

PATIENT PRESENTING CLINICAL SIGNS

- Royce Rubino
- Distended abdomen with pain
 - Poor contrast, central abdomen with mass effect on rads
- SPECIES**
- Dex SP and Buprenex 3/31

Canine Abnormal PE/Chem/CBC/UA Results: BW done 3/31/26 RBC 9.69, HCT 62.7, MCH 20.9, RDW 22.9, TP 9.9, Glob 6.1

BREED

Pitbull Terrier

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX 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 is normal.

Neutered Male

AGE

The region of the prostate is not visualized due to its pelvic location.

10 years 8 mos

The left kidney is subjectively normal-in-size with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

WEIGHT

103 lbs

The right kidney is normal in size (7.93 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 hydronephrosis. Renal vasculature is normal.

INTERPRETED BY

Andrea Nicastro DVM
 Diplomate ACVIM
 (Sm Animal Internal Med)

Adrenal Glands

The left adrenal gland is normal in size (0.50 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.

IMAGING PERFORMED BY

Chloe Lowe, CVT

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

HOSPITAL NAME

Black River VH

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. No focal lesions are observed. Splenic vasculature is normal.

REFERRING VET

Dr. Tack

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 thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

DATE

4-1-26

Gastrointestinal

The gastric lumen is mildly distended with ingesta. 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. There is no evidence of an



PATIENT obstructive pattern.

Royce Rubino **Pancreas**
 (See "Other" category).

SPECIES
 Canine **Lymph nodes**
 (See "Other" category).

BREED **Free Abdomen**
 There is no obvious evidence of free fluid.

Pitbull Terrier

SEX **Other**
 In One- to two video clips, a 2.5 x 2.2 cm ill-defined microcystic structure is observed in the cranial abdomen, just caudal to the stomach.

Neutered Male

ULTRASONOGRAPHIC FINDINGS

AGE

10 years 8 mos

The microcystic structure in the cranial abdomen, just caudal to the stomach, may be an imaging artifact, as it is only seen in one- to two video clips. Alternatively, it may represent cysts within the pancreas, a cystic lymph node (i.e., periportal), lesion within the mesentery, other. Its significance is unclear.

WEIGHT

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*An obvious cause for the patient's abdominal pain is not definitively identified in this study. Considerations include referred orthopedic or neurologic pain, occult urinary tract infection, mild pancreatitis, underlying metabolic issue, other.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider a urinalysis with a culture and sensitivity to assess for occult infection.
- Orthopedic and neurologic are also recommended.
- Also consider a cPLI to assess for pancreatitis.
- Three-view thoracic radiographs can also be considered to evaluate for occult pathology in the chest.
- Depending on the results of the above diagnostics, further work-up may be indicated. In the meantime, symptomatic care is recommended.
- Regarding the possible microcystic lesion in the cranial abdomen, consider a recheck ultrasound in 3-4 weeks to reevaluate the area.

IMAGING PERFORMED BY

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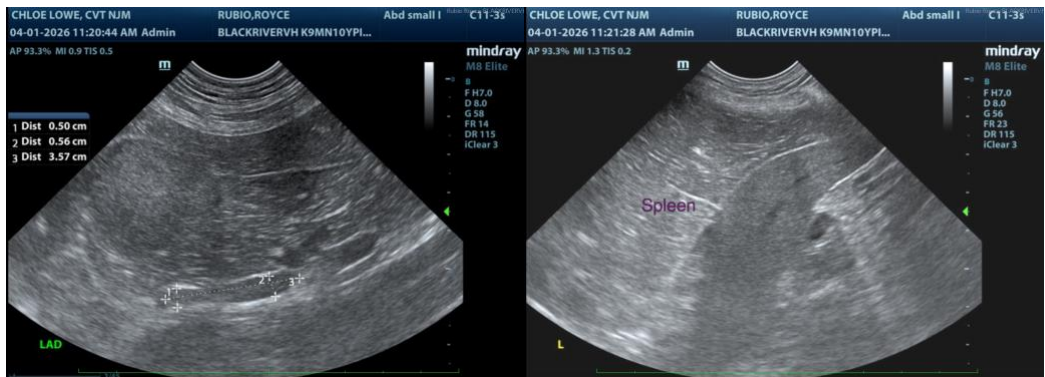
Dr. Tack

