



## PATIENT

Boris Forney

## SPECIES

Canine

## BREED

Mixed breed

## SEX

Male, castrated

## AGE

13 Yrs. 1 month

## WEIGHT

18.6 lbs.

## INTERPRETED BY

Andrea Nicastro, DVM,  
Diplomate ACVIM  
(*Small Animal Internal  
Medicine*)

## IMAGING PERFORMED BY

Dr. Anleu

## HOSPITAL NAME

Ellwood AH

## REFERRING VET

Dr. Jones

## INVOICE

13713

## DATE

5/11/26

## PRESENTING CLINICAL SIGNS

History: P has hx of bladder stones that were removed 08/01/2025. Clinical symptoms include excessive and frequent urination. P has confirmed pancreatitis. P is currently taking -Enalapril 5mg BID -Famotidine 10mg BID Abnormal PE/Chem/CBC/UA Results: Sedivue UA from 04/03/26 showed significant hyaline and nonhyaline cysts & potentially inappropriate concentration. Labwork from 04/03/26 showed a low value of MCV at 54 (62-76), MCH and MCHC values unable to be determined d/t lipemia, low lymphocytes at 0.858 (0.98-4.2), high platelets value at 449 (120-412) with mild clumping, elevated ALT value at 138 (18-121), elevated AST value at 118 (16-55), high ALP value at 682 (5-160), high cholesterol at 420 (131-345), and a high creatine kinase value 284 (10-200). The hemolysis index and the lipemia index were both 4+. LDDT came back normal at this time, reading 3.6 (1.0-6.0). Looking for possible liver or kidney abnormalities.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder is mildly to moderately distended. The wall is normal in thickness. The mucosal surface in the region of the apex is slightly irregular. A few small cystic calculi are observed within the lumen. The region of the trigone and the proximal urethra, visible to a depth of 3 cm, are normal.

The prostate is normal in size (0.98 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 (4.10 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. Several small non-obstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (4.09 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. Several small non-obstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

### Adrenal Glands

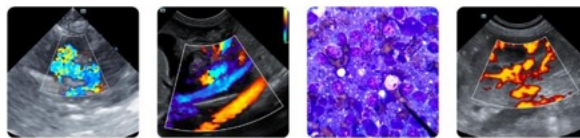
The left adrenal gland is normal in size (0.35 cm at cranial pole) (0.50 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.43 cm at cranial pole) (0.49 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 (1.17 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. Several meylolipomas are observed in the region of the hilus. Splenic vasculature is normal.

### Liver



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The liver is subjectively normal in size with normal peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of mostly gravity-dependent echogenic to mineralized debris/sand is observed within the lumen. The cystic and common bile ducts are normal/not seen.

### ***Gastrointestinal***

The gastric lumen is not distended. 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 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.

## ULTRASONOGRAPHIC FINDINGS

- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory disease, infiltrative neoplasia and other hepatopathies are considered less likely.
- Gallbladder debris/sand, non-mucocele
- Bilateral non-obstructive nephrolithiasis
- Cystic calculi

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. A urinalysis with a culture and sensitivity are recommended.
2. Regarding the cystic calculi, consider a cystotomy with stone removal analysis and culture. Alternatively, an attempt at medical dissolution can be considered.
3. Regarding the elevated liver enzymes, consider pre- and post-prandial serum bile acids. Depending on results, hepatic tissue sampling may be warranted.



