



PATIENT

Bo Good

SPECIES

Canine

BREED

Maltese/Poodle

SEX

Male Neutered

AGE

02/15/2012

WEIGHT

22.2

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

**IMAGING
PERFORMED BY**

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Meadowlawn Conway

REFERRING VET

Dr Phillip Graham

INVOICE

22847

DATE

4-8-26

PRESENTING CLINICAL SIGNS

Assessment: Chronic vomiting.
Differential diagnoses include:
- Gastroesophageal reflux disease (GERD)
- Anxiety/stress-related vomiting
- Inflammatory bowel disease (IBD)
- Gastrointestinal neoplasia
- Hiatal hernia
- Intestinal parasitism (less likely)

Current Medications: Trazodone and Omeprazole

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder mildly- to moderately-distended with mostly anechoic urine. The wall in the region of the apex is mildly-thickened (up to 0.39 cm) with a slightly irregular mucosal surface. The wall tapers to a normal thickness as it extends towards the cystourethral junction. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 3.0-4.0 cm, are normal.

The prostate is normal in size (0.83 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 (4.82 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. A 1.05 cm cortical cyst is seen. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.75 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. A few small cortical cysts are seen. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.56 cm at cranial pole) (0.64 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.

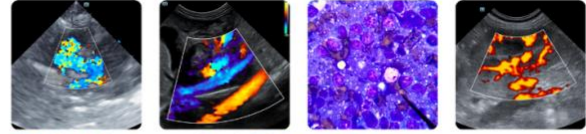
The right adrenal gland is borderline enlarged (0.93 cm at cranial pole) (0.54 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.11 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 normal- to prominent-in-size, with smooth peripheral contours. The parenchyma is hypoechoic relative to the spleen and subtly mottled in appearance. A 0.97 cm irregular cyst is observed on



PATIENT

Bo Good

SPECIES

Canine

BREED

Maltese/Poodle

SEX

Male Neutered

AGE

02/15/2012

WEIGHT

22.2

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

**IMAGING
PERFORMED BY**

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Meadowlawn Conway

REFERRING VET

Dr Phillip Graham

INVOICE

22847

DATE

4-8-26

the right side. Hepatic vasculature and intrahepatic 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 moderate amount of aggregated, echogenic- to mineralized gravity-dependent debris/sand 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 diffusely thickened (up to 0.58 cm) with questionable loss of the 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 base and limbs of the pancreas are normal-in-size 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.

Lymph Nodes

A 1.99 x 1.00 cm multi-cystic periportal lymph node is visualized.

Free Abdomen

There is no obvious evidence of free fluid.

Other

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The gastric wall changes are most consistent with gastritis. However, emerging neoplasia cannot be excluded.

Secondary Findings

- Bilateral nonspecific age-related renal changes with dystrophic mineralization and cortical cysts
- Mild bilateral adrenomegaly
- The diffuse hepatic parenchymal changes are most consistent with benign age-related remodeling. However, correlation with the patient's clinical history is recommended. The right hepatic cyst likely represents a benign incidental finding, with a lower possibility of an emerging vascular tumor.
- The pancreatic changes are most consistent with age-related parenchymal remodeling.
- The significance of the cystic periportal lymph node is unclear. It likely represents a reactive change, with a lower possibility of emerging neoplasia.
- Gallbladder debris/sand, non-mucocele



