

PATIENT PRESENTING CLINICAL SIGNS

Fred Tait
History: Presented Dec 1, 25 for new urinary accidents in the morning. PE unremarkable. U/A performed and bloodwork (see attached) ALP mildly increased but better than previous BW. Albumin lowered with decreased T protein, mild elevated Spec. Concerned with changes added UPCR and planned for Bile acids. History of seizures, has been on Keppra and Phenobarbital for many years. Has been also on Zentonil, Advantix topical monthly, Gabapentin, Zylkene and eats Royal Canin GI Low Fat.
SPECIES
Canine
Abnormal PE/Chem/CBC/UA Results: Please see previous US report and lab results attached. Recent urinalysis reveals a urine specific gravity of 1.012, no proteinuria, inactive sediment.
BREED
Cavalier KCS

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX Urinary System

Neutered Male
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.

AGE

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A portion of the prostate is visualized and appears prominent-in-size (1.46 cm in width) with smooth peripheral contours and homogenous parenchyma. The prostatic urethra is not overtly dilated.

WEIGHT

Neutered Male
The left kidney is normal in size (4.70 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.

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Andrea Nicastro DVM
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(Sm Animal Internal Med)

The right kidney is normal in size (3.86 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.

Adrenal Glands

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Crystal Hill

The left adrenal gland is normal in size (0.52 cm at cranial pole) (0.45 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 region of the right adrenal gland is evaluated. No obvious pathology is observed in this region.

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Spleen

The spleen is normal in size (0.81 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.

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Liver

The liver is subjectively prominent-in-size, with smooth peripheral contours. The parenchyma is hypoechoic relative to the spleen and homogenous in appearance. No focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

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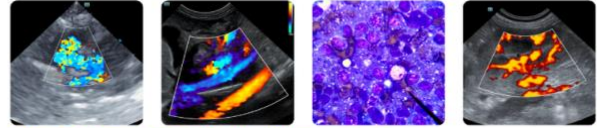
The gallbladder lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated, echogenic partially dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

DATE

12-4-25

Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. A >5.0 cm segment of small intestine is severely



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thickened (up to 1.36 cm) and hypoechoic, with loss of the normal layering pattern. The mesentery effacing the serosal surface in this segment is hyperechoic. In the remainder of small intestinal segments, the walls are normal in thickness with a normal layering pattern. The colonic wall is normal. The colonic lumen contains some shadowing fecal material. There is no obvious 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 1.90 x 0.9 cm medial iliac lymph node is visualized.

Free Abdomen

There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

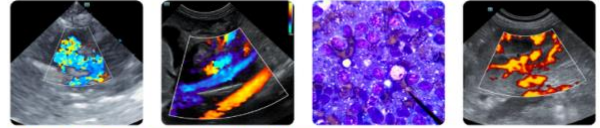
- Focal small intestinal mass. Neoplasia (i.e., lymphoma, adenocarcinoma, leiomyosarcoma) is suspected with a lower possibility of a focal inflammatory process. Adjacent peritonitis is present.

Secondary Findings

- Equivocal hepatomegaly
- Questionable mild prostatomegaly
- Gallbladder debris/sludge, non-mucocele
- The prominent medial iliac lymph node is likely reactive with a lower possibility of neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider fine-needle aspiration of the bowel mass (assuming normal clotting status). A 25-gauge needle should be used. If the cytology results are inconclusive, surgical biopsies may be necessary to get a definitive diagnosis.
- Depending on the results of the above diagnostics, consultation with a board-certified oncologist may be indicated.
- Regarding the questionable prostatomegaly, a urine BRAF test can be considered to assess for lower urinary tract neoplasia, particularly if clinical suspicion for disease is high. Also consider a urine culture and sensitivity, given the recent urinary accidents.



