



PATIENT

Sonny Buddemeyer

SPECIES

Canine

BREED

Airedale

SEX

Male Neutered

AGE

1/23/2016

WEIGHT

63.3 lbs

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

Palmetto VH

REFERRING VET

Dr. Alla Sivakoff

INVOICE

22890

DATE

4-20-26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Sonny, a 10-year-old male Airedale presenting for crying out while laying down that has been progressing since January. During these episodes, body and facial twitching are observed, and the patient seems distant and unresponsive before turning over. There have been no associated issues with urination or defecation. The owner notes a possible discomfort in the abdominal area when touched, but this does not cause crying out. An Airedale predecessor had stomach cancer. The patient's energy level is decreased, and he shows exercise intolerance, stopping and sitting during walks and no longer taking shorter evening walks. Appetite is good, and he eats eagerly twice daily. Urination and defecation are normal. He walks up and down stairs without apparent difficulty. Past weight was 66 lbs in September, and his current weight and diet change are intentional to reduce his size. He has a history of aggression, including nipping, which makes grooming challenging. Current medications include a recent Cytopoint injection, Apoquel (less than daily) for persistent itching, Pet Wellbeing supplements, and cyclosporine eye drops for dry eyes. Patient sedated with Dexdomitor and butorphanol for this study.

Abnormal lab-work values: Will email Labs separately

Current Medications: Apoquel / Cytopoint / Cyclosporine Eye Drops/ Galliprant

Radiographic Findings: Will email with report separately

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface in the region of the apex is slightly irregular. 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 (0.86 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 (7.05 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 hydroureter. Renal vasculature is normal.

The right kidney is normal in size (7.59 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 hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.63 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 (1.02 cm at cranial pole) (0.69 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 (1.33 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 1.9 x 1.4 cm hypoechoic- to heterogenous nodule is observed approximately mid-body. Splenic vasculature is normal.



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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 lumen is moderately distended. The wall is thin and smooth. A small- to moderate 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 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 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

The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

The splenic nodule could be consistent with an emerging tumor or a benign focus (i.e., lymphoid hyperplasia or similar).

Secondary Findings

Minor bilateral age-related renal changes

*An obvious cause for the patient's discomfort is not definitively identified in this study. Considerations include orthopedic or neurologic disease, occult urinary tract infection, other.

**Ultrasound-guided fine-needle aspiration of the splenic nodule was performed at the end of this study without incident.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the unidentified source of pain, orthopedic and neurologic examinations are recommended (if not already performed).



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- Also consider a urinalysis +/- culture and sensitivity to assess for occult infection.
- Depending on the results of the above diagnostics, further work-up may be indicated.

