



PATIENT PRESENTING CLINICAL SIGNS

Maverick Monteleone History: Ultrasound in house, unsure of findings. Lethargic, intermittent, vomiting, and decreased appetite. Cerenia as needed.

SPECIES Abnormal PE/Chem/CBC/UA Results: CBC/chem WNL. CPL elevated

Canine **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

BREED *Urinary System*

Selyham Terrier The urinary bladder wall is normal in thickness. 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 4.0 cm, are normal.

SEX

Intact Male The prostate is enlarged (2.3 cm in width) with smooth peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat, and mildly heterogenous in appearance, with a few, ill-defined hyperechoic areas. The prostatic urethra is not overtly dilated.

AGE

10

The left kidney is normal in size (5.48 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.

WEIGHT

22.8 lbs

The right kidney is normal in size (5.82 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.

INTERPRETED BY

Andrea Nicastro DVM
 Diplomate ACVIM
 (Sm Animal Internal Med)

Adrenal Glands

The left adrenal gland is normal in size (0.47 cm at cranial pole) (0.54 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 right adrenal gland is normal in size (1.42 cm at cranial pole) (0.61 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.

HOSPITAL NAME

AH Sussex County

Spleen

The spleen is normal in size (1.32 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. Obsharskia

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.

INVOICE

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The gallbladder lumen is moderately distended. The wall is thin and smooth. A small- to moderate amount of aggregated, echogenic, partially dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

DATE

4-29-26

Gastrointestinal

The gastric lumen is not distended. The gastric wall in the region of the fundus is variably thickened (up to 1.0 cm). The thickened portions are hypoechoic with loss of the normal layering pattern. The mesentery



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| PATIENT | effacing the serosal surface in this region is hyperechoic. The remaining gastric wall is normal in thickness with a normal layering pattern and appropriate mural detail. 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. The colonic wall is normal. There is no obvious evidence of an obstructive pattern. |
| Maverick Monteleone | |
| SPECIES | |
| Canine | 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. |
| BREED | |
| Selyham Terrier | Lymph Nodes A 1.71 x 0.46 cm medial iliac lymph node is visualized. |
| SEX | |
| Intact Male | Free Abdomen There is no obvious evidence of free fluid. |
| AGE | |
| 10 | Other The left testicle is subjectively normal-in-size (2.4 x 1.6 cm). A 1.1 x 0.7 cm hyperechoic nodule/area is observed within the parenchyma. The remaining parenchyma is homogenous. The right testicle is subjectively normal-in-size (2.2 x 1.2 cm). A 0.6 x 0.3 cm hyperechoic nodule/area is observed within the parenchyma. The remaining parenchyma is homogenous. |
| WEIGHT | |
| 22.8 lbs | |
| | ULTRASONOGRAPHIC FINDINGS |
| INTERPRETED BY | Primary Findings |
| Andrea Nicastro DVM Diplomate ACVIM (Sm Animal Internal Med) | <ul style="list-style-type: none"> The gastric wall thickening is concerning for a infiltrative neoplasia (i.e., lymphoma, adenocarcinoma). However, gastritis cannot be excluded. Mild adjacent peritonitis is present. |
| IMAGING PERFORMED BY | Secondary Findings |
| Chloe Lowe, CVT | <ul style="list-style-type: none"> The gallbladder changes may be secondary to cholestasis, fasting, or an emerging mucocele. Bilateral testicular nodules. Rule out benign vs neoplastic causes. |
| HOSPITAL NAME | <ul style="list-style-type: none"> The prostate changes could be consistent with benign prostatic hyperplasia, prostatitis, emerging neoplasia, other. |
| AH Sussex County | <ul style="list-style-type: none"> The prominent medial iliac lymph node is likely reactive, with a lower possibility of emerging neoplasia. |
| REFERRING VET | INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS |
| Dr. Obsharskia | <ul style="list-style-type: none"> Regarding the gastric wall thickening, consider fine-needle aspiration of the thickened portion (if accessible and if clotting status is appropriate). A 25-gauge needle should be used. Alternatively, consider endoscopic or surgical biopsies. Depending on the results, consultation with a board-certified oncologist and/or internist may be warranted. |
| INVOICE | <ul style="list-style-type: none"> Given the testicular changes, consider castration with submission of the testicles for histopathology. |
| 22942 | <ul style="list-style-type: none"> Given the gall bladder changes, Ursodeoxycholic acid (Ursodiol) is recommended. Serial sonographic monitoring (e.g., every 4-6 weeks) of the gall bladder is recommended to assess for progression to a fully formed mucocele. If progression occurs, a cholecystectomy may be warranted. |
| DATE | |
| 4-29-26 | |



