



PATIENT PRESENTING CLINICAL SIGNS

Whiskers Potter History: Vomiting daily for the last month some diarrhea lethargy hyporexia and weight loss
Abnormal PE/Chem/CBC/UA Results: None recent

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

Urinary System

BREED

Maltese X

The urinary bladder wall is mildly distended with anechoic urine. The wall in the region of the apex is slightly thickened (up to 0.37 cm) and tapers to a normal thickness as it extends towards the cystourethral junction. The mucosal surface is smooth. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

SEX

Neutered Male

The prostate is normal in size (0.53 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

AGE

12

The left kidney is normal in size (4.39 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. An ill-defined, hyperechoic, medullary band is observed at the corticomedullary junction. Mild-to-moderate pyelectasia is present (0.27 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter.

WEIGHT

7.3 kg

The right kidney is normal in size (4.22 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. A hyperechoic, medullary band is observed at the corticomedullary junction. One-to-two, small, cortical cysts are seen. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is mildly enlarged (0.49 cm at cranial pole) (0.62 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

Dr Belan

The right adrenal gland is mildly enlarged (0.66 cm at cranial pole) (0.69 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.

HOSPITAL NAME

Beddington Trail AC

Spleen

The spleen is normal in size (0.91 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.

REFERRING VET

Dr Sandhu

Liver

The liver is subjectively normal in size with normal peripheral contours. The parenchyma is hypoechoic relative to the spleen. A 1.7 x 1.2 cm hyperechoic nodule is observed approximately mid-liver, adjacent to the diaphragm. The remaining parenchyma is homogenous in appearance. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

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DATE

12-23-25

The gallbladder lumen is moderately distended. The wall is thin and smooth. A small-to-moderate amount of echogenic-to-mineralized debris/sand is observed within the lumen (most of which is gravity-dependent,



PATIENT and some of which is suspended). The cystic and common bile ducts are normal/not seen.

Whiskers Potter

Gastrointestinal

The gastric lumen is not distended. The gastric wall in the region of the fundus is normal in thickness with a normal layering pattern. In the region of the pylorus, a 3.0 x 3.0 cm heterogenous mass is visualized. The mesentery effacing the serosal surface in this region is hyperechoic. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. The ileocecolic junction and colonic wall are normal. The colonic lumen contains granular-appearing fecal material.

SPECIES

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Maltese X

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.

SEX

Neutered Male

Lymph Nodes

The abdominal lymph nodes are normal/not visible.

AGE

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Free Abdomen

There is no obvious evidence of free fluid.

WEIGHT

7.3 kg

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Pyloric wall mass. Neoplasia (i.e., adenocarcinoma, round cell tumor, other) is suspected, with a lower possibility of a focal inflammatory process. Mild adjacent peritonitis is present.
- The hyperechoic hepatic nodule trends toward the benign (i.e., regenerative nodule, myelolipoma), with a lower possibility of a neoplastic process.

Secondary Findings

- Bilateral nonspecific age-related renal changes with left pyelectasia
- The urinary bladder wall changes in the region of the apex are likely artifactual due to lack of full repletion. However, mild cystitis cannot be excluded. Correlation with the patient's clinical history and urinalysis findings is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

Dr Sandhu

Three-view thoracic radiographs are recommended to assess for pulmonary metastases. If there is no evidence of pulmonary metastatic disease, and an aggressive approach is desired, consider consultation with a board-certified surgeon to discuss pyloric mass removal or debulking. The liver nodules should also be biopsied at the time of surgery. An endoscopy can be considered prior to surgery to obtain biopsies of the pyloric mass. If surgery is not pursued, palliative care is recommended.

