



PATIENT PRESENTING CLINICAL SIGNS

Boris Dahlen History: Seen at rDVM yesterday, vomiting and not eating leading up. Abnormal PE/Chem/CBC/UA Results: Mild ALT increase, moderate ALP increase, marked GGT increase, mild to moderate azotemia, negative urinalysis with urine culture pending, CPL too high to read

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

11

WEIGHT

30 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Michael Schacher

HOSPITAL NAME

Emergency Vets of
Idaho, LLC

REFERRING VET

Juli Sorenson

INVOICE

22376

DATE

1-5-2026

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone is normal.

The prostate is normal in size (0.96 cm in width) with smooth peripheral contours. Parenchyma is homogenous. A urinary catheter is thought to be visualized within the prostatic urethra.

The left kidney is normal in size (5.40 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 a questionable cortical infarct at the caudal pole. There is no evidence of pyelectasia, nephroliths, or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (5.75 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. Trace pyelectasia is present. Several, small, nonobstructive nephroliths are visualized. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is enlarged (1.01 cm at cranial pole) (1.06 cm at caudal pole). The parenchyma is mildly heterogenous in appear with some loss of glandular detail. Surrounding vasculature appears normal.

The right adrenal gland is normal in size (0.95 cm at cranial pole) (0.57 cm at caudal pole) with a slightly irregular shape. A 1.12 x 0.78 cm hypoechoic nodule/area is observed at the cranial pole. The parenchyma is mildly heterogenous in appearance, with some loss of glandular detail. Surrounding vasculature appears normal.

Spleen

The spleen is normal in size (0.71 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 prominent in size with swollen curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. A 0.52 cm cyst is observed on the left side. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

The gallbladder lumen is distended. The wall is thin and smooth. A moderate-to-large 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 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



PATIENT

Boris Dahlen

intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The wall of the descending colon is mildly thickened (up to 0.39 cm) with retention of the normal layering pattern. There is no obvious evidence of an obstructive pattern.

SPECIES

Canine

Pancreas

(See "Other" category).

Lymph Nodes

(See "Other" category).

BREED

Mixed

Free Abdomen

The mesentery throughout the abdomen is hyperechoic. A small amount of free fluid is present.

SEX

Neutered Male

Other

In the cranial abdomen, in the region of the pancreatic base/right limb, a 4.0 x 2.8 cm heterogenous mass is visualized. Surrounding mesentery is hyperechoic.

AGE

11

ULTRASONOGRAPHIC FINDINGS

Primary Findings

WEIGHT

30 lbs

- Cranial abdominal mass, the origin of which is unclear. It may be arising from pancreas, mesentery, lymph node, other. Neoplasia (i.e., carcinoma, sarcoma, round cell tumor) is suspected with a lower possibility of a focal inflammatory or other benign process.

INTERPRETED BY

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

- Diffuse peritonitis

- The hepatic changes are nonspecific and could be secondary to inflammatory disease (i.e., cholangiohepatitis, chronic hepatitis), Leptospirosis, hepatotoxicosis, infiltrative neoplasia (i.e., lymphoma), vacuolar hepatopathy, regenerative nodular hyperplasia, other hepatopathy, or some combination thereof.

IMAGING PERFORMED BY

Michael Schacher

- Distended gallbladder with suspended debris

Secondary Findings

HOSPITAL NAME

Emergency Vets of
Idaho, LLC

- Possible left cortical infarct; right nonobstructive nephrocalcinosis with trace pyelectasia

- Left adrenomegaly. The right hypoechoic adrenal nodule could be consistent with a benign focus (i.e., nodular hyperplasia, adenoma, or less likely, an emerging adenocarcinoma, pheochromocytoma, other.

REFERRING VET

Juli Sorenson

- The colonic wall thickening is most consistent with colitis, with a lower possibility of emerging neoplasia or other pathology.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INVOICE

22376

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases

DATE

1-5-2026

- Consider fine-needle aspiration of the mass in the cranial abdomen (if accessible and if clotting status is appropriate). A 25-gauge needle should be used. Depending on the cytology results, an abdominal exploratory with excisional biopsy of the mass may be indicated. An abdominal CT scan would be useful in presurgical planning.



