



## PATIENT PRESENTING CLINICAL SIGNS

**Blu Mohn**  
**SPECIES** History: Seen 2/21 at Newberry ER. P has been ADR for 1 week, vomiting, and hyporexia/anorexia. For 3 days P has been eating small amounts of cooked chicken and rice. P has had diarrhea. Today vomiting or regurgitation. Owner notes weight loss over 3 months. Concern for weight loss (chronic), vomiting, anorexia, abdominal effusion, mass, open, other

Canine

## BREED

Labrador Retr

Abnormal PE/Chem/CBC/UA Results: PE: dull/depressed; pain 2/4 with abdomen; BCS 4/9 bloated abdomen; weak femoral pulses; reactive to abd palpation, bloated/gassy; muscle atrophy rad report NAHCC ER: questionable intestinal mass; effusion ER CBC: rdw 25.3% H, lymph 5.31 H, hct 49.5% ER Chem: calcium 7.5 L, total protein 4.2 L, Albumin 1.3 L, lipase 173 L snap 4Dx: negative X4

## SEX

Neutered Male

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder is mildly-to-moderately distended. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 3 cm, are normal.

## AGE

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The prostate is normal in size (1.17 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

## WEIGHT

34.1 kg

The left kidney is normal in size (7.35 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

## INTERPRETED BY

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

The right kidney is normal in size (8.30 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. Renal vasculature is normal.

## IMAGING PERFORMED BY

Lisa Miller

### Adrenal Glands

The caudal pole of the left adrenal gland is visualized and is normal in size (0.71 cm in width) with a normal shape, glandular echogenicity and detail. Surrounding vasculature appears normal.

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The right adrenal gland is normal in size (0.77 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.

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Melissa Randolph  
 Erin Wicks

### Spleen

The spleen is not definitively visualized in the available images.

### Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular 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 slightly thickened (up to 0.21 cm) and hyperechoic. A moderate amount of aggregated, echogenic partially dependent sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

## DATE

2-23-26



**PATIENT** *Gastrointestinal*

Blu Mohn

The stomach is difficult to discern due to the large amount of abdominal fluid. A few, small intestinal segments are thickened (up to 0.68 cm) with a trend towards a loss of the normal layering pattern. Other small intestinal segments are normal in thickness with a normal layering pattern. A few bowel segments are moderately fluid-distended. It is unclear whether these segments represent small intestine or colon.

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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.

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Labrador Retr

*Lymph Nodes*

The abdominal lymph nodes are normal/not visible.

**SEX**

Neutered Male

*Free Abdomen*

The mesentery throughout the abdomen is hyperechoic, and slightly irregular. A large amount of echogenic free fluid is present.

**AGE**

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**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

**WEIGHT**

34.1 kg

- The small intestinal wall changes seen in some segments is concerning for infiltrative neoplasia, although an inflammatory process cannot be excluded.

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Medicine)

- The ascites may be secondary to low oncotic pressure, increased vascular permeability, increased hydrostatic pressure, other.

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Lisa Miller

**Secondary Findings**

- Minor bilateral age-related renal changes
- The excessive gallbladder sludge could be consistent with cholestasis, fasting, or an emerging mucocele. The mild gallbladder wall thickening is suggestive of cholecystitis. Correlation with the patient's liver values is recommended.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Cytologic evaluation of the abdominal fluid is recommended.
- Three-view thoracic radiographs should also be considered to assess cardiopulmonary status.
- Regarding the hypoalbuminemia, consider the following:

**REFERRING VET**

Melissa Randolph  
Erin Wicks

1. UPC if proteinuria is present on a routine urinalysis
2. Pre- and postprandial serum bile acids to assess hepatic function
3. A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended.
4. +/- surgical GI biopsies

