



PATIENT

Baloo Richards

SPECIES

Canine

BREED

Bernese Mountain dog

SEX

Female, spayed

AGE

7 Yrs.

WEIGHT

110 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Scott

HOSPITAL NAME

Wycoff VH

REFERRING VET

Dr. Scott

INVOICE

13636

DATE

3/24/26

PRESENTING CLINICAL SIGNS

History: two day history of panting, painful abdomen, decreased app, lethargy

Abnormal PE/Chem/CBC/UA Results: PE- tense abdomen cbc/chem- pending chest rads- WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is distended. A 1.9 x 0.82 cm irregular nodule is arising from the mucosal surface in the region of the trigone. The remaining bladder wall is normal in thickness with a smooth mucosal surface. A small amount of gravity-dependent mineralized sand +/- tiny calculi are observed within the lumen.

The left kidney is normal in size (6.87 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 hydroureter.

The right kidney is normal in size (7.43 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 hydroureter.

Adrenal Glands

The caudal pole of the left adrenal gland is visualized and is normal in size (0.74 cm in width) with a normal shape, glandular echogenicity and detail. Surrounding vasculature appears normal.

The region of the right adrenal gland is evaluated. No obvious pathology is observed in this region.

Spleen

The spleen is enlarged (3.28 cm in width at the level of the hilus) with swollen peripheral contours. The parenchyma is diffusely mottled with several varying sized ill-defined hypoechoic to heterogeneous nodules throughout the organ. Splenic vasculature is normal with no evidence of thrombosis.

Liver

The liver is prominent in size with smooth peripheral contours. The parenchyma is isoechoic relative to the spleen and subtly mottled in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is mildly to moderately distended. The wall is thickened up to 0.37 cm and hyperechoic. A small amount of gravity-dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal 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.

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



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In the cranial to mid-abdominal several enlarged rounded to irregular hypoechoic to heterogeneous mesenteric lymph nodes are visualized, one of the nodes measuring 4.7 x 2.4 cm. Surrounding mesentery is hyperechoic.

Free Abdomen

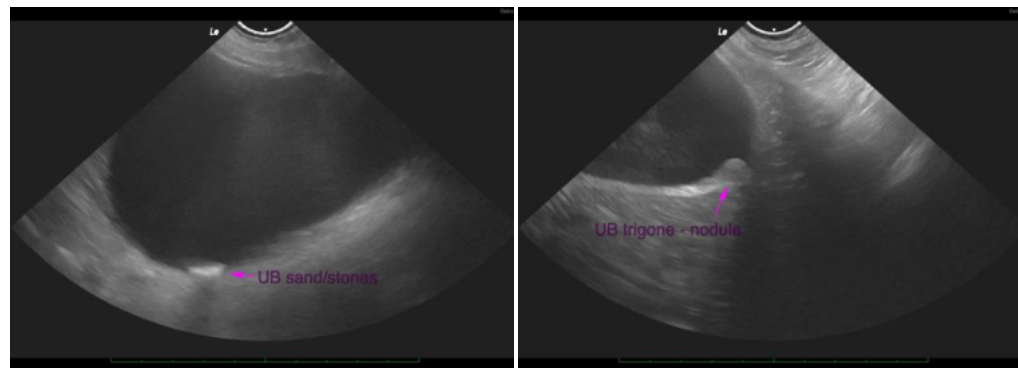
There is no obvious evidence of free fluid.

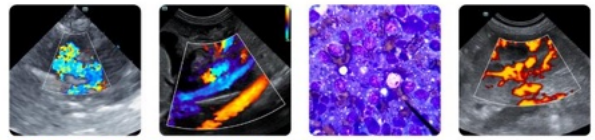
ULTRASONOGRAPHIC FINDINGS

- The abdominal lymphadenopathy is concerning for infiltrative neoplasia (i.e., round cell tumor) with a lower possibility of lymphadenitis or lymphoid hyperplasia. Mild adjacent peritonitis is present.
- The splenic parenchymal changes could be consistent with infiltrative neoplasia (i.e., round cell tumor), lymphoid hyperplasia, extramedullary hematopoiesis, antigenic stimulation, other.
- The mild hepatomegaly may be a normal variant for this patient or may be secondary to vacuolar hepatopathy, inflammatory disease, infiltrative neoplasia or other hepatopathy. Correlation with the patient's liver values is recommended.
- The gallbladder wall changes are suggestive of cholecystitis.
- The urinary bladder nodule in the region of the trigone is concerning for emerging neoplasia (i.e., transitional cell carcinoma). However, a benign process (i.e., focal cystitis) cannot be excluded.
- Urinary bladder sand +/- tiny cystic calculi

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. Regarding the enlarged abdominal lymph nodes, consider fine needle aspiration (assuming normal clotting status). A 25-gauge needle should be used. Depending on cytology results, consultation with a board certified oncologist may be warranted.
3. Regarding the urinary bladder nodule in the region of the trigone, consider a urine BRAF test to further evaluate for lower urinary tract neoplasia.





