



PATIENT

Olaf Solvaggio

SPECIES

Canine

BREED

Australian shepherd

SEX

Male, neutered

AGE

11 Yrs. 8 months

WEIGHT

17.8 kgs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Renee Trionfetti

HOSPITAL NAME

Blue pearl Wyomissing

REFERRING VET

Dr. Trionfetti

INVOICE

13514

DATE

3/3/26

PRESENTING CLINICAL SIGNS

History:

- AUS to further evaluate DKA. Pt presented to the ER for a few weeks duration of intermittent vomiting, poor appetite and weight loss. Currently hospitalized on IVF, Cerenia, insulin CRI, KCL supplementation. Mild ALP elevation.

Abnormal PE/Chem/CBC/UA Results: CBC: Hct 50%, WBC 12.5, neut 11.7k, lymph 0.44k (L), plt 560k PCV/TS: 49/8.0 Chem: alb 3.5, glob 2.8, creat 0.4, BUN 20.2, ALP 123, ALT 76, calc 8.4 (L) EPOC: pH 7.191 (L), bicarb 9.1 (L), BG 430 (H), creat 0.57, BUN 16, lac 1.67, K 2.9 (L), Na 135 (L), Cl 110 T4: 2.7 serum ketones: 2+ 3V AXR: no overt FB/O STT: 20 OS, 26 OD Fluorescein stain: no uptake OU IOP: 5 mmHg OD, 4 mmHg OS At 7 pm 3/2: PCV/TP: 45/7.0 EPOC: pH7.245 (L), K 3.2 (L), creat 0.61, BUN 15, BG 346 (H), bicarb 11.5 (L), iCa 1.19, Na 140, Cl 114

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and 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 cm, are normal.

The prostate is enlarged (2.36 cm in width) with smooth peripheral contours. The parenchyma is homogeneous. The prostatic urethra is not overtly dilated.

The left kidney is normal in size (6.24 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. An ill-defined hyperechoic medullary band is observed at the corticomedullary junction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (6.10 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.

Adrenal Glands

The left adrenal gland is normal in size (0.43 cm at cranial pole) (0.56 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 (0.64 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.

Spleen

The spleen is normal in size (1.47 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A few small ill-defined hyperechoic nodules are observed throughout the organ. Splenic vasculature is normal.

Liver



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The liver is subjectively normal to prominent in size with smooth peripheral contours. The parenchyma is hyperechoic relative to the spleen and attenuating. No focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion.

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

Gastrointestinal

The gastric lumen is mildly fluid distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with fluid and chyme (mild). Some of the segments are subtly corrugated in appearance. 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 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

The abdominal lymph nodes are normal/not visible.

Free Abdomen

There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

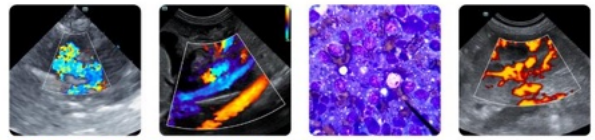
- The prostatomegaly could be consistent with emerging neoplasia (i.e., prostatic adenocarcinoma, transitional carcinoma), late-in-life neutering (if applicable), prostatitis, hyperplasia, other. Correlation with the patient's clinical history is recommended.
- The hepatic parenchymal changes are most consistent with a diabetic hepatopathy. Other considerations include inflammatory disease, infiltrative neoplasia or other hepatopathies.
- The small intestinal changes are suggestive of mild enteritis.

Secondary Findings:

- The bilateral renal changes are most consistent with a diabetic nephropathy.
- Minor retained gastric fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the prostate changes, consider a urine BRAF test to further reevaluate for lower urinary tract neoplasia.
- Continued supportive care for diabetic ketoacidosis is recommended.
- Other considerations include the following:
 1. Three-view thoracic radiographs to assess cardiopulmonary status
 2. Urine culture and sensitivity, preferably on a pre-antibiotic sample.