PATIENT

Bo Good

SPECIES

Canine

BREED

Maltese/Poodle

SEX

Male Neutered

AGE

02/15/2012

WEIGHT

22.2

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

Meadowlawn Conway

REFERRING VET

Dr Phillip Graham

INVOICE

22847

DATE

4-8-26

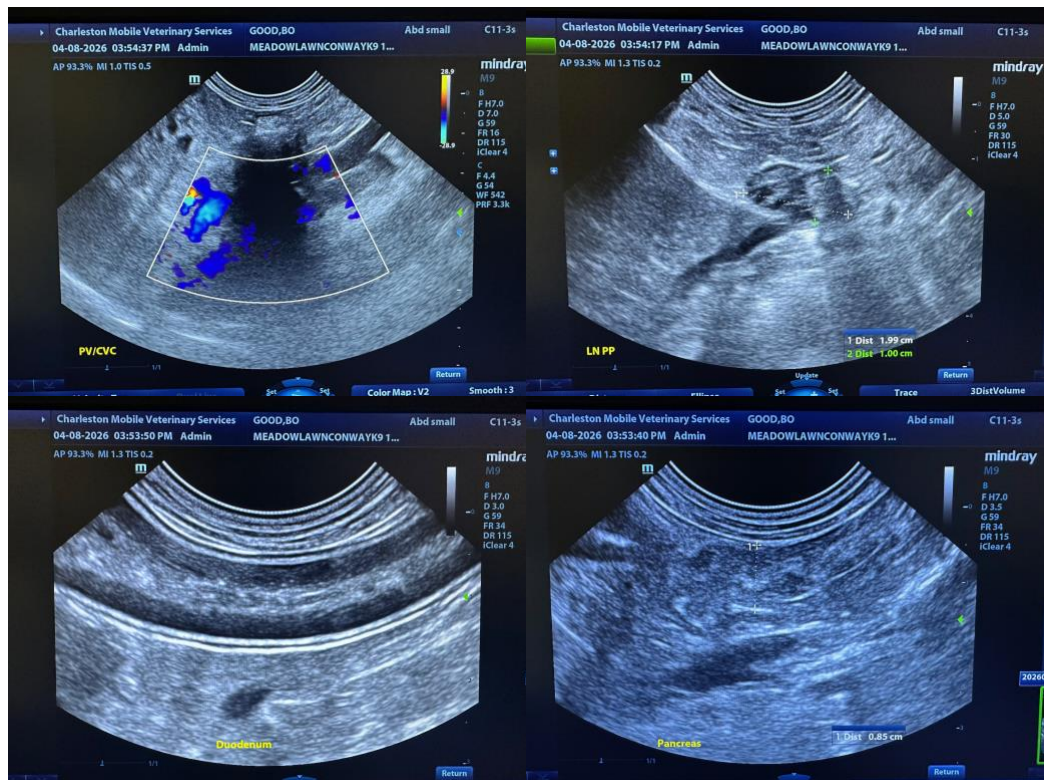
- The urinary bladder wall changes in the region of the apex could be consistent with cystitis or may be artifactual due to lack of full repletion. Correlation with the patient's clinical history and urinalysis findings is recommended.

*An obvious cause for the patient's clinical signs is not definitively identified in this study. Considerations include a microscopic enteropathy (i.e., food allergy/intolerance, inflammatory bowel disease, infectious/parasitic disease), underlying metabolic issue, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A minimum database (including a CBC, chemistry panel, urinalysis, and T4) is recommended if not already performed. Other considerations include the following:

1. Texas GI panel including serum cobalamin, folate, PLI, TLI and resting cortisol level
2. A 3-4-week hypoallergenic or hydrolyzed protein diet trial
3. Also consider initiating a probiotic with a high colony count.
4. Depending on the results of the above diagnostics/therapeutics, endoscopic or surgical gastrointestinal biopsies may be warranted. If pursued, particular attention to the gastric wall is recommended.
5. Three-view thoracic radiographs should be performed prior to any anesthetic event.





