



## PATIENT

Gracie framarin

## SPECIES

Canine

## BREED

Cockapoo

## SEX

Female, spayed

## AGE

10 Yrs.

## WEIGHT

23.2 lbs.

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Chelsea Pastor

## HOSPITAL NAME

Fredon AH

## REFERRING VET

Dr. Grau

## INVOICE

13379

## DATE

11/25/25

## PRESENTING CLINICAL SIGNS

History: Off the last 2 days, dumpy Abnormal PE/Chem/CBC/UA Results: PE: abdomen painful on palpitation CBC wnl CHEM: alkp 228

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A small amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The left 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 mild 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 (5.23 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild 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 normal in size (0.47 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.

The caudal pole of the right adrenal gland is visualized and is mildly enlarged (0.71 cm in width) with a normal shape, glandular echogenicity and detail. Surrounding vasculature appears normal.

### Spleen

The spleen is normal in size (0.90 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 enlarged with swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and subtly heterogeneous in appearance. No distinct focal lesions are observed. Intrahepatic biliary stones are present. Vascular is of normal volume with no evidence of congestion.

The gall bladder lumen is distended. The wall is normal in thickness. Several polypoid like lesions are arising from the mucosal surface. A moderate amount of aggregated, echogenic, partially-dependent debris/sludge is observed within the lumen. Several small non-obstructive choleliths are also seen. The cystic and common bile ducts are normal.

### Gastrointestinal

The gastric lumen is mildly distended with ingesta. 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 segmentally dilated with chyme. 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.



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### ***Pancreas***

The base and limbs of the pancreas are visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic 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***

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

## ULTRASONOGRAPHIC FINDINGS

### Primary Findings:

- The diffuse hepatic changes are non-specific 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. Intrahepatic biliary stones are present.
- The gallbladder changes could be consistent with cholestasis, fasting or an emerging mucocele. Non-obstructive choleliths are visualized. In addition, gallbladder polyps are seen. These are typically benign incidental finding but could be associated with cholecystitis.

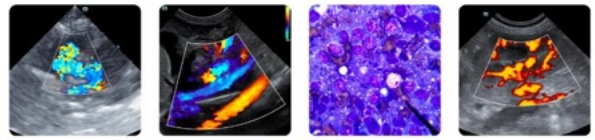
### Secondary Findings:

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Bilateral nonspecific age-related renal changes
- Mild right adrenomegaly

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

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Orthopedic and neurologic examinations are recommended to assess for non-metabolic causes of the patient's clinical signs.
- Other considerations include the following:
  1. Three-view thoracic radiographs to assess for occult pathology in the chest
  2. Urinalysis +/- culture and sensitivity
  3. cPLI
  4. Depending on the results of the above diagnostics, further workup may be indicated.
- A recheck ultrasound of the gall bladder, preferably 2 hours following a small meal, is recommended. If non-gravity-dependent sludge persists, consider initiation of Ursodiol therapy with follow-up sonographic monitoring to assess for a fully formed mucocele.