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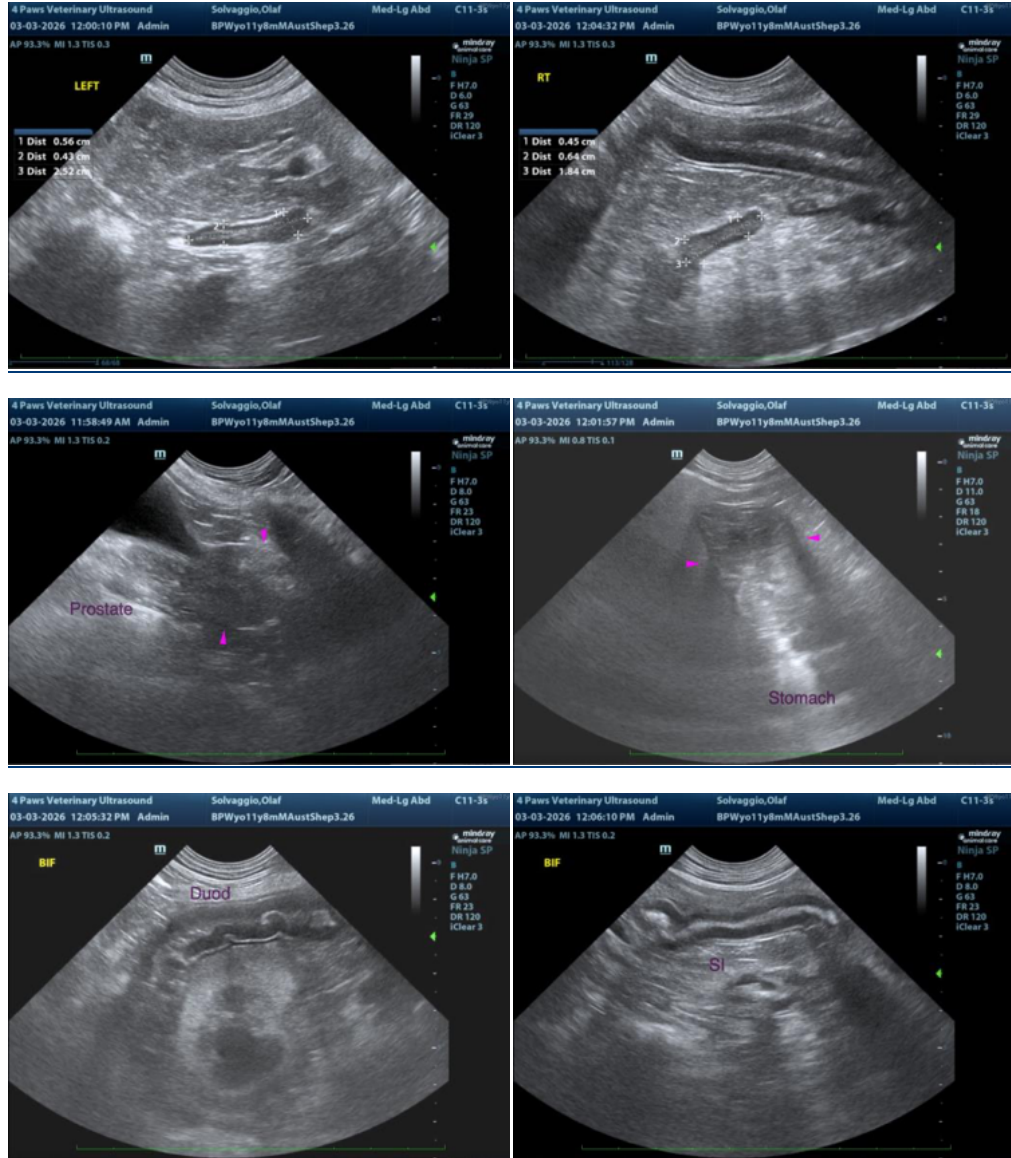
Dr. Trionfetti

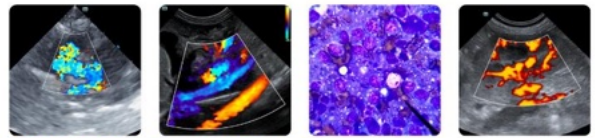
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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