



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Theo Louie
SPECIES Canine
BREED Golden Retriever

History: Patient is 8yr 1mo MN Golden Retriever presented for ADR lethargic on 12/3/2025. P had one bout of vomiting and inappetence on Sunday. Come Monday P was fed boiled chicken and rice and was able to eat. P appetite seems to have improved but has been drinking a lot of water and gulping like something stuck going down. P is also having to urinate a lot. P is back to eating his regular kibble this morning. weight: 73lbs fastscan abdominal ultrasound noted moderate transudate free fluid and pericardial effusion. 1/3/2026: P's appetite is normal but P will still have on and off bouts of diarrhea and regurgitation. O is feeding boiled chicken and rice still with pumpkin. P is also losing weight and generalized muscle atrophy. weight: 66lbs

SEX

Neutered Male

AGE

8

WEIGHT

66 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jernea Bustria, DVM

HOSPITAL NAME

Craig Road AH

REFERRING VET

Jernea Bustria, DVM

INVOICE

22371

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1-3-2026

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

The left kidney is normal in size (6.85 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 hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (6.81 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 hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is mildly enlarged (1.16 cm at cranial pole) (La0.90AN cm at caudal pole) with a normal shape. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The region of the right adrenal gland is evaluated. No obvious pathology is observed in this region.

Spleen

The spleen is subjectively normal-in-size with a normal capsular contour. There is appropriate echogenicity and echotexture. A tiny hypoechoic nodule is observed approximately mid-spleen. Splenic vasculature is normal.

Liver

The liver is subjectively prominent in size with swollen curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

The gallbladder lumen is moderately distended. The wall is thin and smooth. A small amount of mobile 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 minimally fluid-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 colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Lymph Nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

There is no obvious evidence of free fluid.

Other

The caudal vena cava at the level of the diaphragm is subjectively dilated.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The diffuse hepatic changes are nonspecific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory disease, infiltrative neoplasia and other hepatopathies are considered less likely.
- Gallbladder debris, non-mucocele
- Mild left adrenomegaly (The right adrenal gland is not visualized in the available images).
- The dilated caudal vena cava could be consistent with increased hydrostatic pressure (i.e., resulting from congestive heart failure or fluid overload), a proximal obstruction (i.e., thrombus, tumor), other.

Secondary Findings

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The hypoechoic splenic nodule trends toward the benign (i.e., focus of lymphoid hyperplasia or similar) with a lower possibility of emerging hyperplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess cardiopulmonary status. Depending on the results, further work-up may be indicated.



