



PATIENT PRESENTING CLINICAL SIGNS

Milo Zapata History: newly diagnosed diabetic with concern for underlying Cushing's
Current medications: Vetsulin BID Humulin R PRN

SPECIES Abnormal PE/Chem/CBC/UA Results: Retics 258.8 K Glucose 556 TP 8.3 ALB 4.3 ALT 161 ALP 1307
GGT 13 Glu 1000 rest WNL no ketones USG 1.028

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

Lab mix

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.

SEX

Neutered Male

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

AGE

7

The left kidney is normal in size (7.14 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. An ill-defined hyperechoic medullary band is observed at the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

95

The right kidney is subjectively normal in size with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. An ill-defined hyperechoic medullary band is observed at the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

Adrenal Glands

The left adrenal gland is borderline enlarged (0.72 cm at cranial pole) (0.85 cm at caudal pole) with a normal shape. Glandular echogenicity and detail are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

IMAGING PERFORMED BY

Jenn

The right adrenal gland is mildly enlarged (1.74 cm at cranial pole) (1.00 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

Rockaway AH

Spleen

The spleen is normal in size (1.38 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.80 x 0.59 cm irregular, multiseptated cystic lesion is observed near the hilus. Splenic vasculature is normal.

REFERRING VET

Dr Salazar

Liver

The liver is subjectively normal to prominent-in-size, with smooth peripheral contours. The parenchyma is isoechoic relative to the spleen and subtly heterogenous in appearance. At least one hepatic nodule is visualized approximately mid-liver (measuring 4.0 x 1.9 cm). Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

INVOICE

22215

The gallbladder lumen is moderately distended. The wall is thin and smooth. A small to 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.

DATE

12-4-25



PATIENT *Gastrointestinal*

Milo Zapata

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.

SPECIES

Canine

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.

BREED

Lab mix

Lymph Nodes

The abdominal lymph nodes are normal/not visible.

SEX

Neutered Male

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

AGE

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mild bilateral adrenomegaly
- The diffuse hepatic parenchymal changes could be consistent with a diabetic hepatopathy, idiopathic vacuolar hepatopathy, infiltrative neoplasia (less likely), hepatotoxicosis (i.e., copper), inflammatory disease, and/or other hepatopathy. The hepatic nodule may represent a benign focus (i.e., regenerative nodule) or an emerging tumor (i.e., adenoma, adenocarcinoma, round cell tumor, other).

WEIGHT

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Secondary Findings

- Gallbladder debris/sand, non-mucocele
- The bilateral renal changes are suggestive of a diabetic nephropathy.
- The cystic splenic nodule could be consistent with a benign cyst or an emerging vascular tumor.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

Rockaway AH

- If the patient is determined to be insulin resistant in the future, consider further testing for Cushing's disease (i.e., low-dose dexamethasone suppression test).

REFERRING VET

Dr Salazar

- Regarding the hepatic nodule consider the following:

- 1 Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- 2 Fine-needle aspiration (if accessible and if clotting status is appropriate). A 25-gauge needle should be used. If tissue sampling is not pursued at this time, consider a recheck ultrasound in 2-3 months to assess for growth of the lesion.

INVOICE

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- Given the patient is a new diabetic, a urinalysis with a culture and sensitivity are recommended to assess for occult infection.

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HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr Salazar

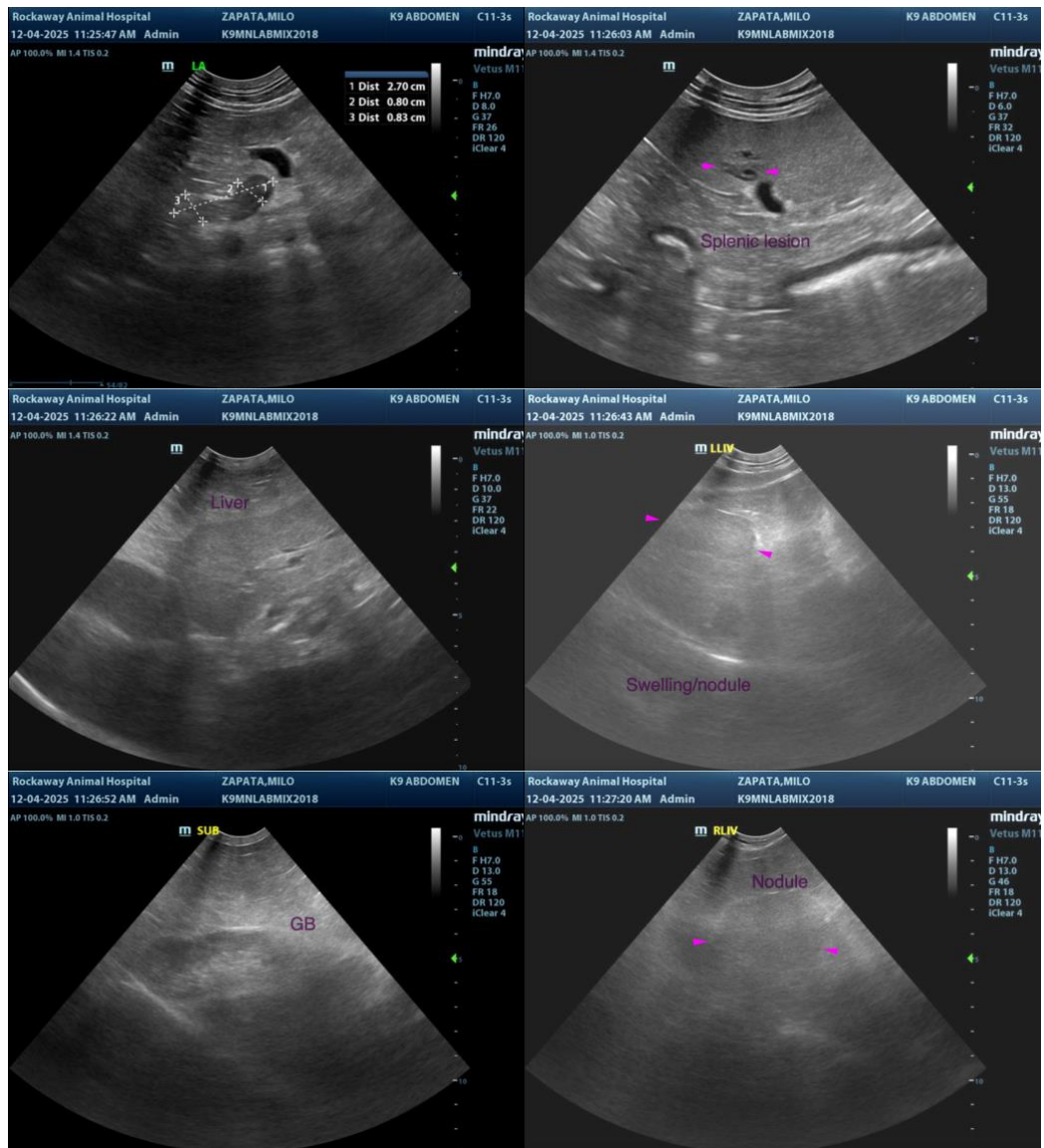
INVOICE

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DATE

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- Regarding the cystic splenic nodule, consider a recheck ultrasound in 2-3 months to assess for growth.





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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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