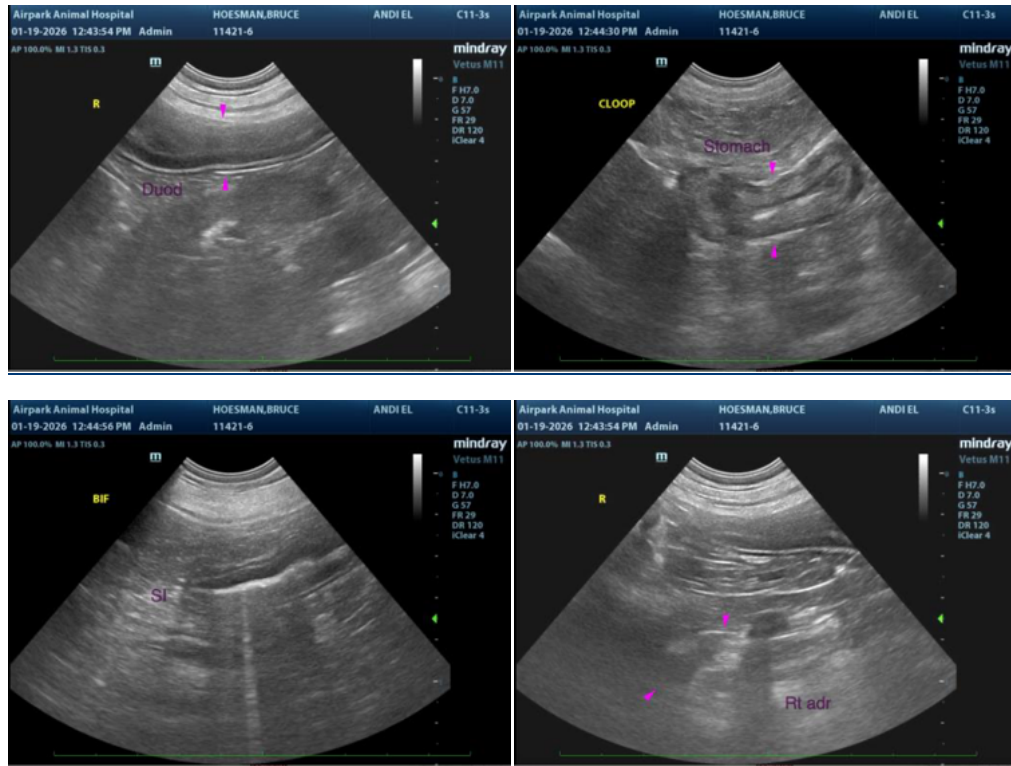
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)