

## PATIENT PRESENTING CLINICAL SIGNS

**Lucky Berardi** History: Patient presented for being lethargic for 3 days and vomited once this morning. o has not seen patient defecate and does not know if it is diarrhea or not.

**SPECIES** Abnormal PE/Chem/CBC/UA Results: Painful mid abdominal palpation. NSF on labwork. cPL normal.

## Canine ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### BREED *Urinary System*

**Beagle Mix** The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone is normal.

**SEX** The region of the prostate is not visualized due to its pelvic location.

**Neutered Male** The left kidney is normal in size (5.88 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.

### AGE

10

### WEIGHT

46.8 lbs

The right kidney is normal in size (5.96 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.

## INTERPRETED BY

### *Adrenal Glands*

The left adrenal gland is normal in size (0.56 cm at cranial pole) (0.63 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 (0.82 cm at cranial pole) (0.48 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.

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

## IMAGING PERFORMED BY

Kathleen Laux

### *Spleen*

The spleen is normal in size (0.64 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.

## HOSPITAL NAME

Rondout Valley VA

### *Liver*

## REFERRING VET

Kathleen Laux

The liver is subjectively normal in size with normal peripheral contours. The parenchyma is hypoechoic relative to the spleen. A 1.17 cm hyperechoic nodule is observed left- to mid-liver. The remaining parenchyma is slightly mottled in appearance. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

## INVOICE

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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.

## DATE

12-11-25

### *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



**PATIENT**

masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Lucky Berardi

**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.

**SPECIES**

Canine

**Lymph Nodes**

The abdominal lymph nodes are normal/not visible.

**BREED**

**Free Abdomen**

Beagle Mix

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

**SEX**

**ULTRASONOGRAPHIC FINDINGS**

Neutered Male

The hepatic changes are consistent with age-related parenchymal remodeling and are not considered clinically significant at this time. The hyperechoic hepatic nodule trends toward the benign (i.e., myelolipoma, lipogranuloma, regenerative nodule) with a lower possibility of more insidious hepatic pathology.

**AGE**

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\*An obvious cause for the patient's clinical signs is not definitively identified in this study. Considerations include dietary indiscretion, toxicity, infectious/parasitic disease, food allergy/intolerance, inflammatory bowel disease, underlying metabolic issue, other.

**WEIGHT**

46.8 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

- A fecal evaluation for ova and Giardia is recommended.
- A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended.
- Supportive care for acute gastroenteritis is recommended.
- If clinical signs persist despite medical management, a more comprehensive work-up (i.e., GI panel, thoracic radiographs, +/- endoscopic or surgical GI biopsies) may be indicated.

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(Small Animal Internal  
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**HOSPITAL NAME**

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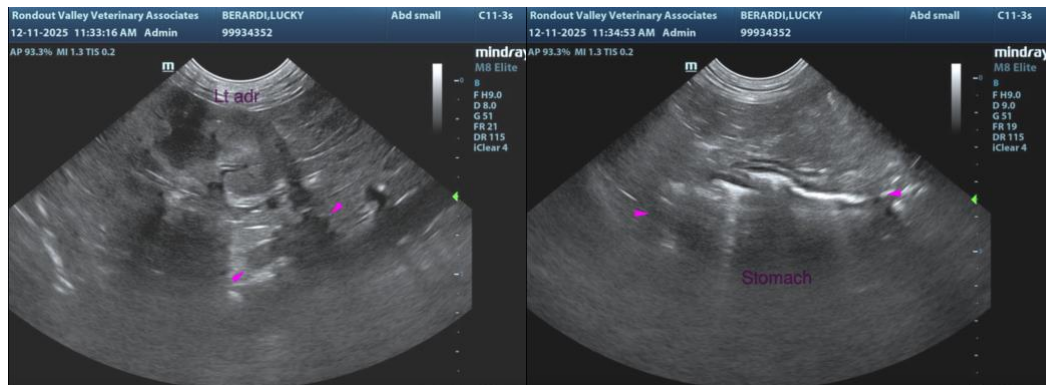
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**DATE**

