

**PATIENT PRESENTING CLINICAL SIGNS**

Duke Specthrie History: HCT, ALT, GGT, r/o pathology in liver and other organs. Doxycycline BID, Denamarin SID, Enrofloxacin 136 1/2 SID, Endosorb 2 q 8hrs.

**SPECIES**

Canine

**BREED**

Cockapoo

**SEX**

Neutered Male

**AGE**

12

**WEIGHT**

33 lbs

**INTERPRETED BY**

Andrea Nicastro DVM  
 Diplomate ACVIM  
 (Sm Animal Internal Med)

**IMAGING PERFORMED BY**

Chloe Lowe, CVT

**HOSPITAL NAME**

Lake Hopatcong AH

**REFERRING VET**

Dr. Navarro

**INVOICE**

22893

**DATE**

4-23-26

**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 mostly anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 3.0 cm, are normal.

The prostate is normal in size (1.05 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 (5.98 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. Renal vasculature is normal.

The right kidney is normal in size (5.90 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. Renal vasculature is normal.

**Adrenal Glands**

What is thought to be the left adrenal gland is enlarged (0.76 cm at cranial pole) (0.86 cm at caudal pole) with swollen peripheral contours. The parenchyma is heterogenous, with some loss of glandular detail. Surrounding vasculature appears normal.

The right adrenal gland is normal in size (0.54 cm at cranial pole) (0.42 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 (1.57 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 enlarged, with slightly swollen, irregular, peripheral contours. The parenchyma is hypoechoic relative to the spleen and mottled in appearance. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gallbladder lumen is moderately distended. The wall is thin and smooth. A small- to moderate amount of aggregated, echogenic- to mineralized, partially dependent debris/sludge 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 is normal in thickness with a normal layering pattern. 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 obstructive pattern.



**PATIENT** *Pancreas*

Duke Specthrie

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

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*Lymph Nodes*

At least three enlarged, heterogenous, periportal lymph nodes are visualized (one measuring 3.3 x 1.8 cm). At least two of the nodes are cystic.

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*Free Abdomen*

There is no obvious evidence of free fluid.

**SEX**

Neutered Male

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

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- The hepatic changes could be consistent with an inflammatory hepatopathy (i.e., bacterial cholangiohepatitis, chronic hepatitis), emerging neoplasia (i.e., lymphoma), hepatotoxicosis (i.e., copper), and/or other hepatopathy.

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- The gallbladder changes could be consistent with cholestasis, fasting, or an emerging mucocele.
- The periportal lymphadenopathy could be consistent with infiltrative neoplasia or reactive change.

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**Secondary Findings**

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Suspected left adrenomegaly

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Leptospirosis testing (i.e., blood and urine PCR, serology) is recommended, particularly if the clinical suspicion for disease is high.

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- Consider fine-needle aspiration of the liver and enlarged periportal lymph nodes (if accessible and if clotting status is appropriate). Twenty-five gauge-needles should be used. Depending on the cytology results, further work-up (i.e., liver and abdominal lymph node biopsies, bile cultures, hepatic copper quantitation) may be indicated.

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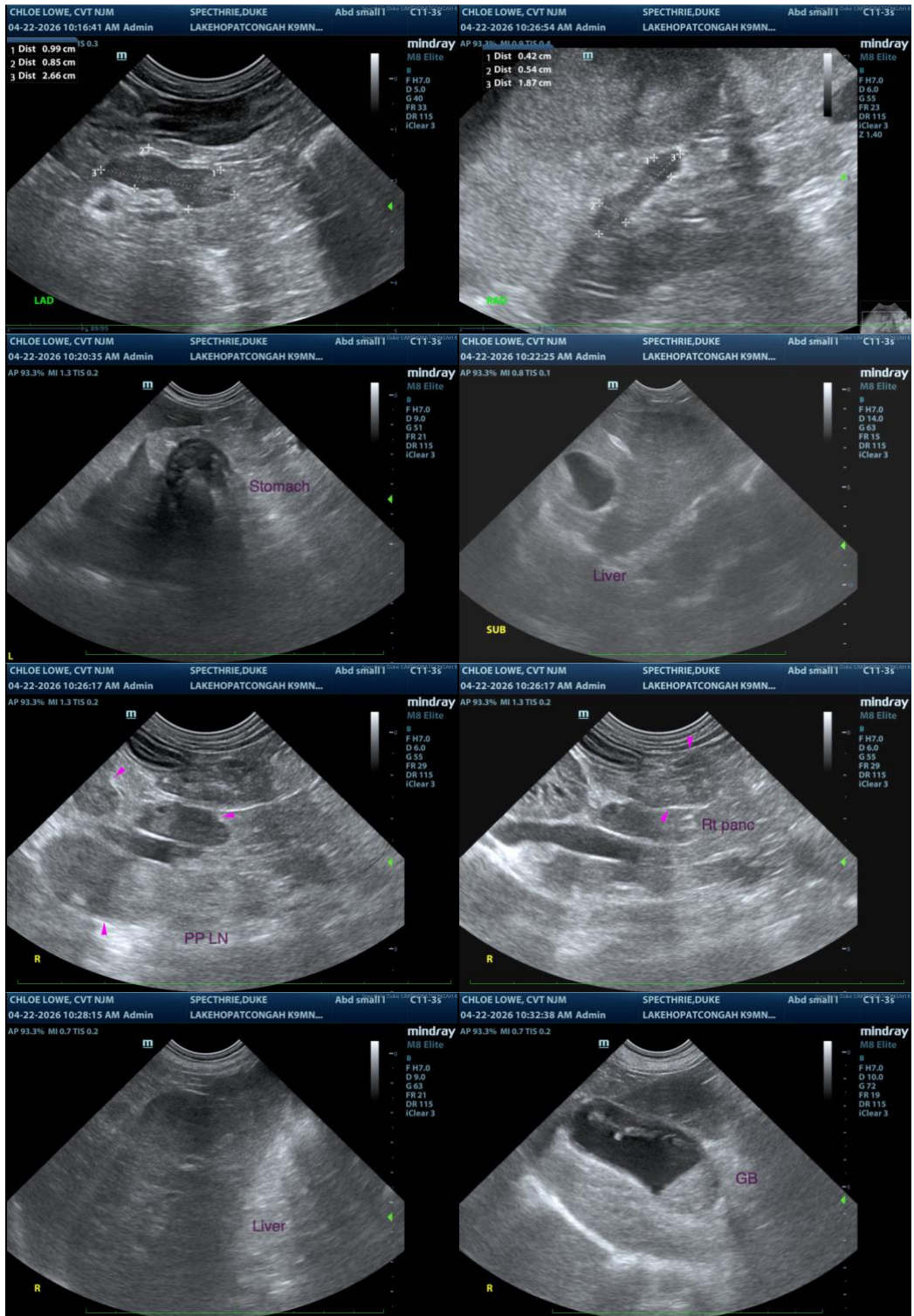
Dr. Navarro

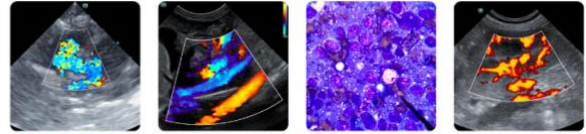
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**PATIENT**

Duke Specthrie

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.

**SPECIES**

Canine

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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Cockapoo

**Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)**  
[info@SonoPath.com](mailto:info@SonoPath.com)

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