

**PATIENT**

Sir Remington  
Harkins

**SPECIES**

Canine

**BREED**

German SH Pointer

**SEX**

Neutered Male

**AGE**

1 year 7 mos

**WEIGHT**

44.4 lbs

**INTERPRETED BY**

Andrea Nicastro, DVM,  
Diplomate ACVIM  
(Sm Animal Internal Med)

**IMAGING PERFORMED BY**

Pamela Harrigan, RDCS,  
Cert Vet Sonog (IVUSS)

**HOSPITAL NAME**

Jessica Ribeiro, DVM

**REFERRING VET**

Rhode Island AMC

**INVOICE**

22602

**DATE**

2-23-26

**PRESENTING CLINICAL SIGNS**

History: 2-pound weight loss x 1.5 months despite ravenous appetite. Active, good energy level. CBC/Chem NSF. Rads: unremarkable thorax. Dewormed with Drotal Pls 2/1/26. B12 >1000, considered OK, folate 17 (normal), TLI 31.9 (normal). On Purina high protein sport diet.  
\*Sedated with torb/Dexdomitor

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

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 the proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is normal in size (1.49 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 (5.98 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.

The right kidney is normal in size (5.95 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.

**Adrenal Glands**

The left adrenal gland is normal in size (0.41 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 right adrenal gland is normal in size (0.56 cm at cranial pole) (0.50 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.

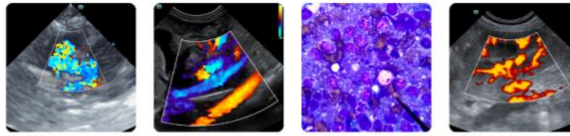
**Spleen**

The spleen is normal in size (1.44 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.

**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.

The gallbladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.



**PATIENT**

Sir Remington  
Harkins

**SPECIES**

Canine

**BREED**

German SH Pointer

**SEX**

Neutered Male

**AGE**

1 year 7 mos

**WEIGHT**

44.4 lbs

**INTERPRETED BY**

Andrea Nicastro, DVM,  
Diplomate ACVIM  
(Sm Animal Internal Med)

**IMAGING PERFORMED BY**

Pamela Harrigan, RDCS,  
Cert Vet Sonog (IVUSS)

**HOSPITAL NAME**

Jessica Ribeiro, DVM

**REFERRING VET**

Rhode Island AMC

**INVOICE**

22602

**DATE**

2-23-26

**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. 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 few prominent jejunal lymph nodes are visualized (one measuring 2.30 x 0.94 cm). One-to-two prominent medial iliac lymph nodes are also seen (one measuring 2.14 x 0.76 cm).

**Free Abdomen**

Trace free fluid is observed.

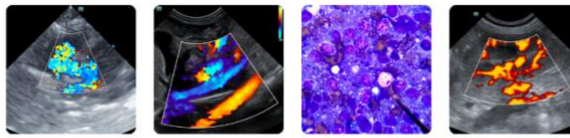
**ULTRASONOGRAPHIC FINDINGS**

- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- Trace ascites

\*An obvious cause for the patient's clinical signs is not definitively identified in this study. Considerations include maldigestion/malabsorption, occult neoplasia, orthopedic or neurologic disease, other.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- A fecal evaluation for ova and Giardia is recommended.
- Orthopedic and neurologic examinations are also recommended to assess for nonmetabolic causes of weight loss.
- Depending on the results of the above diagnostics, endoscopic or surgical GI biopsies may be necessary to get a definitive diagnosis.



