



PATIENT PRESENTING CLINICAL SIGNS

Luna Rodriguez
SPECIES Canine
BREED Schnauzer

History: Patient presented for abdominal u.s, at routine dental cleaning pre work (blood work and x-ray) Dr noticed white opacity at abdominal area with possible mass effect. Recommended abdominal u/s to r/o. No vomit or diarrhea, no abdominal pain. Patient is eating well. BAR at home, QAR and with some soft stool after dental cleaning, later on everything is back to normal. Cardiac Patient seen by Cardiologist and on Vetmedin.

Abnormal PE/Chem/CBC/UA Results: Chem TP 10.3 (5.2-8.2), ALB 5.8 (2.2-3.9) CBC EOS % 0.6 (1-18)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX Female Spayed
 The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is mildly-to-moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone is normal.

AGE

12

The left kidney is normal in size (3.89 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. A cystic area (measuring 2.57 cm in its longest dimension) is observed at the craniomedial aspect. Suspended echogenic debris is observed within the cystic area. In addition, a second cystic area is observed (measuring 0.96 cm in its longest dimension). Hyperechoic shadowing diverticular foci are visualized. Trace pyelectasia is present. There is no evidence of hydroureter.

WEIGHT

15

The right kidney is normal in size (4.63 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

INTERPRETED BY

Andrea Nicastro, DVM,
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Adrenal Glands

The left adrenal gland is normal in size (0.45 cm at cranial pole) (0.38 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

Sheila Vega

The right adrenal gland is normal in size (0.92 cm at cranial pole) (0.44 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.

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Spleen

The spleen is prominent-in-size (1.55 cm in width at the level of the hilus) with smooth peripheral contours. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

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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. A 0.45 cm cystic area is observed left mid-liver. No distinct focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

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

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

A 1.47 x 0.61 cm medial iliac lymph node is visualized.

Free Abdomen

Trace free fluid is observed.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a lower possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

- The diffuse hepatic changes are non-specific 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. Correlation with the patient's liver values is recommended.

- Gall bladder sludge/sand, non-mucocele

- Bilateral nonspecific age-related renal changes with cystic areas trace pyelectasia in the left kidney.

- Trace free fluid

- A discreet mass effect is not definitively identified on the available images.

Secondary Findings

- The prominent medial iliac lymph node is likely reactive with a low possibility of emerging neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Fine-needle aspiration of the spleen can be considered to evaluate for round cell neoplasia, particularly if the clinical suspicion for disease is high.



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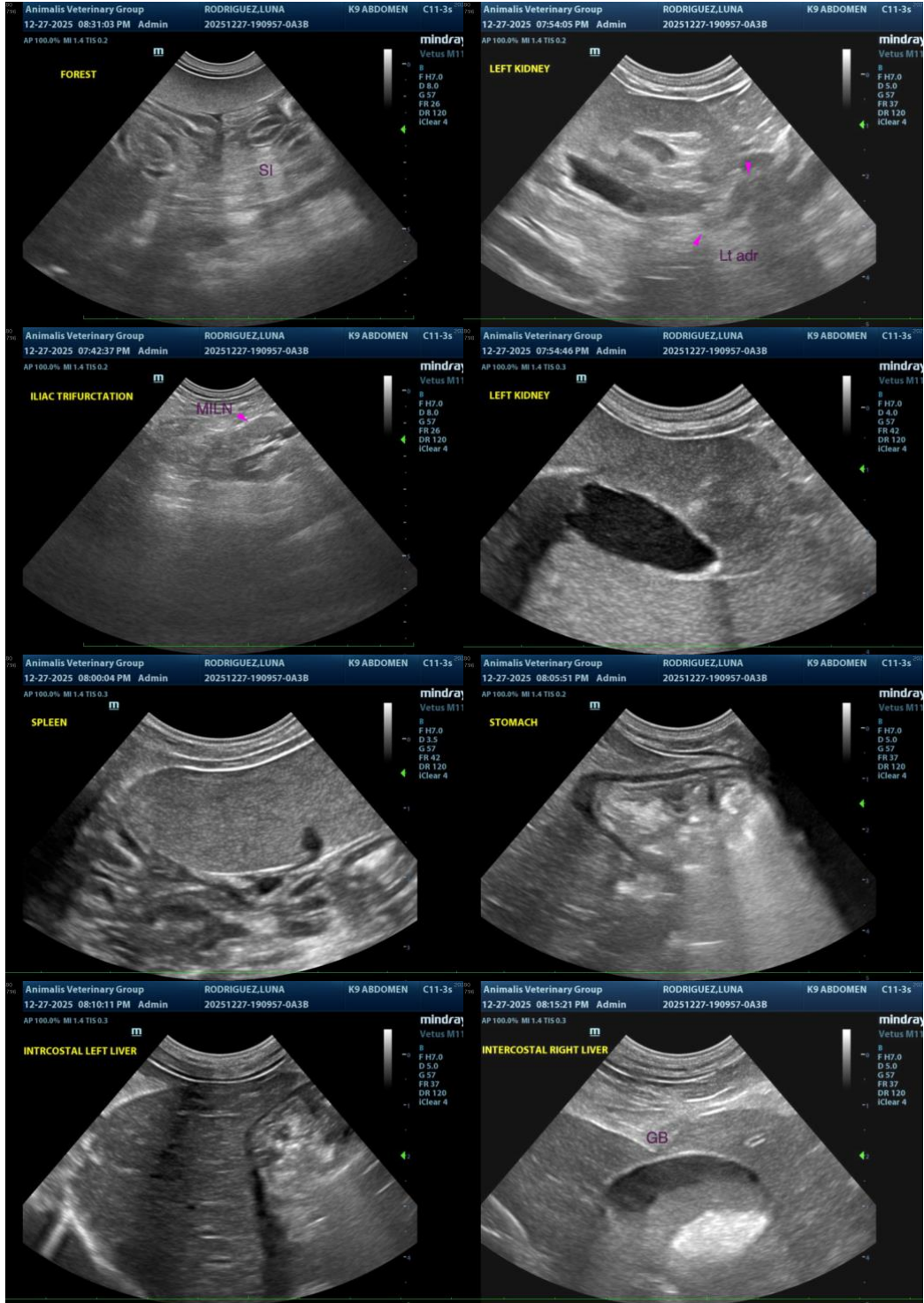
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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