



PATIENT

Harley Russell

SPECIES

Canine

BREED

American Bulldog

SEX

Female, intact

AGE

8 Yrs.

WEIGHT

92 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Carly Pate

HOSPITAL NAME

VCA McKenzie AH

REFERRING VET

Dr. Fitzclemen

INVOICE

13417

DATE

1/20/26

PRESENTING CLINICAL SIGNS

- Presented in Dec 2025 for inappetence and urinary concerns, urine culture positive for E Coli treated, but P still abnormal.
- Intermittent diarrhea. Inappetence, now refusing even high value foods. Lethargic, not interested in playing
- No medications, probiotic supplement
- History of heartworm positive
- Hasn't had noticeable heat cycles in years

Abnormal PE/Chem/CBC/UA Results: 12/17 BW Chemistry profile - Albumin 2.4 (2.7-4.4) Globulin 4.2 (1.6-3.6) ALT 186 (12-131); CBC - PLT 462 (170-400) Monocytes 981 (0-840); Urinalysis - USG 1.024 pH 6.0 Protein 3+ Occult blood 2+ Rods 26-50 HPF MA >30 (<2.5) 1/2/26 urine culture Escherichia coli

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The wall in the region of the apex is mildly thickened (up to 0.65 cm) with an irregular mucosal surface. The wall tapers to a normal thickness as it extends toward the cystourethral junction. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 3 cm, are normal.

The left kidney is normal in size (7.61 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is subjectively normal in size 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 (0.55 cm at cranial pole) (0.52 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 (0.81 cm at cranial pole) (0.71 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 (1.79 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.



PATIENT

Harley Russell

SPECIES

Canine

BREED

American Bulldog

SEX

Female, intact

AGE

8 Yrs.

WEIGHT

92 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Carly Pate

HOSPITAL NAME

VCA McKenzie AH

REFERRING VET

Dr. Fitzclemen

INVOICE

13417

DATE

1/20/26

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly 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. In one segment of small intestine, a 1.3 x 1.0 cm hypoechoic, expansile mural mass is visualized. In the remaining small intestinal segments, the wall is normal in thickness with a normal layering pattern. The ileocecolic junction is normal. In what appears to be colon, a >6 cm ill-defined hypoechoic to heterogeneous mass effect is seen. The wall in this region is severely thickened (up to 2.3 cm) with loss of the normal layering pattern. Mineralized foci are observed within the mass. Surrounding mesentery is hyperechoic and irregular. The remaining colonic wall is normal. The colonic lumen contains shadowing fecal material.

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

2-3 enlarged hypoechoic rounded lymph nodes are observed in the mid to caudal abdomen, one of the nodes measuring 1.8 x 1.6 cm. Surrounding mesentery is hyperechoic.

Free Abdomen

Trace free fluid is suspected.

Other

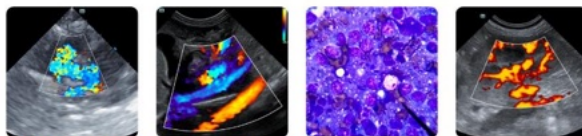
A brief echocardiogram reveals no obvious evidence of pericardial or pleural effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

- Large colonic wall mass. Neoplasia (i.e., adenocarcinoma, round cell tumor, leiomyosarcoma) is suspected with a lower possibility of focal inflammatory process. Adjacent peritonitis is present. The regional lymphadenopathy could be consistent with metastatic disease or reactive change.
- Focal mural small intestinal mass. Again, neoplasia (i.e., adenocarcinoma, round cell tumor, leiomyosarcoma) is suspected with a lower possibility of a focal inflammatory process.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. Consider fine needle aspirates of the bowel masses if accessible and if clotting status is appropriate. 25-gauge needles should be used. Depending on results, consultation with a board-certified oncologist and/or surgeon may be warranted.