PATIENT

Boris Dahlen

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

11

WEIGHT

30 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Michael Schacher

HOSPITAL NAME

Emergency Vets of
Idaho, LLC

REFERRING VET

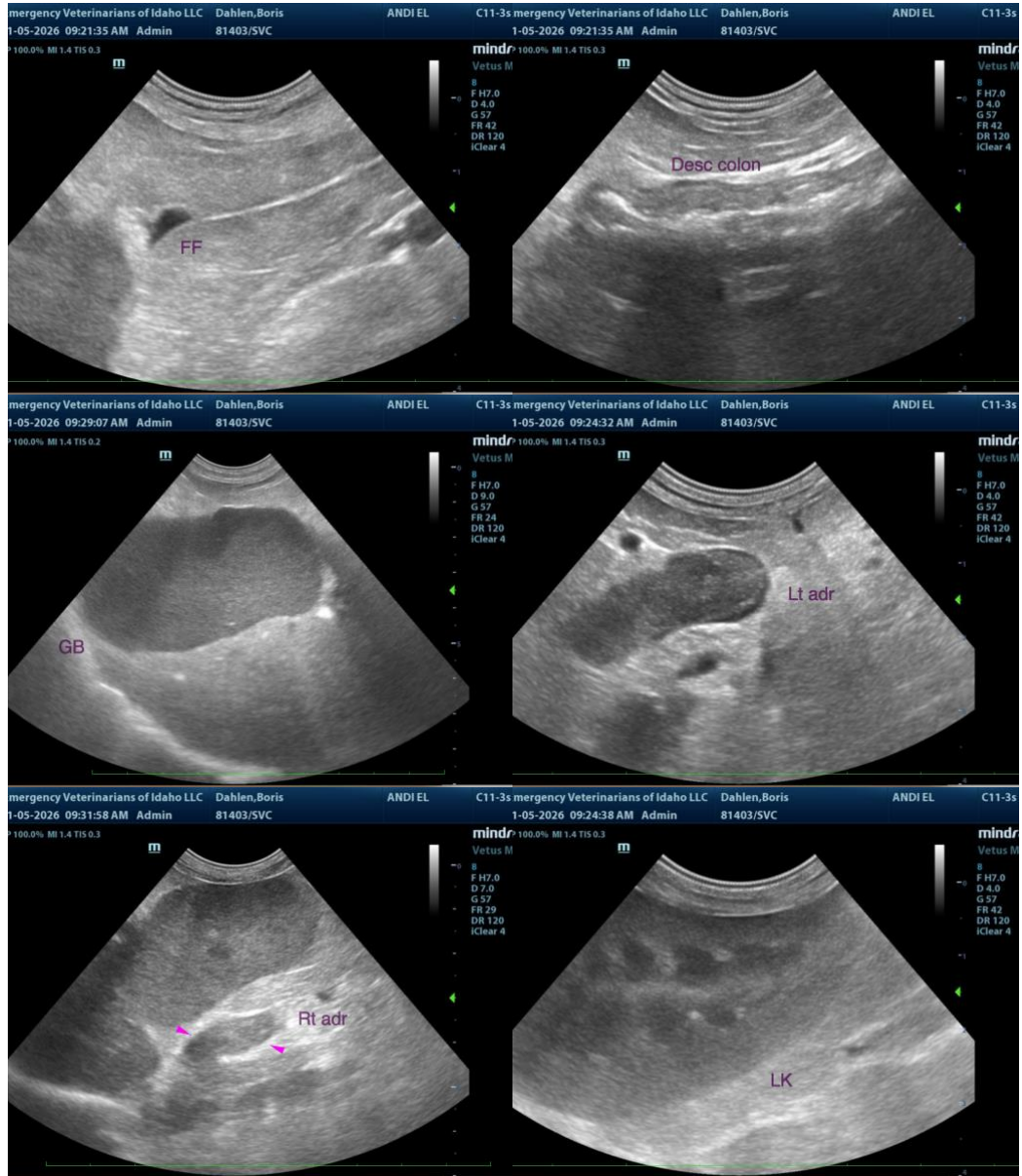
Juli Sorenson

INVOICE

22376

DATE

1-5-2026





PATIENT

Boris Dahlen