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**PATIENT**

Lucky Berardi

**SPECIES**

Canine

**BREED**

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**SEX**

Neutered Male

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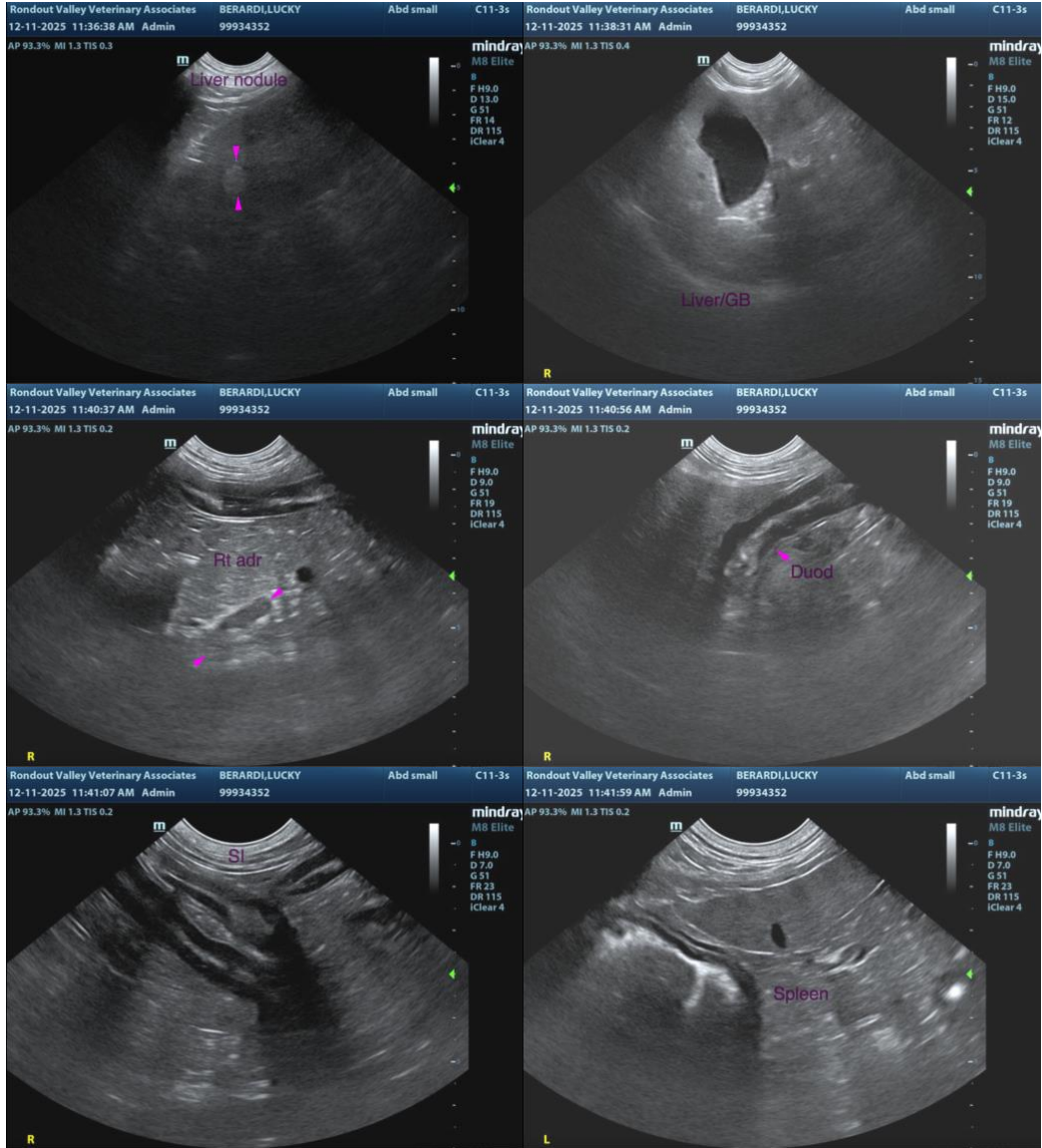
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)**  
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