



PATIENT

Cooper Chrusch

SPECIES

Canine

BREED

Fr Bulldog

SEX

Male

AGE

8

WEIGHT

Not Provided

INTERPRETED BY

Andrea Nicastrò DVM
Diplomate ACVIM
(Sm Animal Internal Med)

**IMAGING
PERFORMED BY**

Andrea Nicastrò DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Dunes VC

REFERRING VET

Dr Devin Soileau

INVOICE

22683

DATE

3-13-26

PRESENTING CLINICAL SIGNS

Originally presented for ADR. History of back pain and disc disease. Had an episode of collapse recently and went to the ER. Has a seizure history and has been on Keppra q 12 hr. Also, on 1.25 mg of prednisone q 24 hr since the recent issues began. Also, on Doxepin. February 21, 2026: Creatinine 1.8. Albumin 2.4. Globulins 2.3. Low cholesterol. T4 normal. CBC revealed a thrombocytosis. UPC 0.1. USG 1.039. Inactive sediment. Addison's testing was not consistent with Addison's disease.

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 3.5 cm, are normal.

The prostate is enlarged (2.94 cm in width) with smooth peripheral contours. The parenchyma is slightly hyperechoic relative to surrounding omental fat and heterogenous in appearance, with several, small, cystic areas. The prostatic urethra is not overtly dilated.

The left kidney is normal in size (5.29 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 hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (4.81 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 hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.39 cm at cranial pole) (0.49 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 (0.48 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.

Spleen

The spleen is normal in size (1.32 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.

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 portal vein to caudal vena cava ratio is approximately 1: 1.

The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.



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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 retention of the normal layering pattern. There is evidence of mucosal speckling +/- striations in some segments. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. There is no 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

The abdominal lymph nodes are normal/not visible.

Free Abdomen

There is no obvious evidence of free fluid

The testicles are subjectively normal-in-size and symmetrical, with homogenous parenchyma.

ULTRASONOGRAPHIC FINDINGS

- The small intestinal wall changes, in conjunction with the mildly low albumin, could be consistent with an emerging protein-losing enteropathy (i.e., lymphangiectasia, inflammatory bowel disease, infectious/parasitic disease, or less likely, emerging lymphoma).
- The prostate changes are consistent with benign prostatic hyperplasia. Concurrent bacterial prostatitis is possible, but considered less likely, in light of the patient's clinical history.

*An obvious cause for the patient's collapsing episode is not definitively identified in this study. Considerations include cardiovascular disease, orthopedic or neurologic disease, underlying metabolic issue, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If the patient's cardiac work-up is unremarkable, consider al Holter monitor +/- neurology consultation.
- Regarding the hypoalbuminemia, serial monitoring is recommended. If the patient's albumin remains persistently low and/or the patient develops gastrointestinal signs, further work-up (i.e., GI panel, GI biopsies) may be indicated.