PATIENT

Bo Good

SPECIES

Canine

BREED

Maltese/Poodle

SEX

Male Neutered

AGE

02/15/2012

WEIGHT

22.2

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

Meadowlawn Conway

REFERRING VET

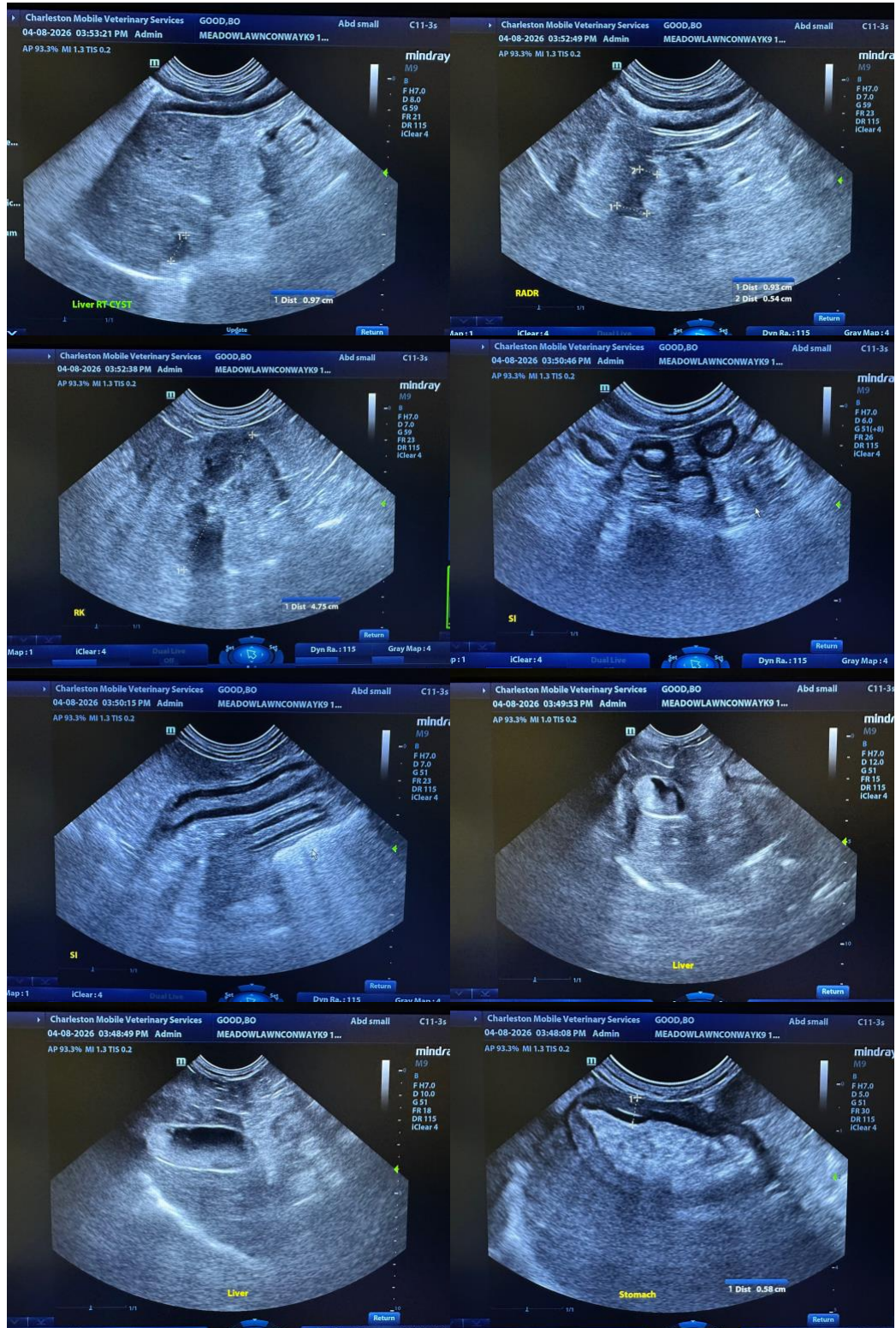
Dr Phillip Graham

INVOICE

22847

DATE

4-8-26





PATIENT

Bo Good

SPECIES

Canine

BREED

Maltese/Poodle

SEX

Male Neutered

AGE

02/15/2012

WEIGHT

22.2

INTERPRETED BY

Andrea Nicastro DVM
 Diplomate ACVIM
 (Sm Animal Internal Med)

IMAGING PERFORMED BY

Andrea Nicastro DVM
 Diplomate ACVIM
 (Sm Animal Internal Med)