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

11

WEIGHT

30 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Michael Schacher

HOSPITAL NAME

Emergency Vets of
Idaho, LLC

REFERRING VET

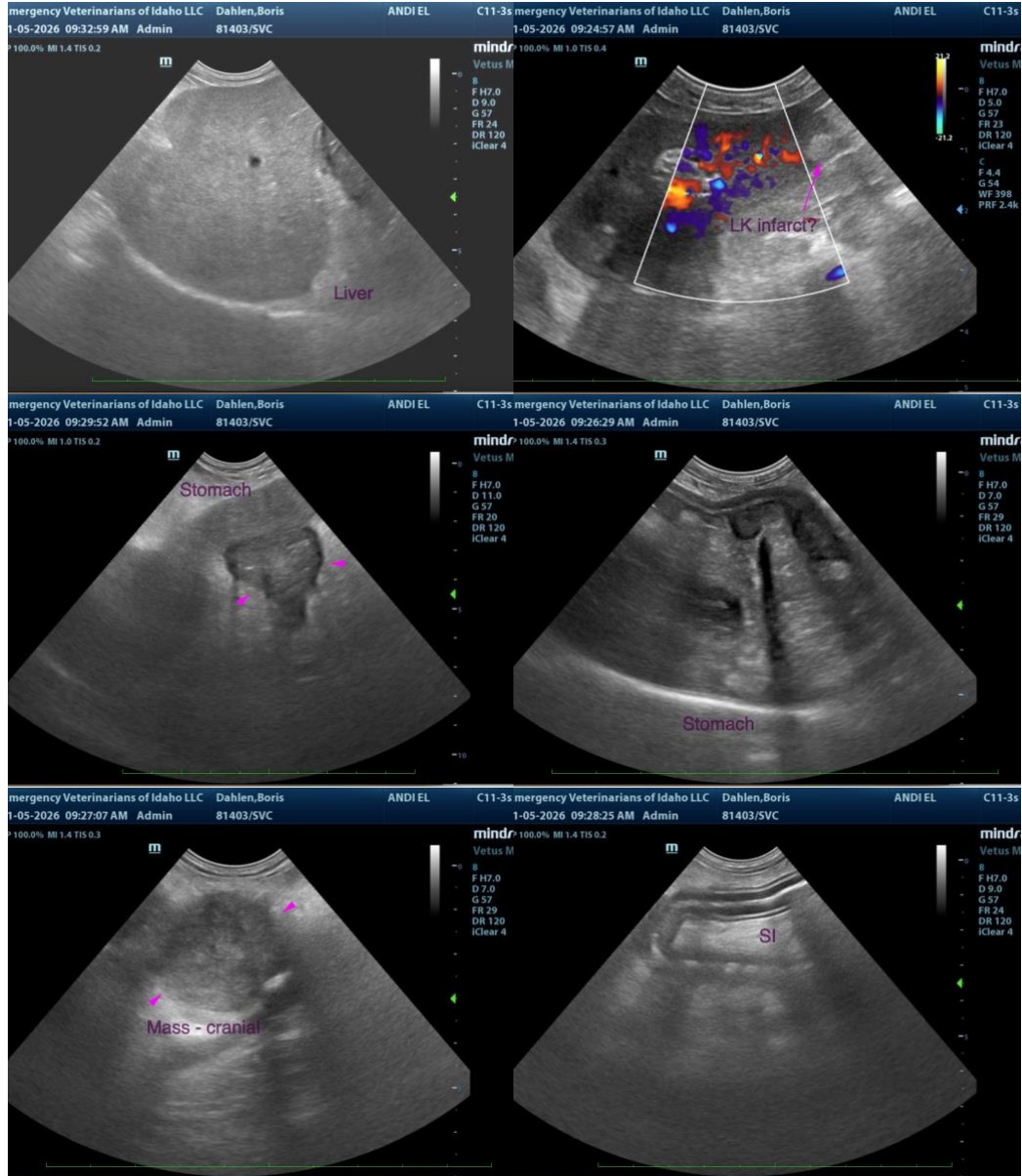
Juli Sorenson

INVOICE

22376

DATE

1-5-2026



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