



PATIENT PRESENTING CLINICAL SIGNS

Cooper Schwartz History: Chronic (since April) loose stool with blood... On GI Biome, Ursodiol, Fortiflora.
Abnormal PE/Chem/CBC/UA Results: Last bloodwork done in April, was normal

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. A scant 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.

BREED

Havanese

SEX

The prostate is normal in size (0.74 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

Neutered Male

AGE

The left kidney is normal in size (5.19 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 hydronephrosis.

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WEIGHT

The right kidney is normal in size (5.52 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 hydronephrosis.

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Adrenal Glands

The left adrenal gland is normal in size (0.57 cm at cranial pole) (0.60 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.

INTERPRETED BY

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

The right adrenal gland is normal in size (0.54 cm at cranial pole) (0.54 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.

IMAGING PERFORMED BY

Jessica Green

Spleen

The spleen is normal in size (1.17 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A few, small, myelolipomas are observed in the region of the hilus. Splenic vasculature is normal.

HOSPITAL NAME

Stanglein VC

Liver

The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion.

REFERRING VET

Dr. Laura Green

The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

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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 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.

DATE

11-26-25



PATIENT *Pancreas*

Cooper Schwartz

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.

SPECIES *Lymph Nodes*

Canine

The abdominal lymph nodes are normal/not visible.

BREED

Havanese

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

SEX

Neutered Male

- The diffuse hepatic changes are most consistent with vacuolar hepatopathy (i.e., endocrine, idiopathic) with a lower possibility of inflammatory disease, infiltrative neoplasia, or other hepatopathy.

AGE

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- Gallbladder debris, non-mucocele
- Minor, bilateral age-related renal changes

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*An obvious cause for the patient's clinical signs is not definitively identified in this study. Considerations include a primary enteropathy (i.e., food allergy/intolerance, inflammatory bowel disease, infectious/parasitic disease, antibiotic response of diarrhea), underlying metabolic issue, other.

INTERPRETED BY

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Repeat baseline bloodwork (including a CBC, chemistry panel, urinalysis, and T4) is recommended.
- Also consider the following diagnostics/treatments:
 1. Texas GI panel including serum cobalamin, folate, PLI, TLI and resting cortisol level
 2. A fecal evaluation for ova/Giardia
 3. Prophylactic deworming with Fenbendazole.
 4. A 3-4 week hypoallergenic or hydrolyzed protein diet trial
 5. Also consider initiating a fiber supplement (i.e., psyllium).
 6. Depending on the results of the above diagnostics/therapeutics, endoscopic or surgical gastrointestinal biopsies may be warranted.
 7. Three-view thoracic radiographs should be performed prior to any anesthetic event.