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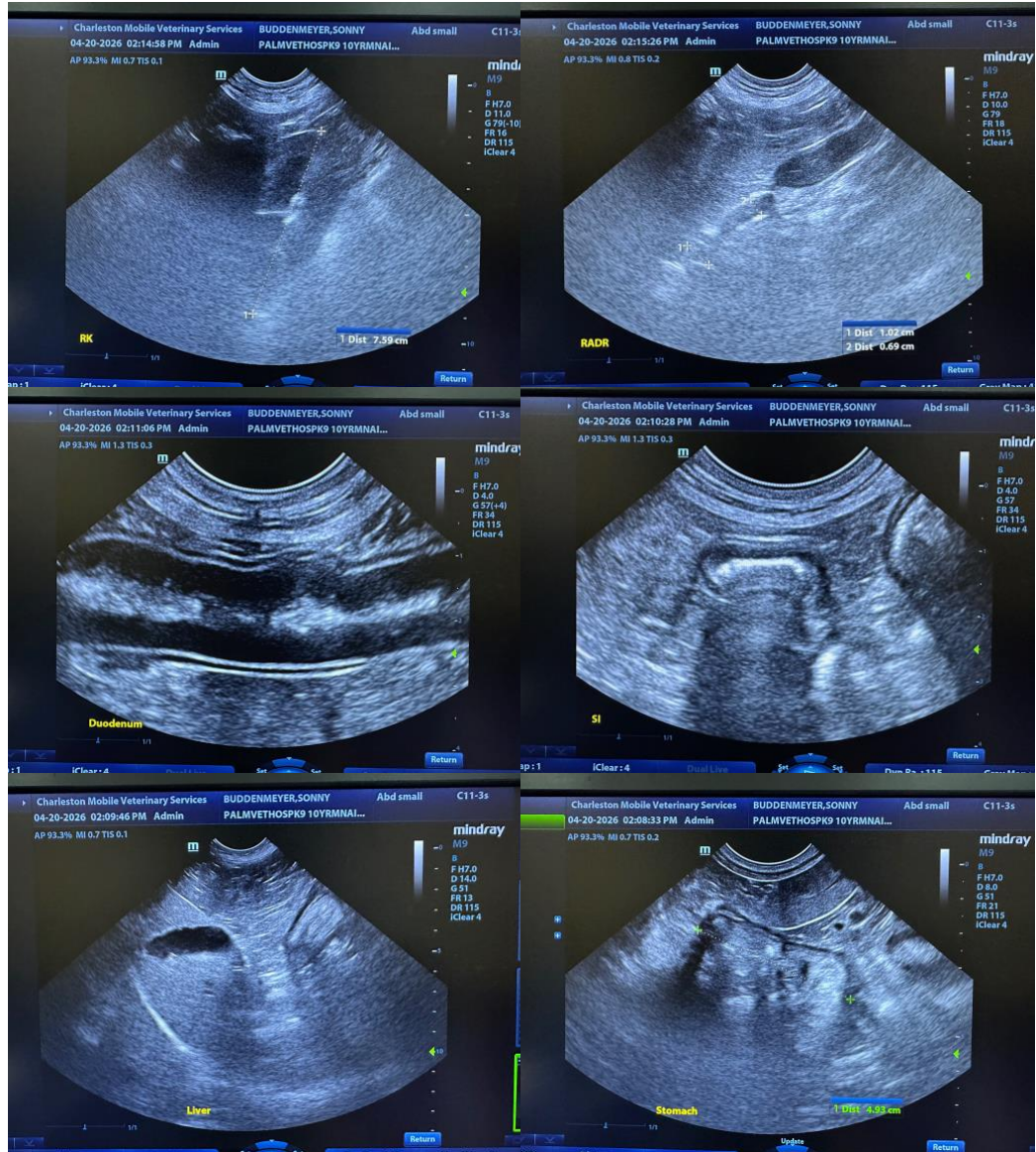
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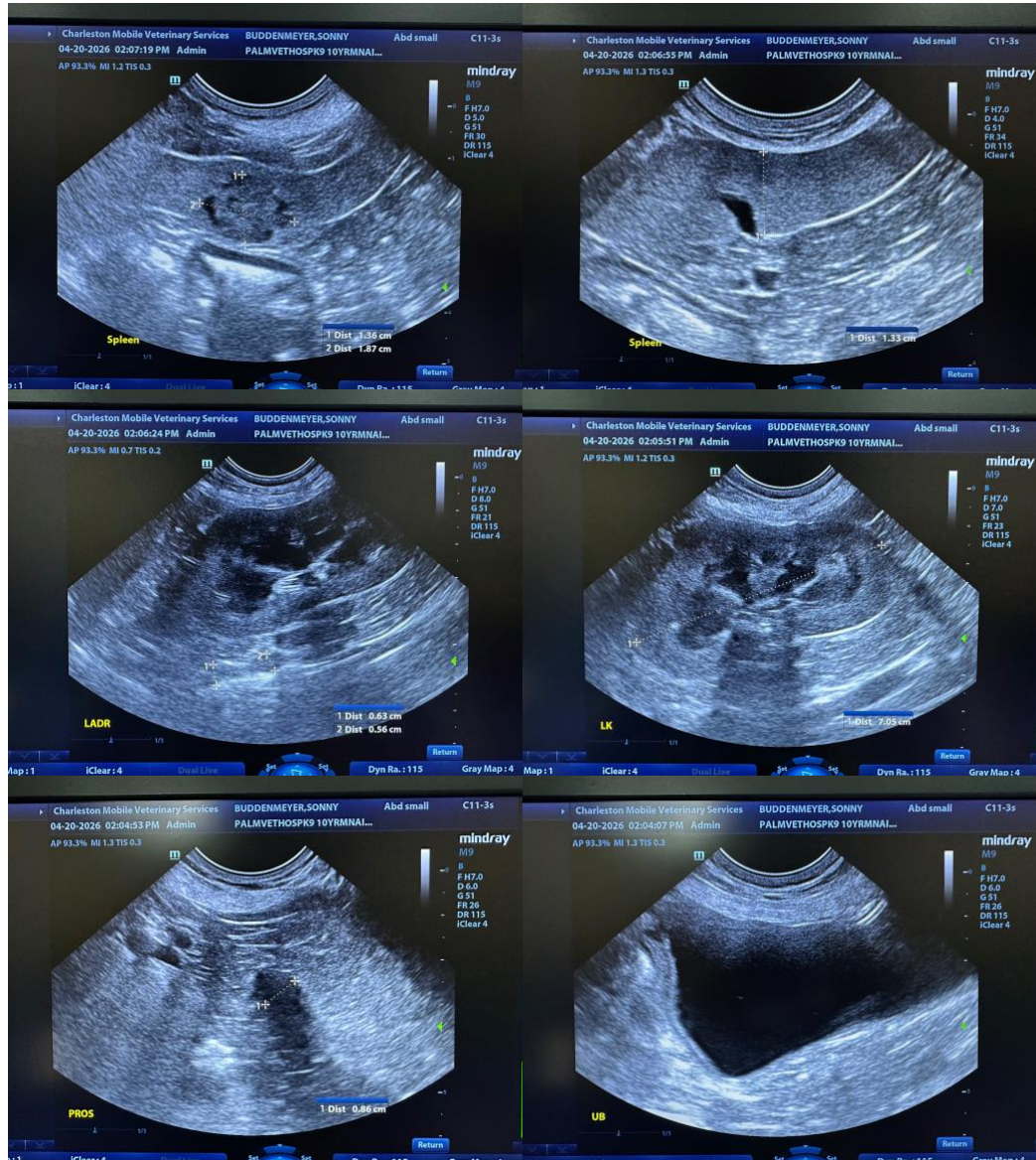
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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