PATIENT

Harley Russell

SPECIES

Canine

BREED

American Bulldog

SEX

Female, intact

AGE

8 Yrs.

WEIGHT

92 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Carly Pate

HOSPITAL NAME

VCA McKenzie AH

REFERRING VET

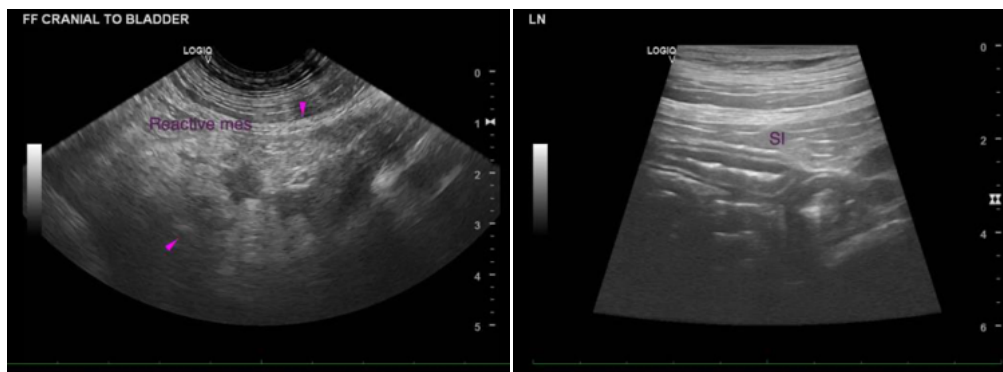
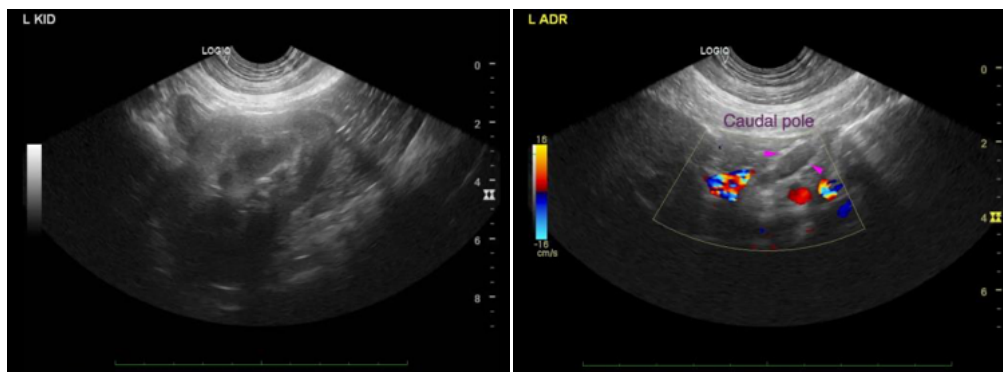
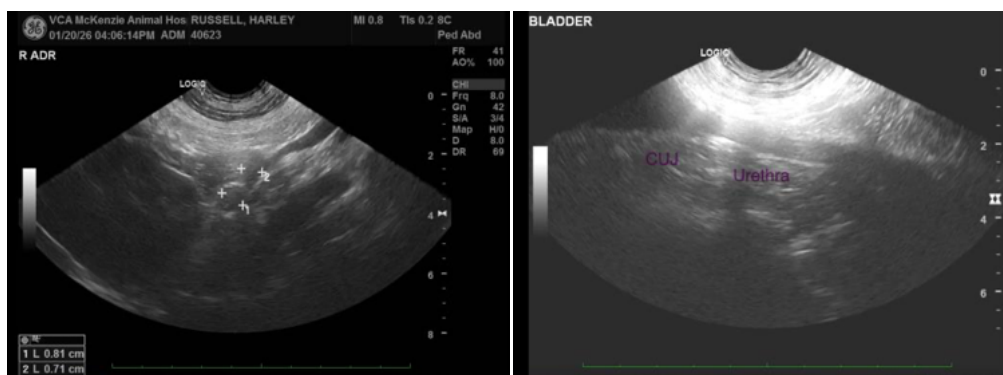
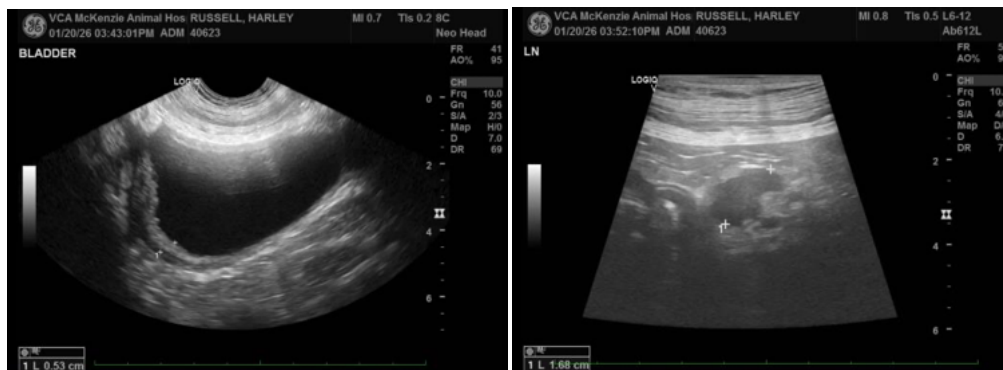
Dr. Fitzclemen