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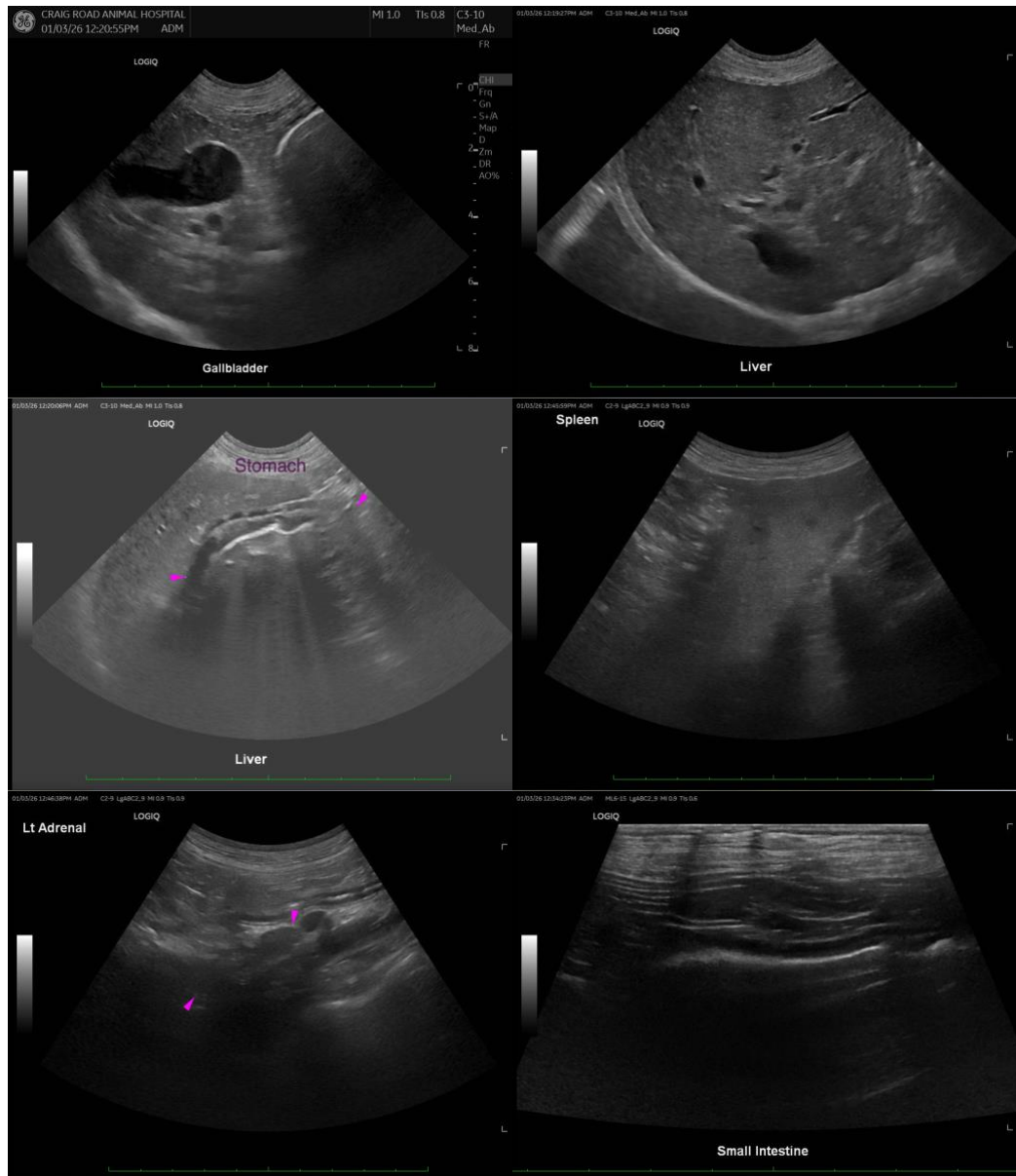
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- Serial monitoring (i.e., every 3-4 months) of the patient's liver values is recommended. If values continue to increase, a repeat abdomen ultrasound +/- a more advanced hepatic work-up (i.e., tissue sampling) may be warranted.
- Consider testing for hyperadrenocorticism with a low-dose dexamethasone suppression test or ACTH stimulation test if clinical signs (i.e., PU/PD) develop in the future.





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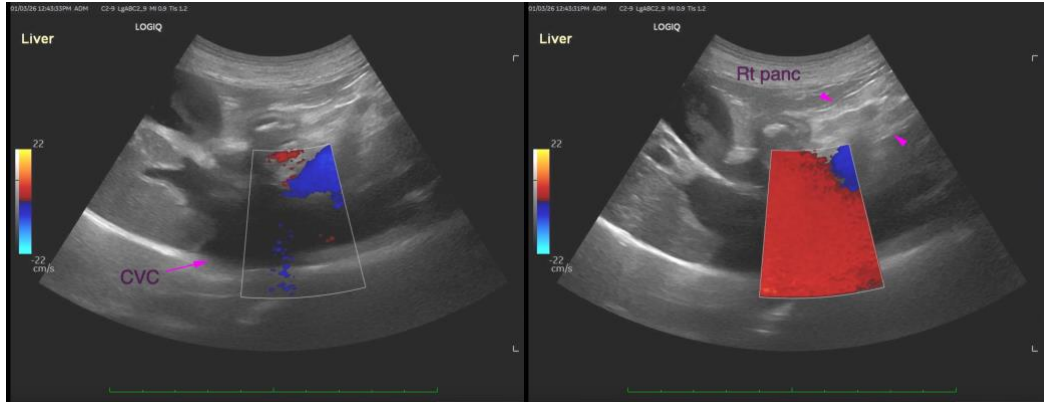
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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