



PATIENT PRESENTING CLINICAL SIGNS

Patient: Piojas Castellar
Species: Canine
Breed: Schnauzer
Sex: Neutered Male
Age: 12
Weight: 10.6 kg

History: AUS to further evaluate hepatomegaly on radiographs and reported hx of liver enzyme elevations. Initially presented to the ER in November for urinating blood, vomiting, and suspected back pain. Treated for presumptive gastroenteritis and UTI. Update since ER visit, O reporting 1 month of PU/PD-getting up in the middle of the night to drink water, ravenous appetite, also suspected back pain. No current medications.

Abnormal PE/Chem/CBC/UA Results: Pot-bellied abdomen. Trembling/nervous but increased abdomen tension over right cranial abdomen. ER Diagnostics, Nov 2025: - AXR: gastroenteritis, empty stomach. hepatosplenomegaly - UA: u cath sample, no resistance appreciated. 1.034, RBC 10-15/hpf, WBC 7-10/hpf, rare cocci, occasional transitional cells pDVM reported BW records are pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 and visible portion of the proximal urethra are normal.

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

The left kidney is normal in size (4.68 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.

The right kidney is normal in size (5.34 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 enlarged (0.81 cm at cranial pole) (0.90 cm at caudal pole) with slightly swollen peripheral contours. The parenchyma is slightly heterogeneous, with some loss of glandular detail. Surrounding vasculature appears normal.

The right adrenal gland is normal in size (1.03 cm at cranial pole) (0.49 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.

Spleen

The spleen is normal in size (1.34 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. Several ill-defined hyperechoic nodules/areas are observed throughout the organ. 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 suspended

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 Medicine)

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Blue Pearl
 Wyomissing

REFERRING VET

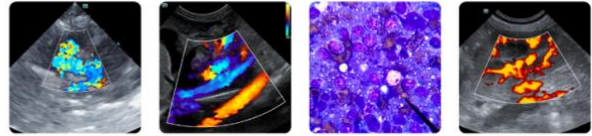
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PATIENT echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Piojas Castellar

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 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.

SPECIES

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Schnauzer

Pancreas

The right limb of the pancreas is 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.

SEX

Neutered Male

Lymph Nodes

The abdominal lymph nodes are normal/not visible.

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Free Abdomen

There is no obvious evidence of free fluid.

WEIGHT

10.6 kg

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. However, correlation with the patient's liver values is recommended.
- Mild left adrenomegaly
- Mild suspended gallbladder debris

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Secondary Findings

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

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the urinalysis changes, a urine culture and sensitivity should be considered to assess for infection.
- Depending on the patient's liver values, hepatic tissue sampling (i.e., aspirates or biopsies) along with aerobic and anaerobic bile cultures and hepatic copper quantitation may be warranted.
- Consider testing for hyperadrenocorticism with a low-dose dexamethasone suppression test or ACTH stimulation test.

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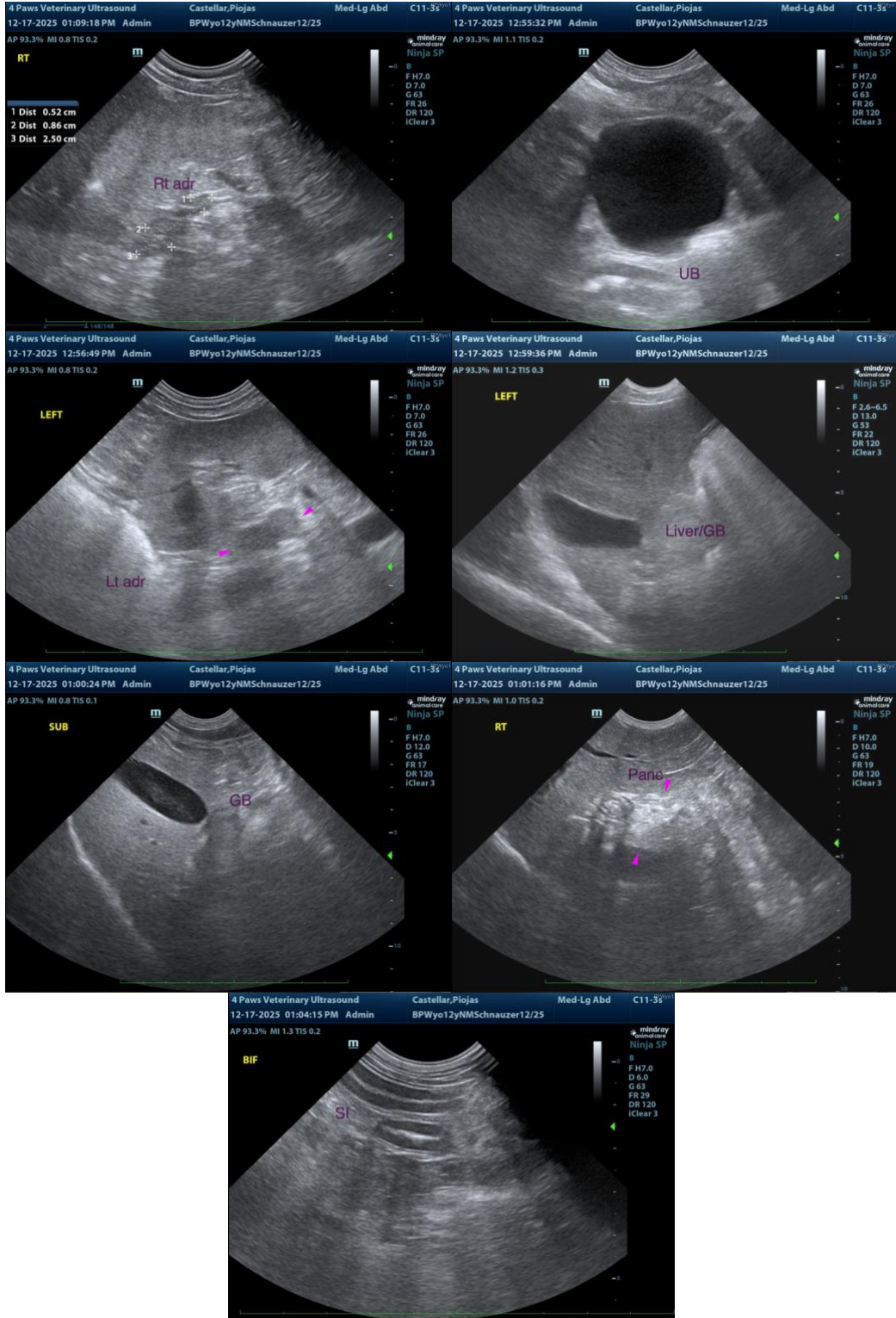
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

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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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Schnauzer

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