**PATIENT**

Sir Remington  
Harkins

**SPECIES**

Canine

**BREED**

German SH Pointer

**SEX**

Neutered Male

**AGE**

1 year 7 mos

**WEIGHT**

44.4 lbs

**INTERPRETED BY**

Andrea Nicastro, DVM,  
Diplomate ACVIM  
(Sm Animal Internal Med)

**IMAGING  
PERFORMED BY**

Pamela Harrigan, RDCS,  
Cert Vet Sonog (IVUSS)

**HOSPITAL NAME**

Jessica Ribeiro, DVM

**REFERRING VET**

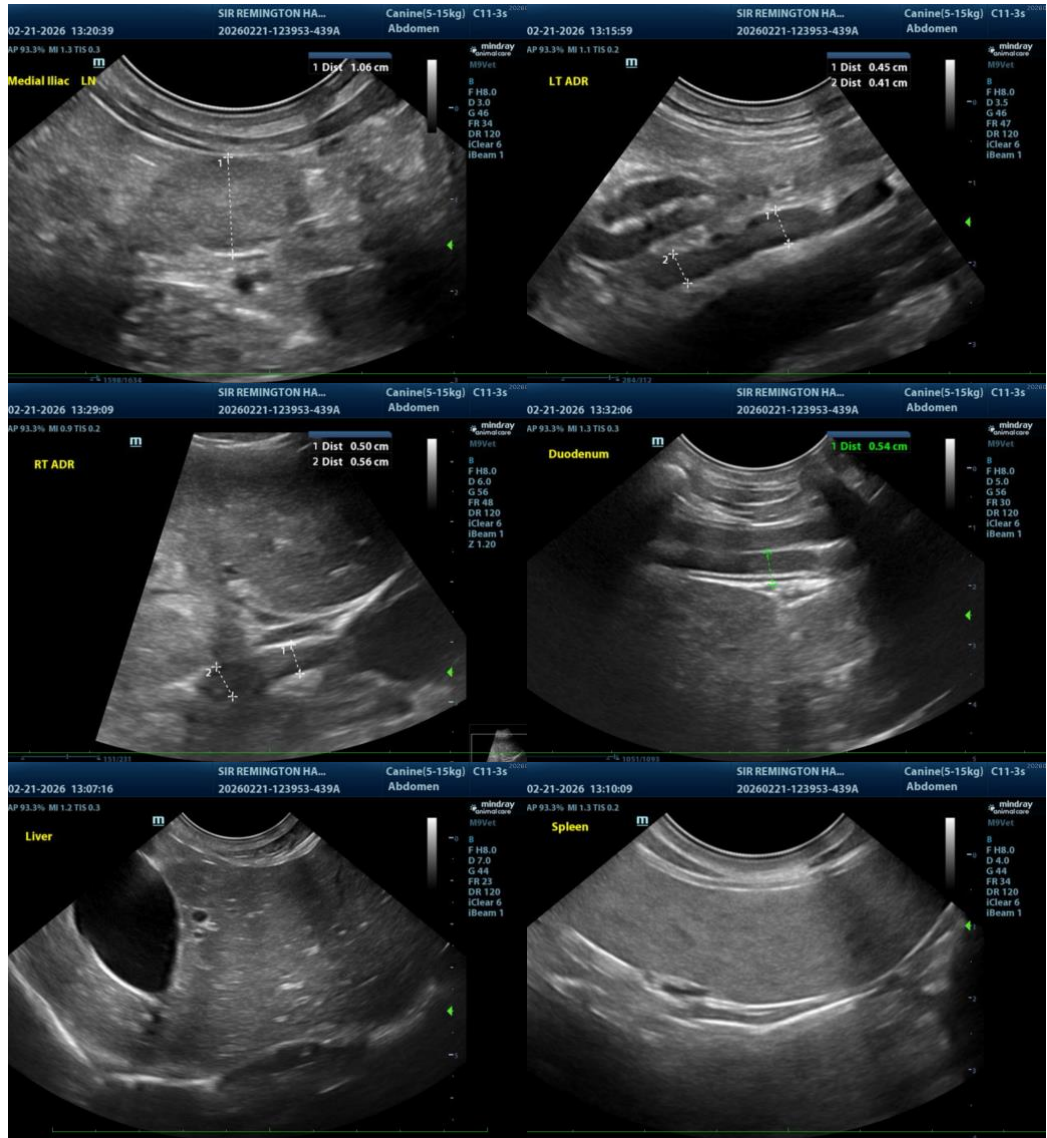
Rhode Island AMC

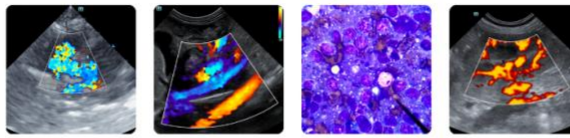
**INVOICE**

22602

**DATE**

2-23-26





**PATIENT**

Sir Remington  