HOSPITAL NAME

Meadowlawn Conway

REFERRING VET

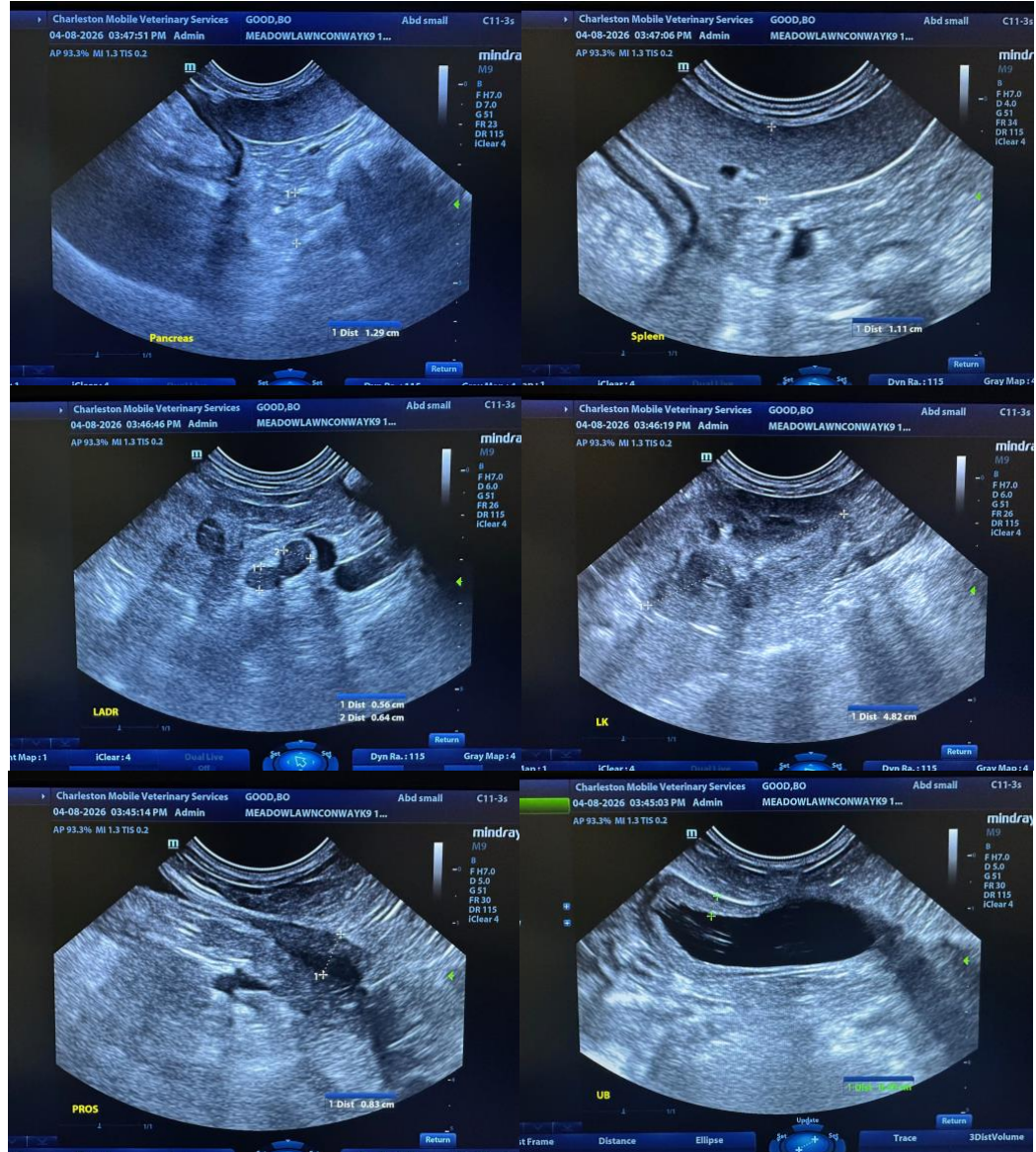
Dr Phillip Graham

INVOICE

22847

DATE

4-8-26



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