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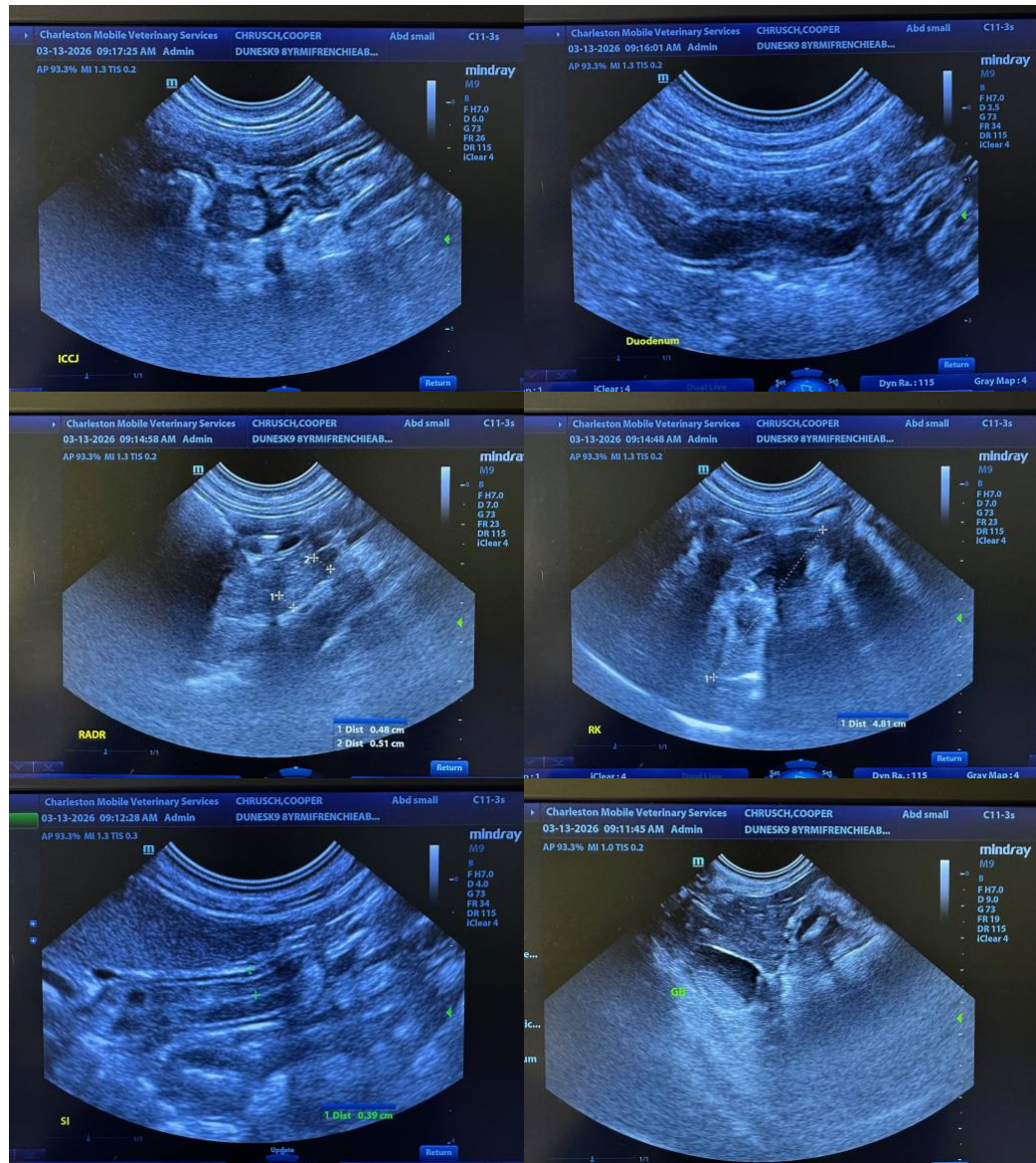
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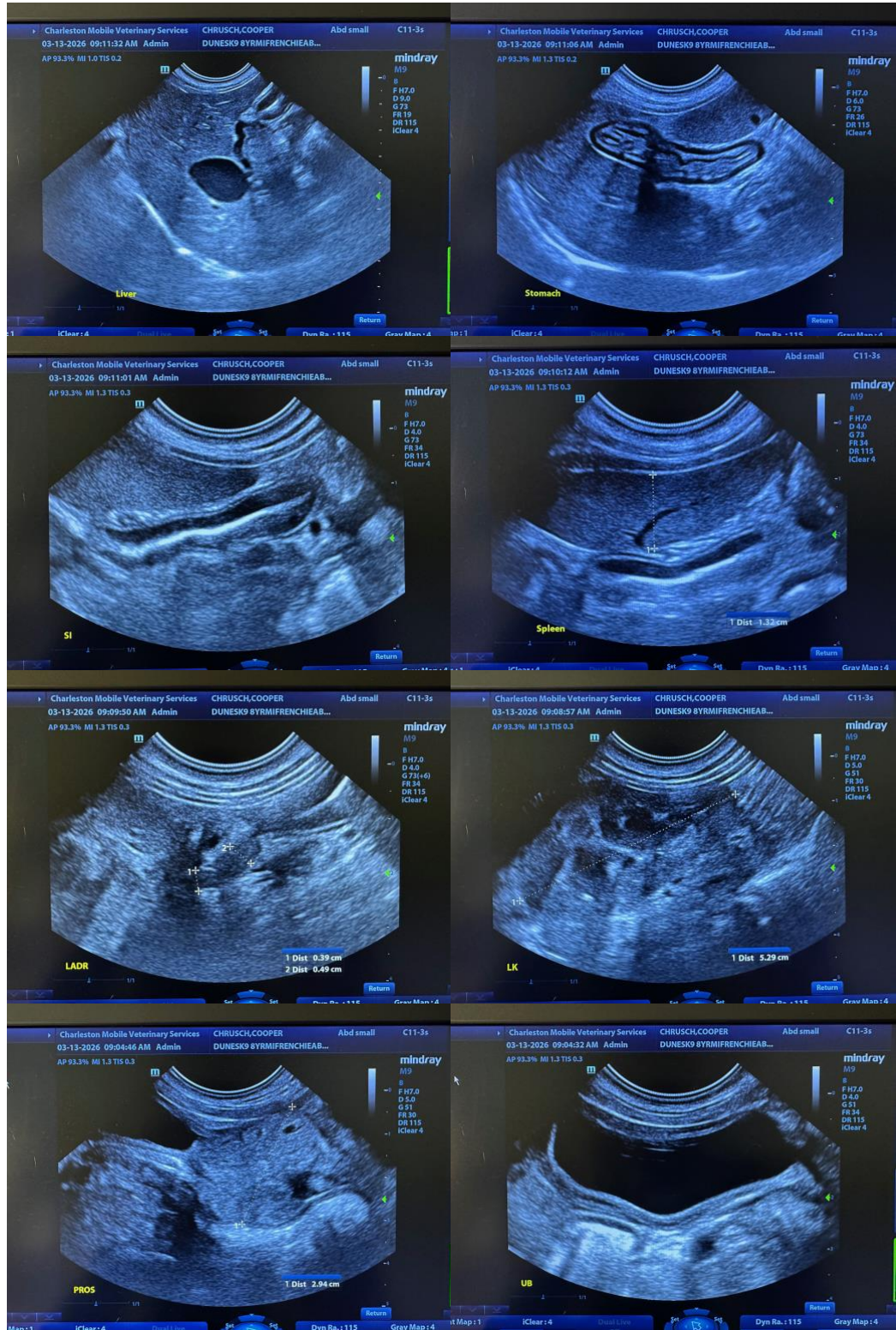
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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