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**SEX**

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**AGE**

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**WEIGHT**

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**REFERRING VET**

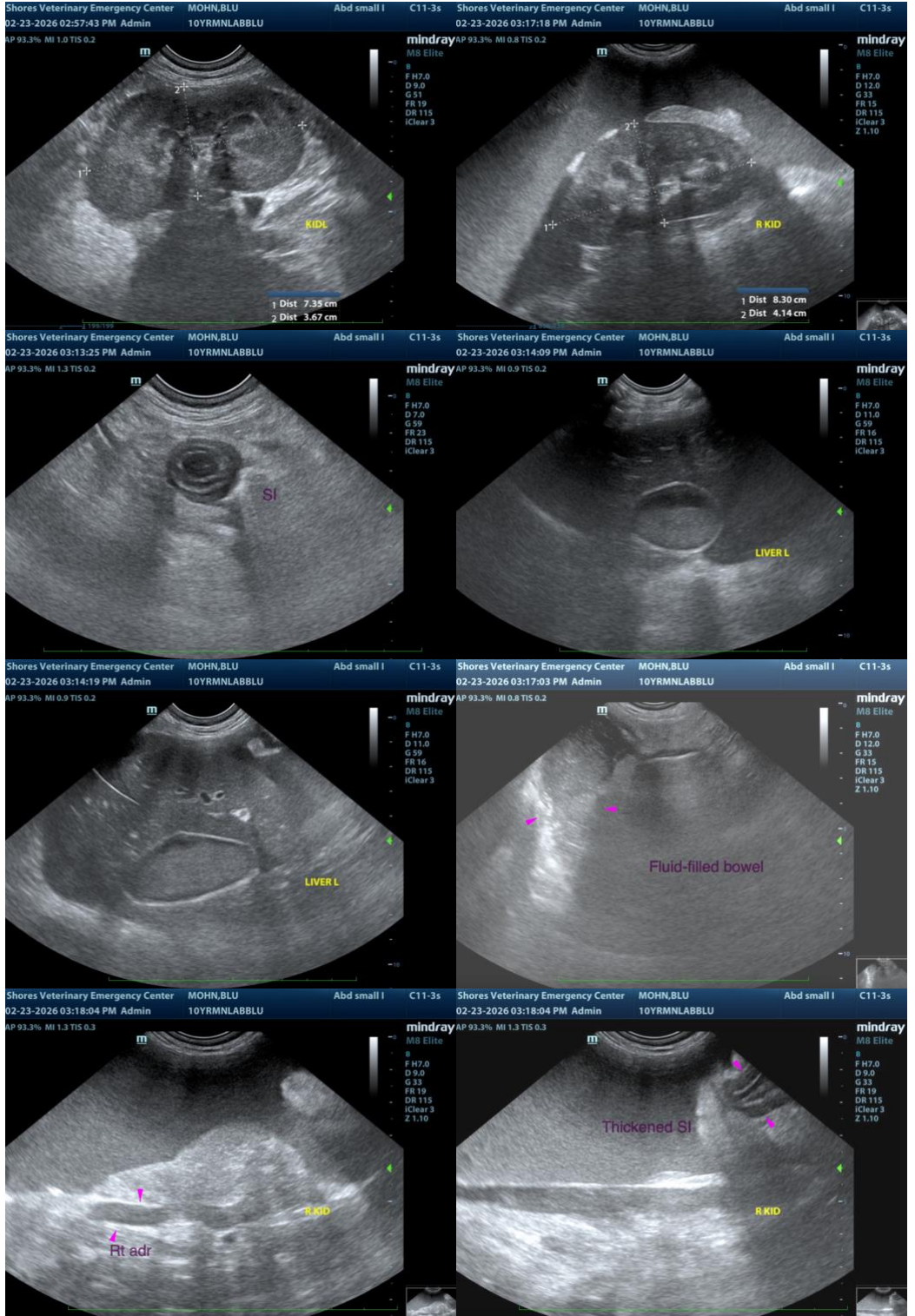
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## PATIENT

Blu Mohn

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.

## SPECIES

Canine

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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Labrador Retr

**Andrea Nicastro**, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)  
[info@SonoPath.com](mailto:info@SonoPath.com)

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