



## PATIENT PRESENTING CLINICAL SIGNS

- PATIENT** Rosco Smith
- SPECIES** Canine
- BREED** Terrier Mix
- SEX** Neutered Male
- Presented on the evening of 02/01 as a recheck exam.
  - Pt saw his rDVM on the 29th for vomiting, bloody diarrhea, anorexia. Has history of skin issues and is on Apoquel. CBC WNL, ALP high, treated with SQF, Cerenia, metronidazole and sent home.
  - Seen at WVS 01/30 for failure to improve. AFAST performed- no obvious obstruction, free fluid. Gallbladder has sediment present.
  - CPL: 73 (WNL).
  - On 01/31, ate very well, then became very lethargic after.
  - Today (02/01) not any better. Not really wanting to eat or drink, anything that he does, he just spits it out. No vomiting. S/C-no. Bowel-loose, no blood.
  - QAR, friendly. MM pink and moist, CRT < 2 sec. Normal hydration. Eyes and nose are clear. Moderate dental disease. Peripheral lymph nodes palpate wnl. Normal heart rate and rhythm. No murmur. Eupneic with normal BV lung sounds. Abdomen palpates soft and non-painful. Amb x 4. BCS 7/9. No neurologic abnormalities.

- AGE** 15
- WEIGHT** 17.2 kg
- INTERPRETED BY** Andrea Nicastro, DVM, Diplomate ACVIM (Small Animal Internal Medicine)
- IMAGING PERFORMED BY** Chris Hovenden DVM
- HOSPITAL NAME** Wilvet Salem
- REFERRING VET** Chris Hovenden DVM
- INVOICE** 22495
- DATE** 2-2-26
- Abnormal PE/Chem/CBC/UA Results: rDVM 1/29/26: CBC: WNL ALP 700 (H) WVS 2/01/26 CBC: HCT 44.5, WBC 11.74, neut 7.19, lymph 3.33, PLT 364 Chem17: ALP 666 (H) ePOC: lytes wnl, Lactate 4.5 (H), HCT 41 AFAST- no ff noted. Marked distention/full stomach with hyperechoic material (o states that they had fed bread earlier today). on right side of standing AUS concern for hyperechoic area/mass near pylorus. rest of exam wnl/similar to previous AFAST. Rads: 2. The hepatic silhouette is enlarged with rounded margins that extend caudal to the costal arch and cause caudal displacement of the gastric axis. 3. The stomach contains a small volume of amorphous soft tissue opaque ingesta and gas. The small intestine is mildly filled with frothy fluid without evidence pathologic elation. The colon contains a small volume of unformed feces.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. A small amount of gravity-dependent mineralized sand is observed within the lumen, along with a scant amount of suspended echogenic debris. The region of the trigone and visible portion of the proximal urethra are normal.

The prostate is normal in size (1.01 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (5.58 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal in size (6.04 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is minimal-mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Trace pyelectasia is present. Pinpoint hyperechoic foci are observed within the cortex. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

### Adrenal Glands

The left adrenal gland is normal in size (0.63 cm at cranial pole) (0.51 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.



**PATIENT**

Rosco Smith

The right adrenal gland is normal in size (0.71 cm at cranial pole) (0.61 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.

**SPECIES**

Canine

**Spleen**

The spleen is normal in size (1.43 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

**BREED**

Terrier Mix

**Liver**

The liver is subjectively enlarged, with swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and subtly heterogenous in appearance. A 1.8 cm cyst is observed in the left- to mid-liver. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

**SEX**

Neutered Male

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

**AGE**

15

**Gastrointestinal**

The gastric lumen is mildly fluid-distended. Gastric wall thickness is difficult to determine due to rugal folds, but appears subjectively thickened. Layering is intact. 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.

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**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.

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**Lymph Nodes**

A 0.94 x 0.49 cm medial iliac lymph node is visualized.

**IMAGING PERFORMED BY**

Chris Hovenden DVM

**Free Abdomen**

There is no obvious evidence of free fluid.

**ULTRASONOGRAPHIC FINDINGS**

**HOSPITAL NAME**

Wilvet Salem

**Primary Findings**

- The gastric wall changes are suggestive of gastritis, without obvious evidence of a pyloric outflow tract obstruction.

**REFERRING VET**

Chris Hovenden DVM

**Secondary Findings**

- The diffuse hepatic changes are nonspecific 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. The hepatic cyst is likely a benign incidental finding.

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- The gallbladder changes are most consistent with a developing mucocele.

- Mild bilateral nonspecific age-related renal changes with right dystrophic mineralization



**PATIENT**

- Urinary bladder sand
- Rosco Smith • The prominent medial iliac lymph node is likely reactive, with a lower possibility of more insidious pathology.