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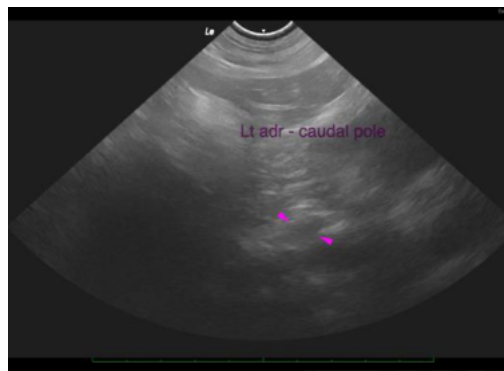
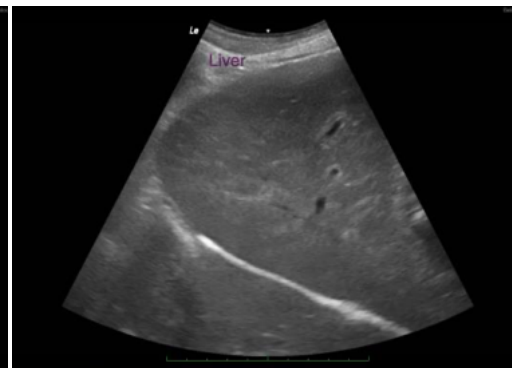
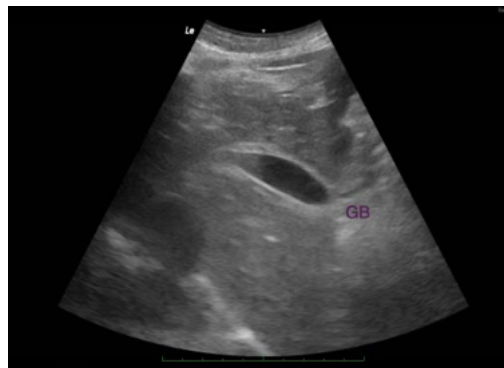
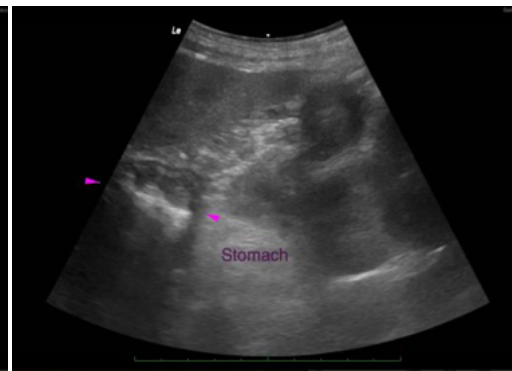
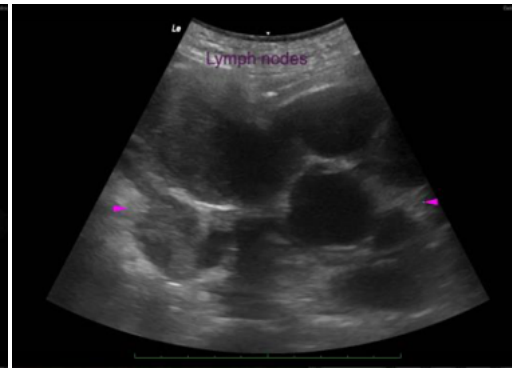
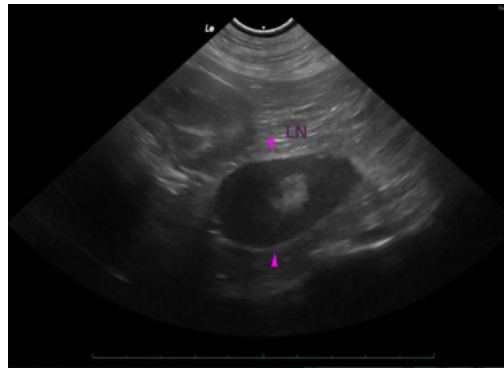
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com