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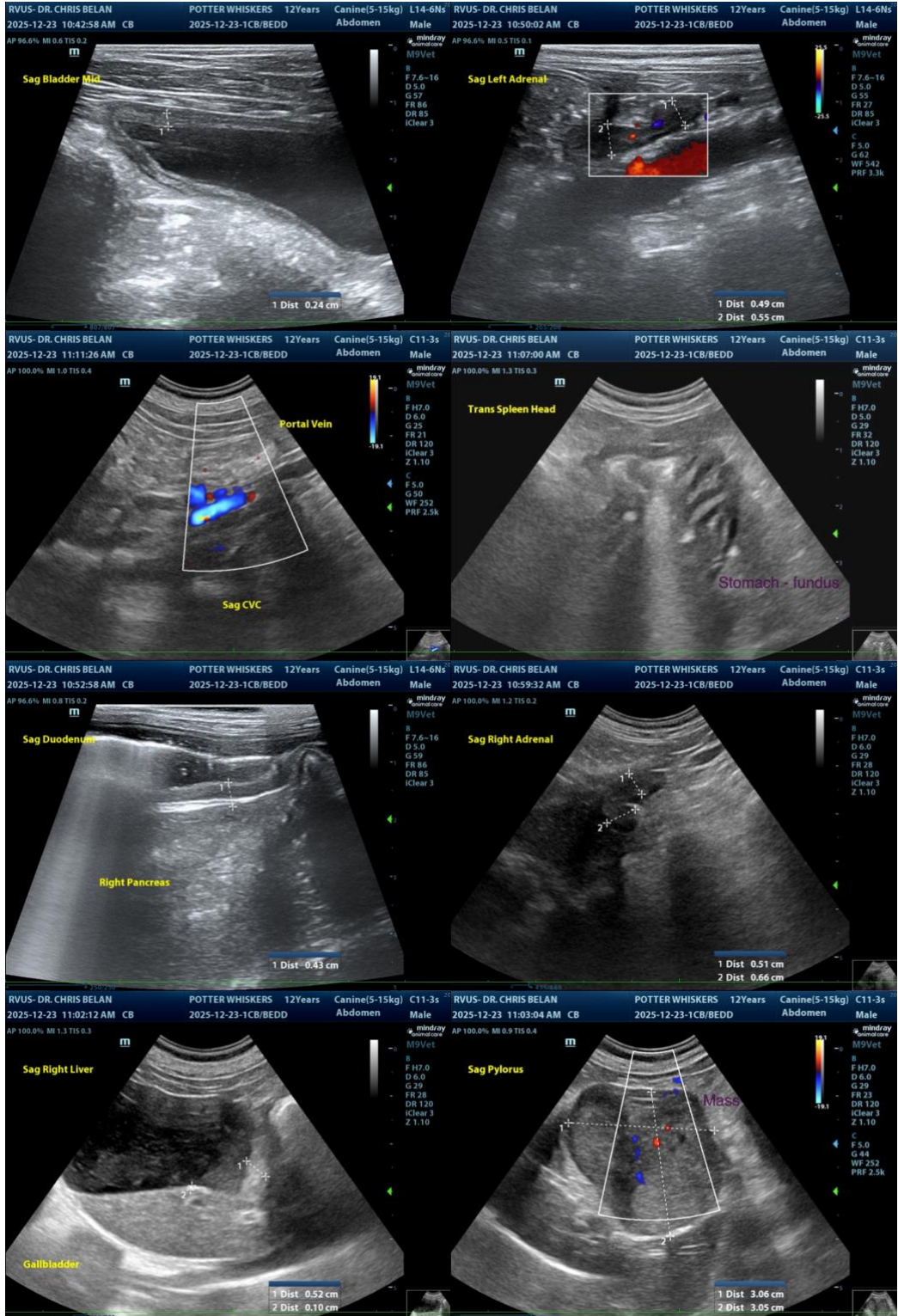
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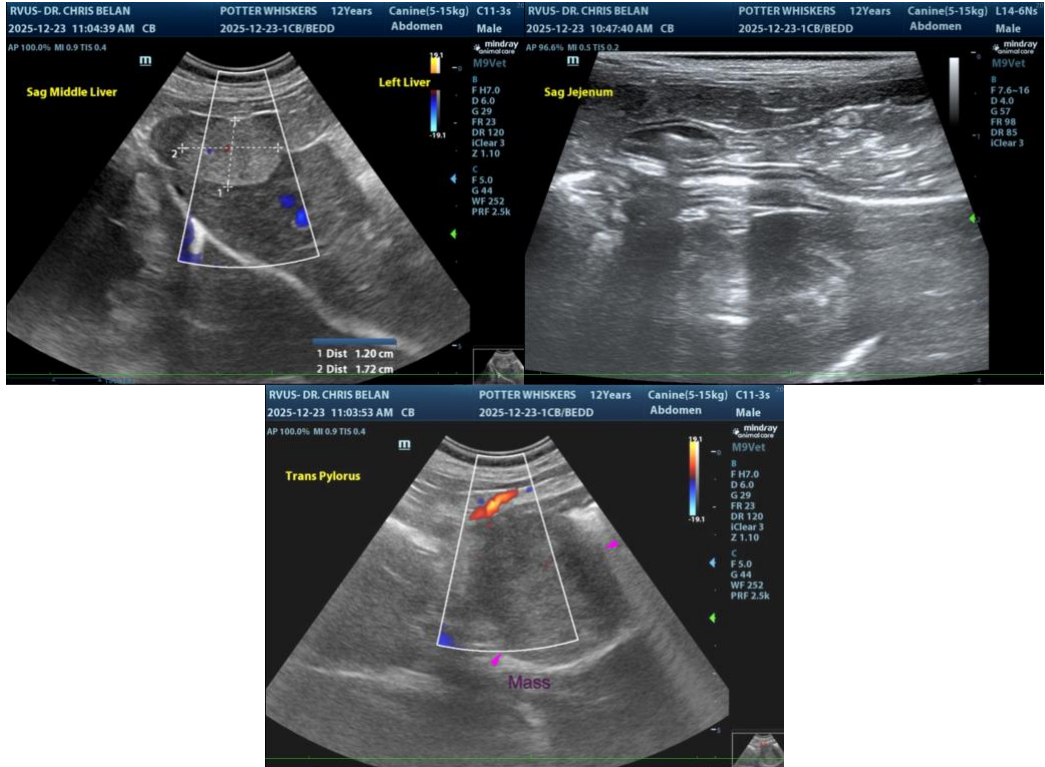
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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