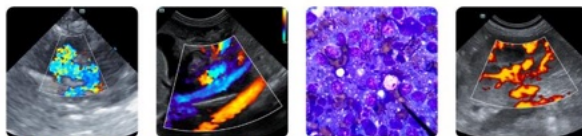
INVOICE

13417

DATE

1/20/26





PATIENT

Harley Russell

SPECIES

Canine

BREED

American Bulldog

SEX

Female, intact

AGE

8 Yrs.

WEIGHT

92 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Carly Pate

HOSPITAL NAME

VCA McKenzie AH

REFERRING VET

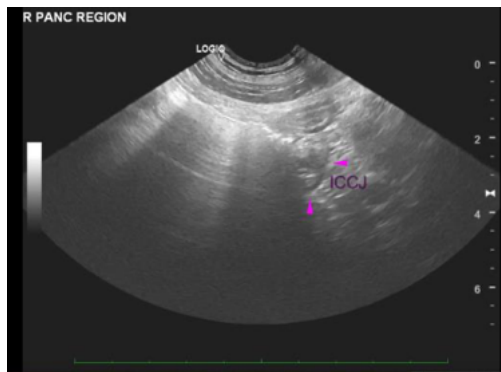
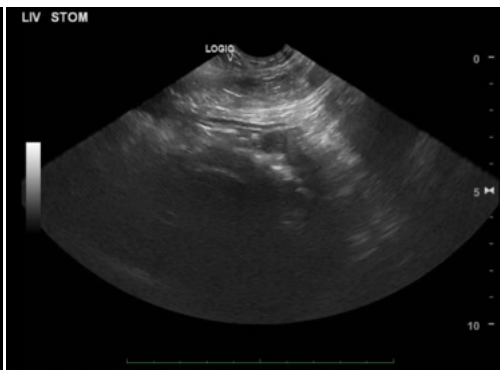
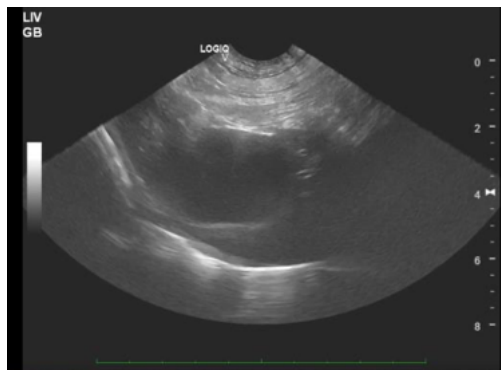
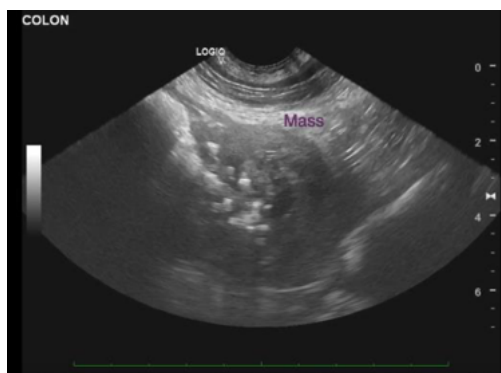
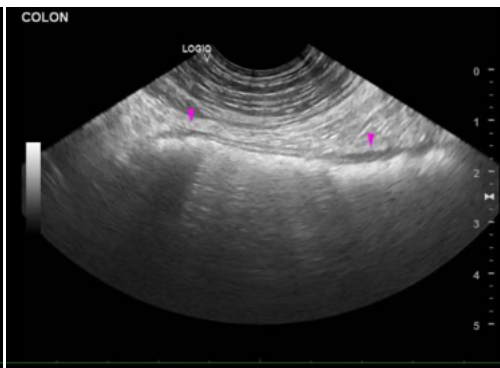
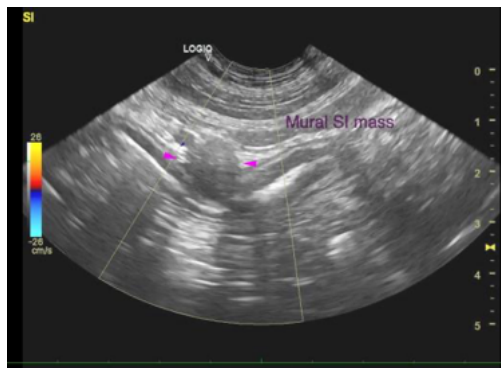
Dr. Fitzclemen

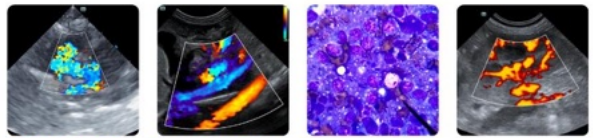
INVOICE

13417

DATE

1/20/26





PATIENT

Harley Russell

SPECIES

Canine

BREED

American Bulldog

SEX

Female, intact

AGE

8 Yrs.

WEIGHT

92 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Carly Pate

HOSPITAL NAME

VCA McKenzie AH

REFERRING VET

Dr. Fitzclemen

INVOICE

13417

DATE

1/20/26

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