Harkins

**SPECIES**

Canine

**BREED**

German SH Pointer

**SEX**

Neutered Male

**AGE**

1 year 7 mos

**WEIGHT**

44.4 lbs

**INTERPRETED BY**

Andrea Nicastro, DVM,  
Diplomate ACVIM  
(Sm Animal Internal Med)

**IMAGING  
PERFORMED BY**

Pamela Harrigan, RDCS,  
Cert Vet Sonog (IVUSS)

**HOSPITAL NAME**

Jessica Ribeiro, DVM

**REFERRING VET**

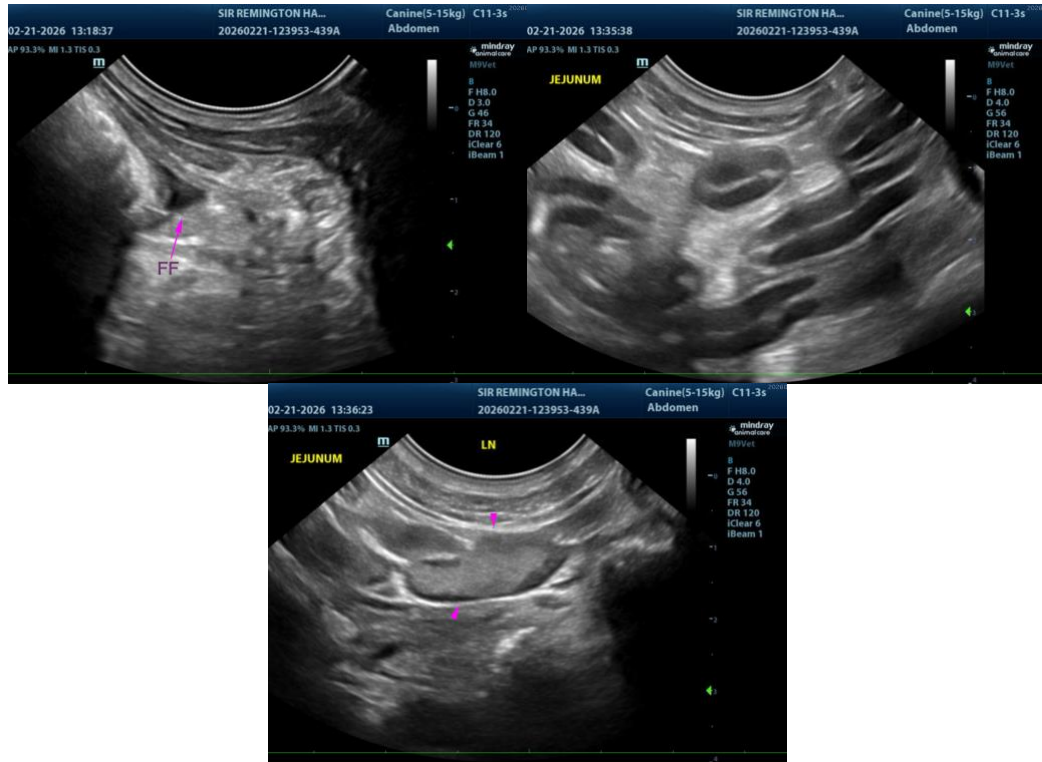
Rhode Island AMC

**INVOICE**

22602

**DATE**

2-23-26



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)**  
[info@SonoPath.com](mailto:info@SonoPath.com)