



## PATIENT

Pointer Karas

## SPECIES

Canine

## BREED

Labrador Retriever mix

## SEX

Male, neutered

## AGE

11 Yrs.

## WEIGHT

20.6 kg.

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Jammel

## HOSPITAL NAME

Lone Mountain AH

## REFERRING VET

Dr. Jammel

## INVOICE

13400

## DATE

12/2/25

## PRESENTING CLINICAL SIGNS

History: -Uncontrolled diabetes with increases to insulin -DKA event Oct 2025 - progressive wt loss - no v/d/s/c P is being feed dry and wet food of Hills w/d P is recieving 8U of novolin sq BID , no other medications Abnormal PE/Chem/CBC/UA Results: -elevated liver values ALP 411 high Oct 2025 - Glucose curve 12/1/25 (655,516,466,582) -UA performed 12/1/25: trace protein / 3+ glucose -

## 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. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone is normal.

One still image of the left kidney is available for interpretation. The left kidney is normal in size (5.94 cm in length) with a normal shape. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are present. Mild to moderate pyelectasia is visualized (0.35 cm in the longitudinal plane). There is no evidence of nephroliths or hydroureter.

The right kidney is normal in size (6.60 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. A 0.64 cm cortical cyst is observed at the caudolateral aspect. Moderate pyelectasia is present (0.41 cm in the longitudinal plane). There is no evidence of infarcts or hydroureter.

### Adrenal Glands

The left adrenal gland is enlarged (1.29 cm at cranial pole) (1.05 cm at caudal pole) with an irregular shape. A 2.05 x 1.21 cm hyperechoic to heterogeneous nodule is observed at the cranial to mid aspect with extension into the caudal pole. The remaining parenchyma is heterogeneous in appearance. Surrounding vasculature appears normal.

One still image of the right adrenal gland is available for interpretation which is thought to represent the caudal pole of the right adrenal gland. The caudal pole is enlarged (1.30 cm in width) with swollen peripheral contours. The parenchyma is heterogeneous in appearance. Surrounding vasculature appears normal.

### Spleen

In the visualized portion of the spleen, the organ is subjectively normal in size (1.36 cm in width at the level of the hilus) with smooth peripheral contours. The parenchyma is homogeneous. No focal lesions are observed.

### 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.

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

### Gastrointestinal



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The gastric lumen is mildly fluid distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal 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.

### **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.

### **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

- Bilateral adrenomegaly. The left adrenal nodule could be consistent with focal nodular hyperplasia, adenoma, emerging adenocarcinoma, pheochromocytoma, other.
- The hepatic parenchymal changes could be consistent with diabetic hepatopathy or less likely inflammatory disease, infiltrative neoplasia, hepatotoxicosis or other hepatopathy.
- Bilateral nonspecific, age-related renal changes with dystrophic mineralization. The bilateral pyelectasia may be secondary to pyelonephritis, parenchymal remodeling, PU/PD (if applicable) or some combination thereof.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Given the bilateral adrenal changes and lack of diabetic control, consider further testing for Cushing's disease (i.e., low-dose dexamethasone suppression test).
2. A urine culture and sensitivity are also recommended to assess for an occult urinary tract infection, particularly in light of the bilateral pyelectasia.
3. Three-view thoracic radiographs should also be considered to assess for pathology in the chest.
4. Given the progressive weight loss, also consider a GI panel including serum cobalamin, folate, TLI and PLI.
5. While awaiting the above diagnostics, adjustment in the patient's insulin dose is indicated.



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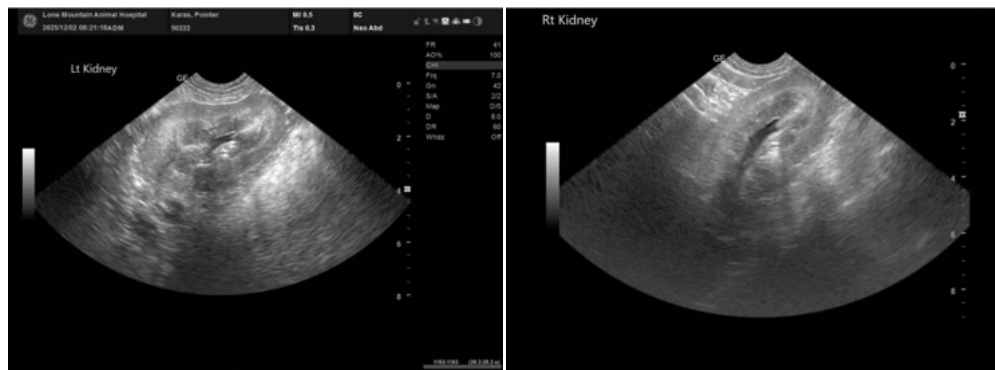
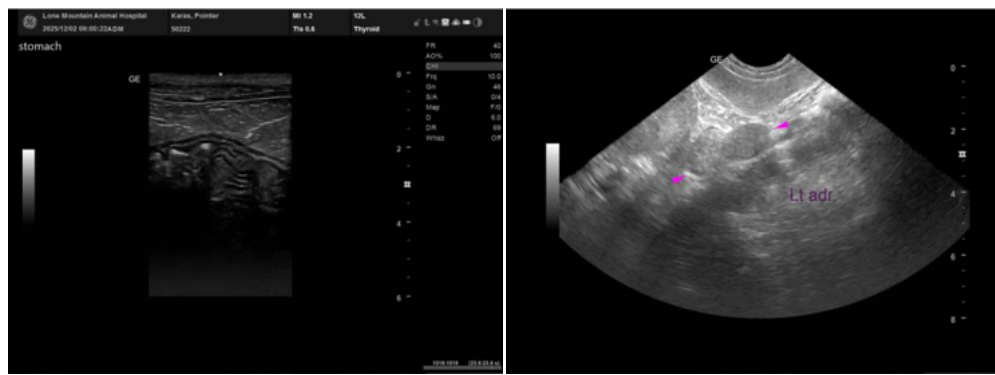
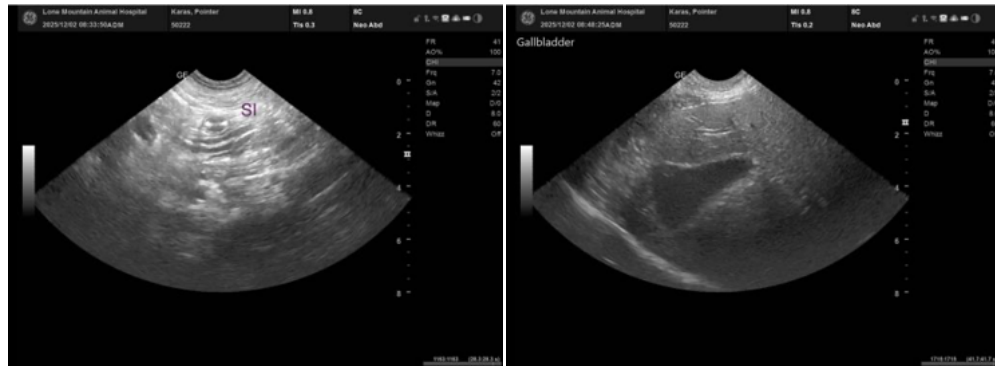
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)