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4-1-26





PATIENT

Royce Rubino

SPECIES

Canine

BREED

Pitbull Terrier

SEX

Neutered Male

AGE

10 years 8 mos

WEIGHT

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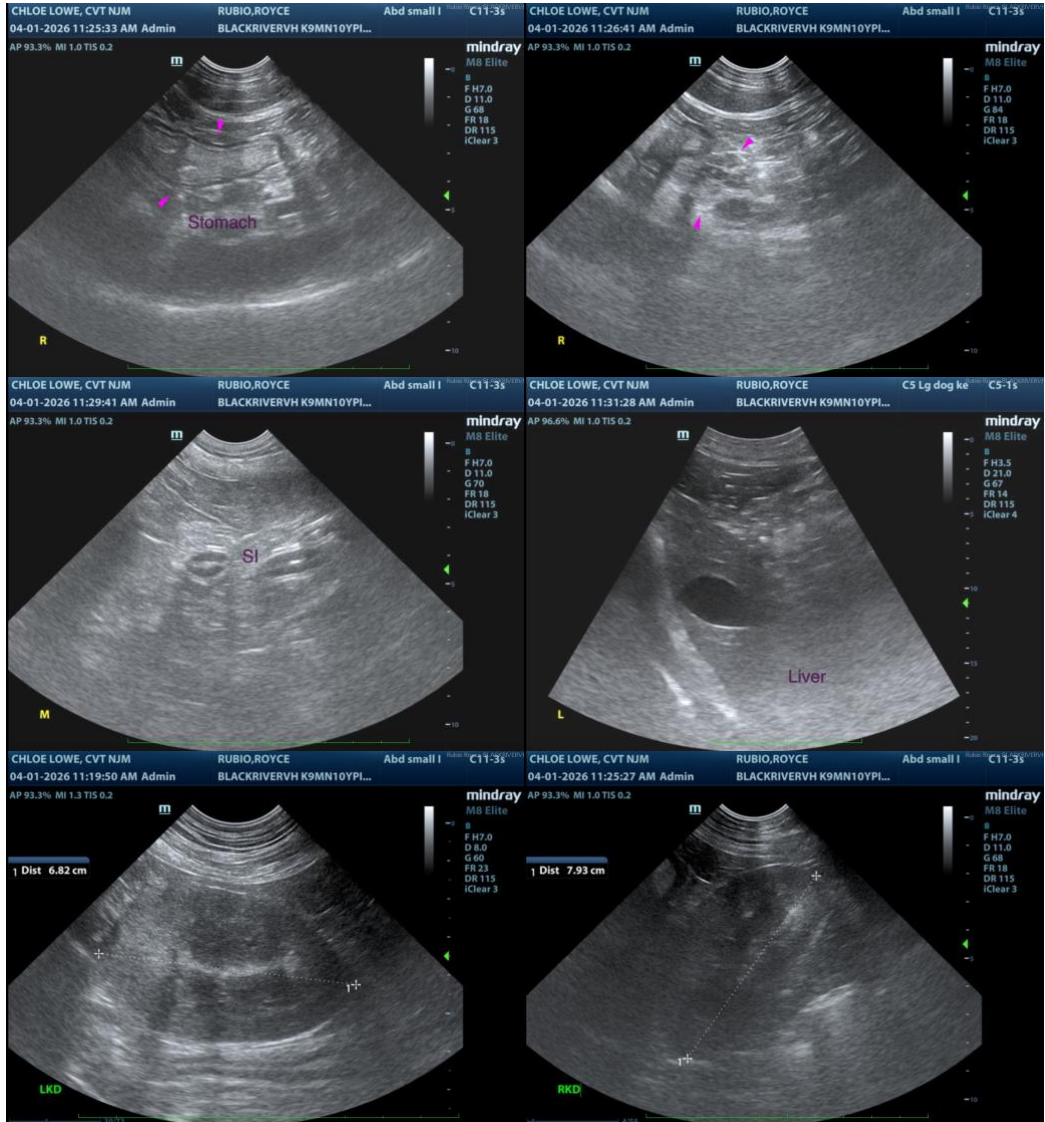
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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