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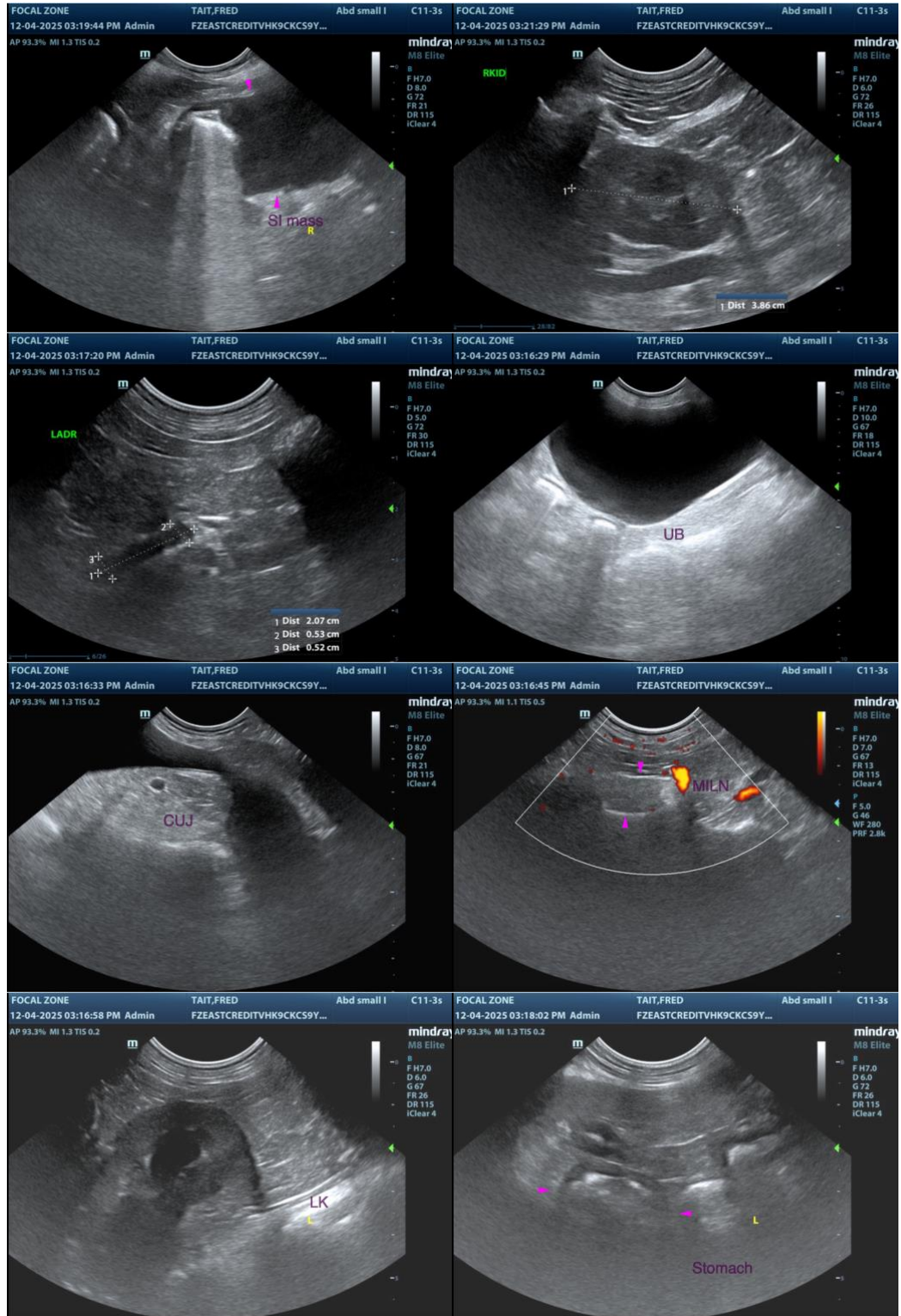
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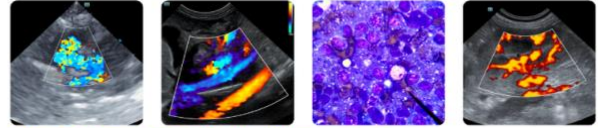
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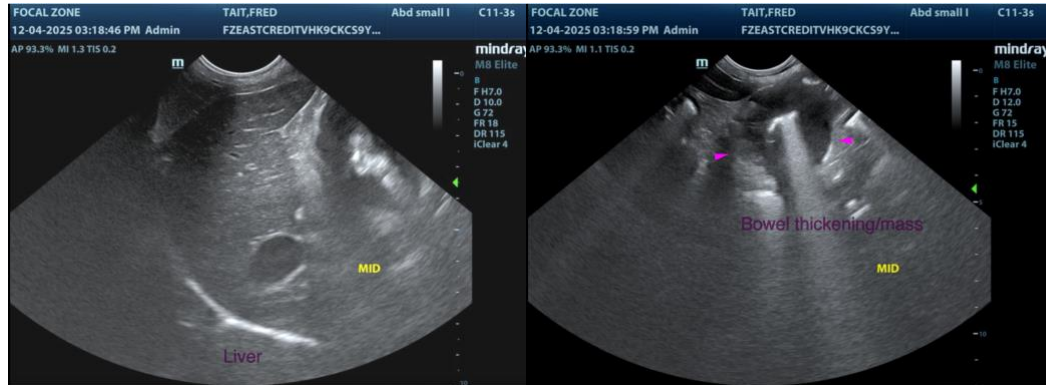
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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