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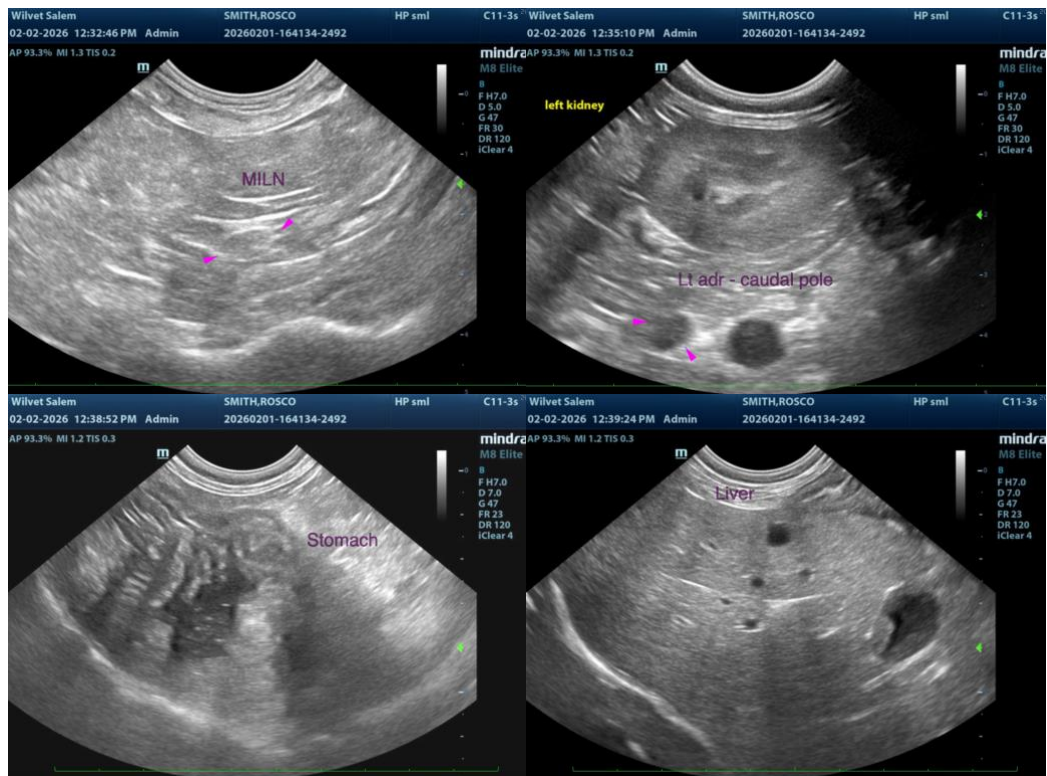
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- A fecal evaluation for ova and Giardia is recommended, along with supportive care for gastritis.
- Also consider prophylactic deworming with fenbendazole.
- If the patient's clinical signs do not improve with medical management, further GI work-up (i.e., resting cortisol level, GI panel, limited antigen trial) +/- endoscopic or surgical GI biopsies may be warranted.
- Given the gall bladder changes, Ursodeoxycholic acid (Ursodiol) is recommended. Serial sonographic monitoring (e.g., every 6-8 weeks) of the gall bladder is recommended to assess for progression to a fully formed mucocele. If progression occurs, a cholecystectomy may be warranted.





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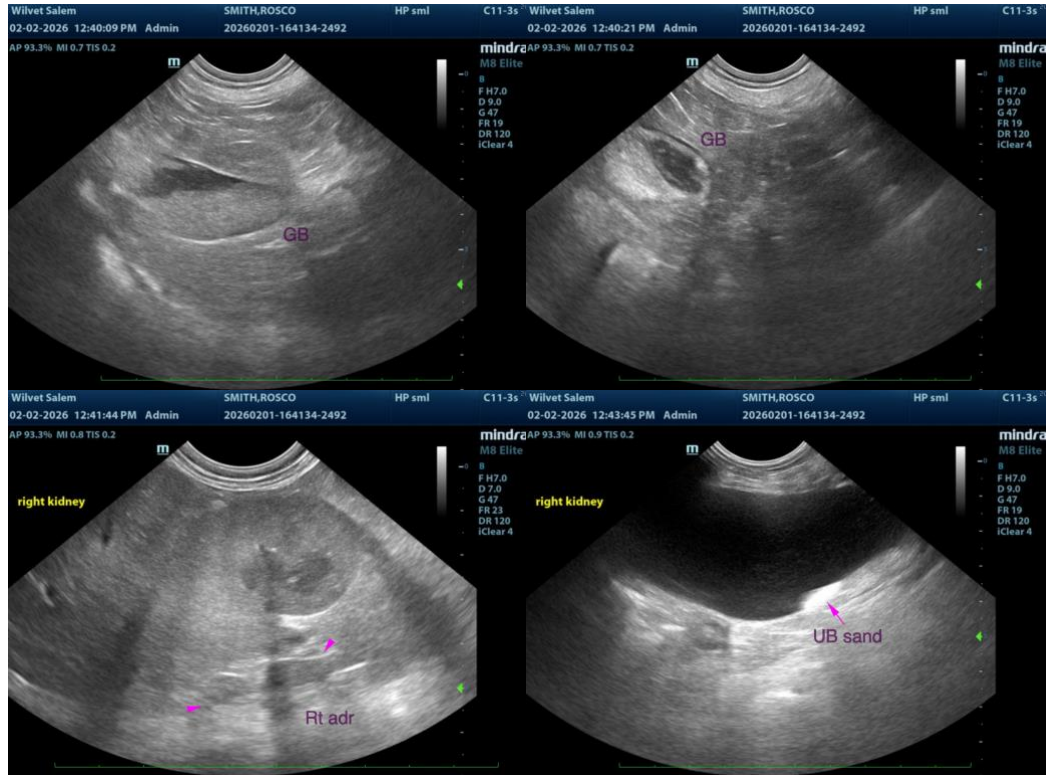
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)**  
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