IMAGING PERFORMED BY

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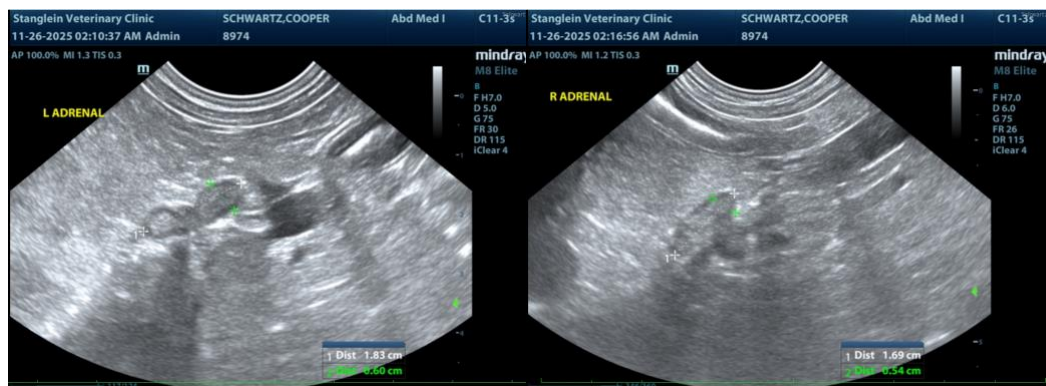
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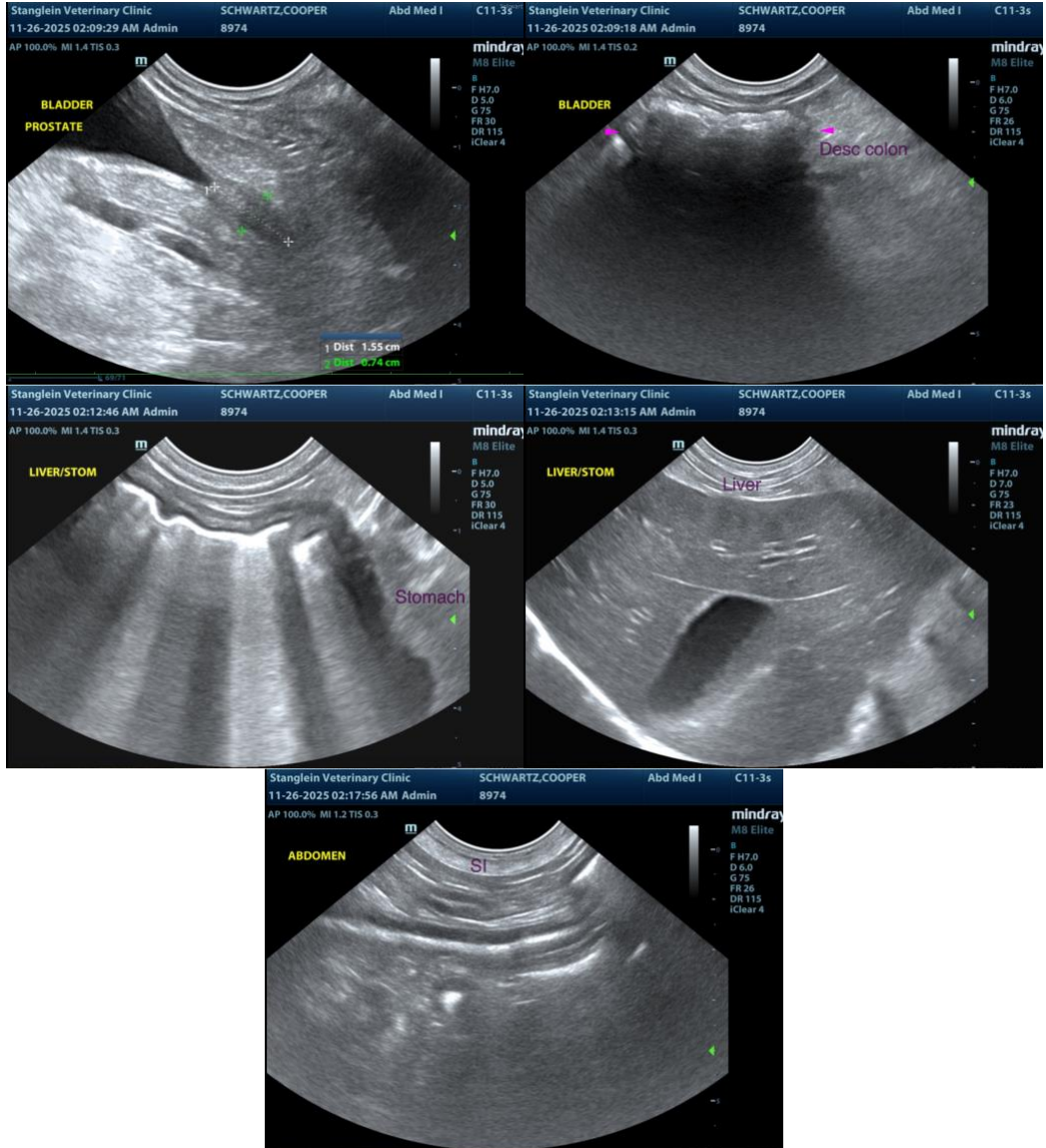
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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