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Canine

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Selyham Terrier

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Intact Male

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Chloe Lowe, CVT

HOSPITAL NAME

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REFERRING VET

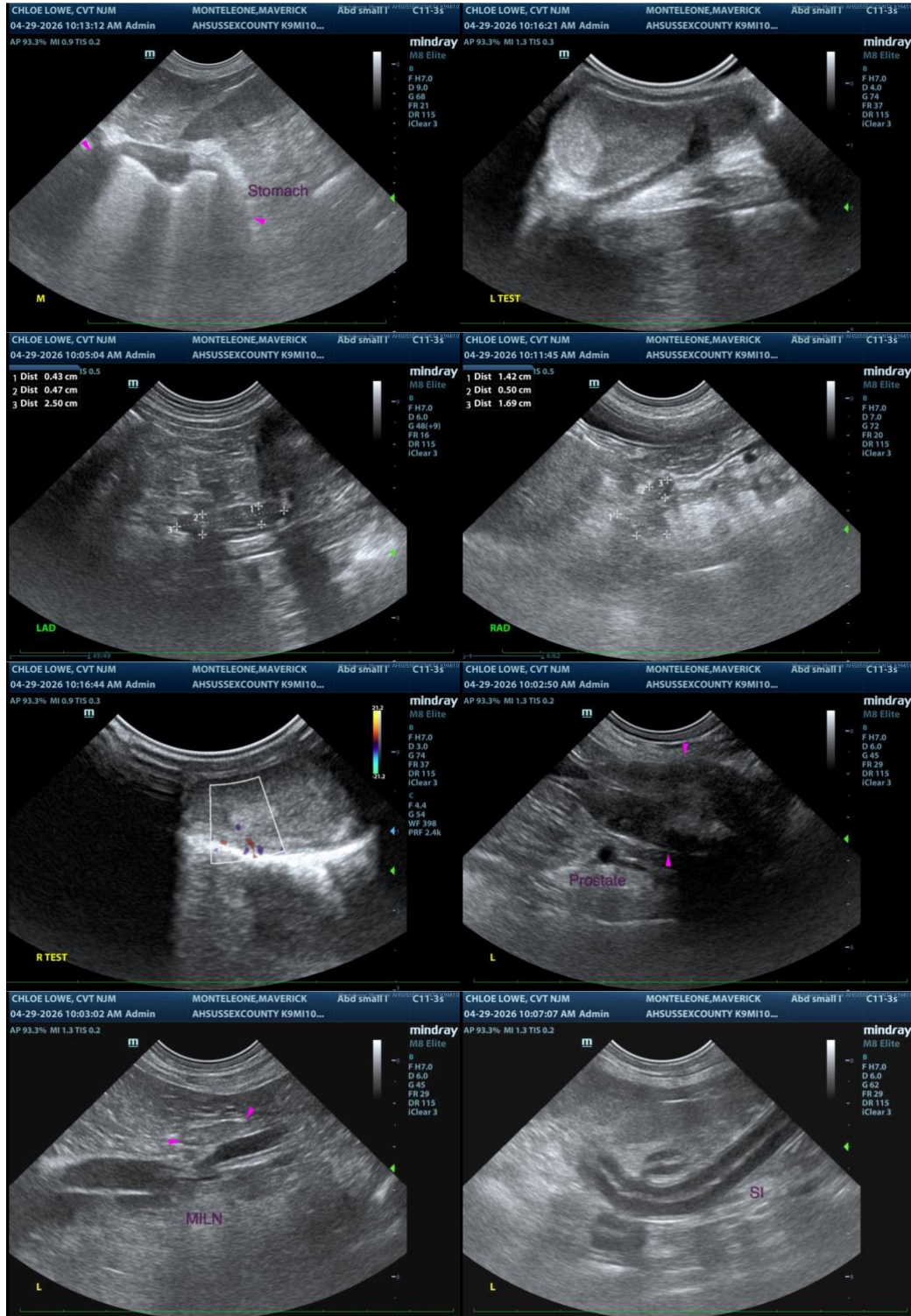
Dr. Obsharskia

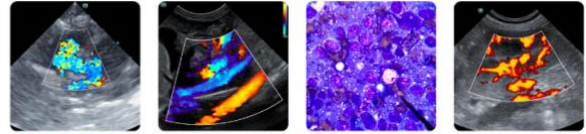
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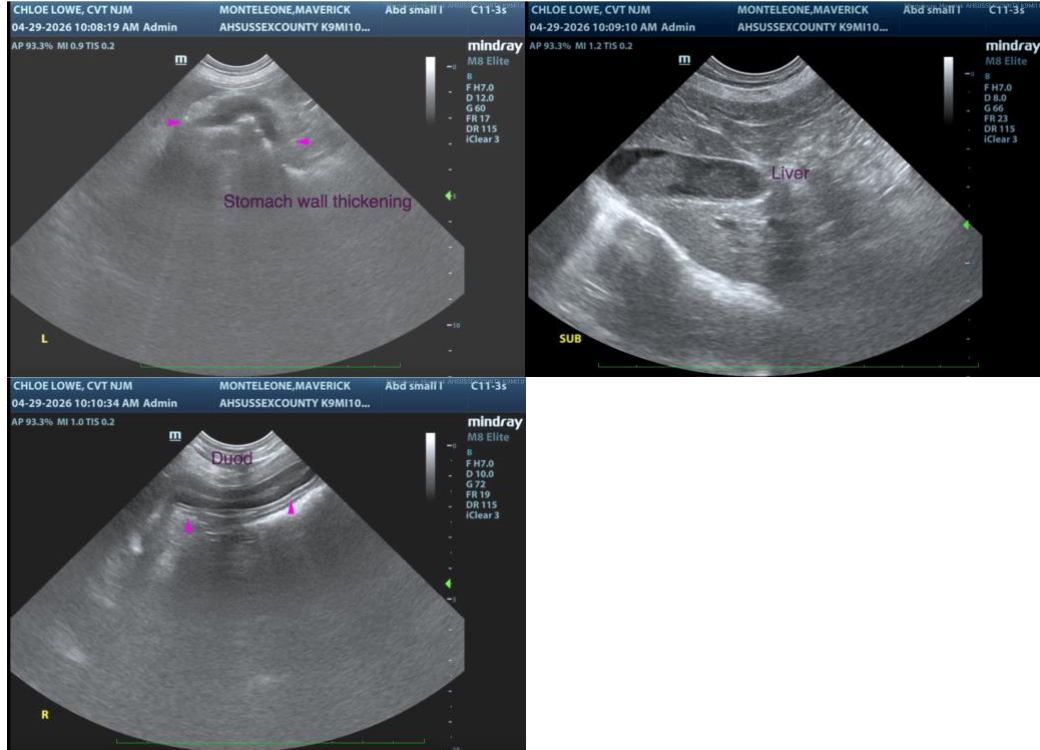
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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