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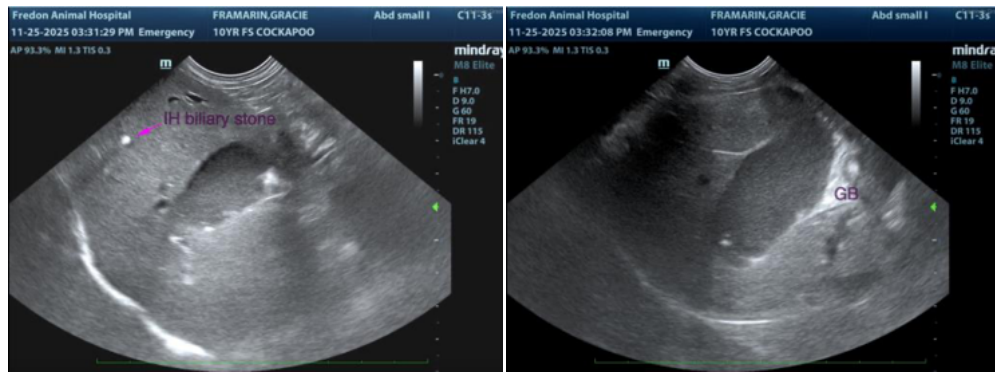
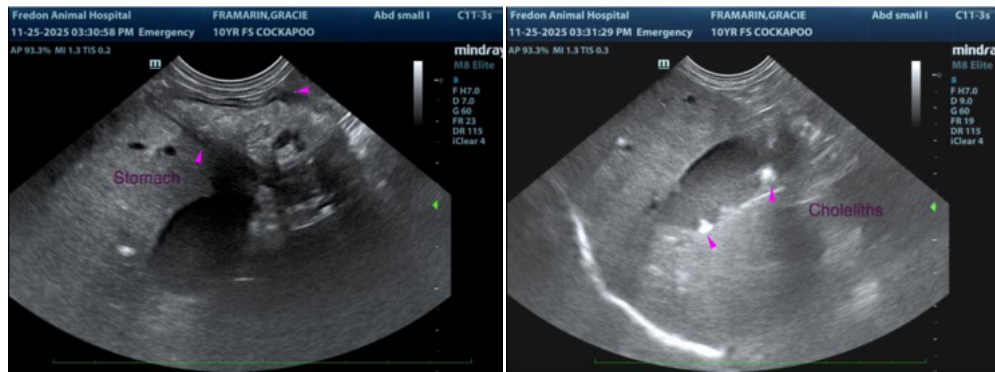
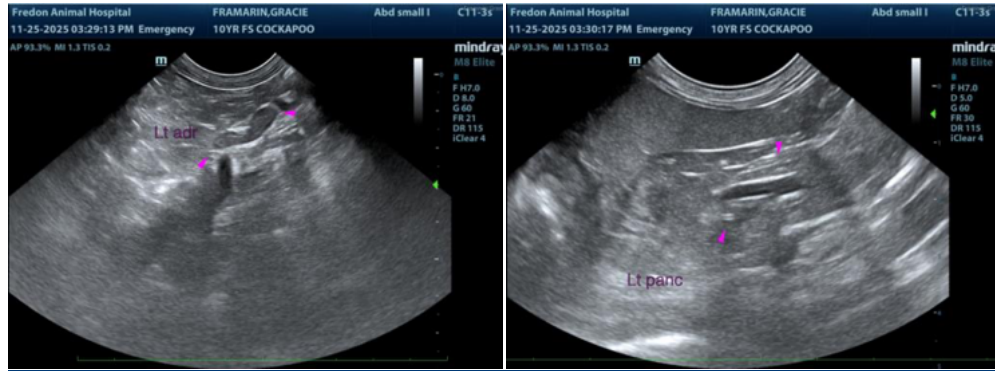
Dr. Grau

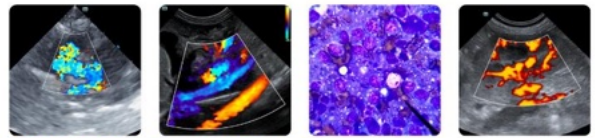
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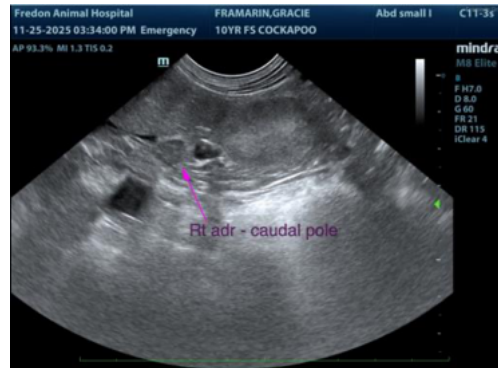
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)