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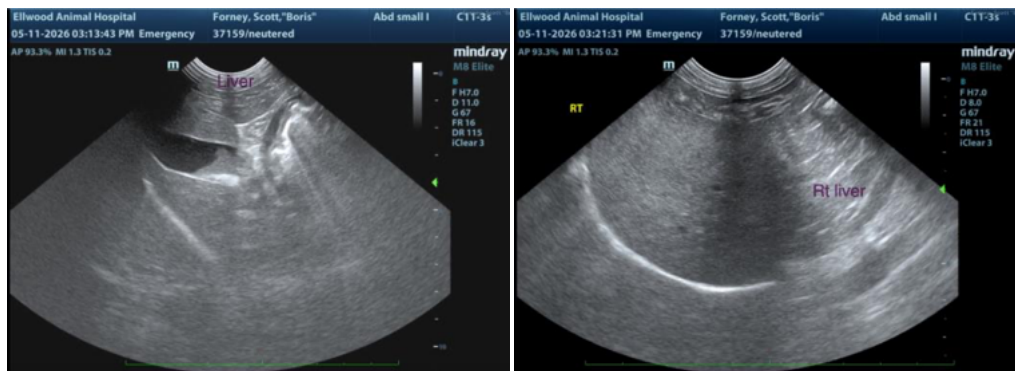
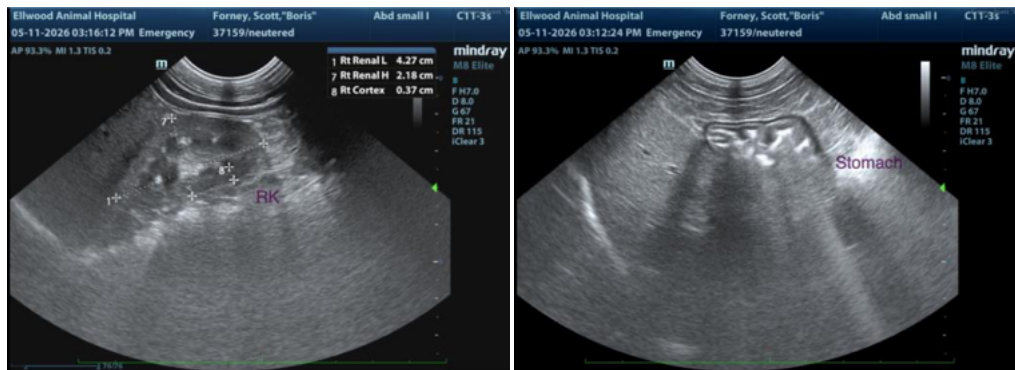
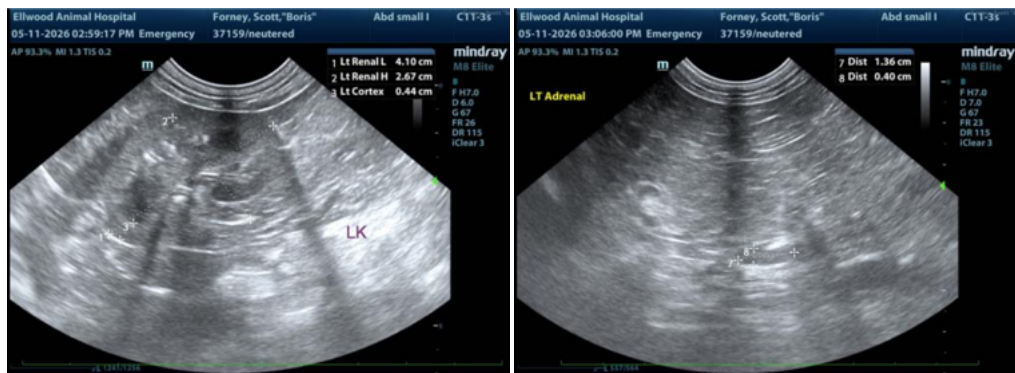
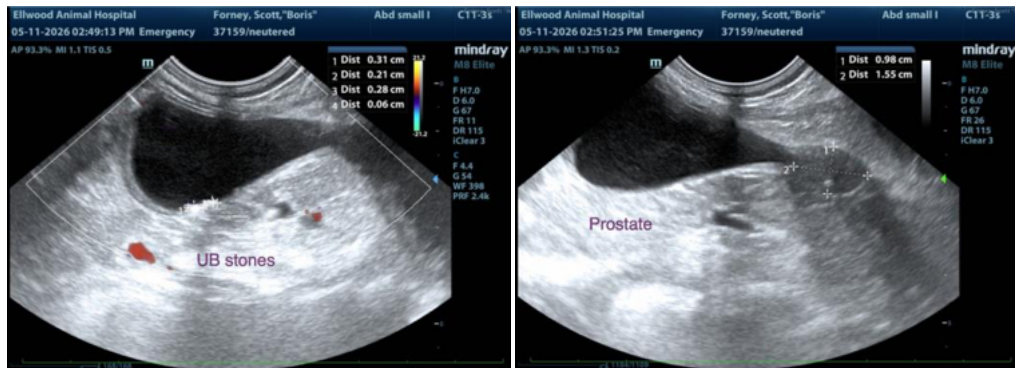
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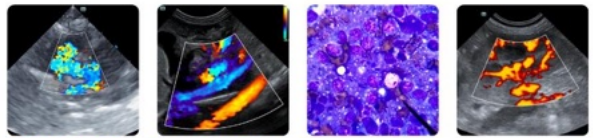
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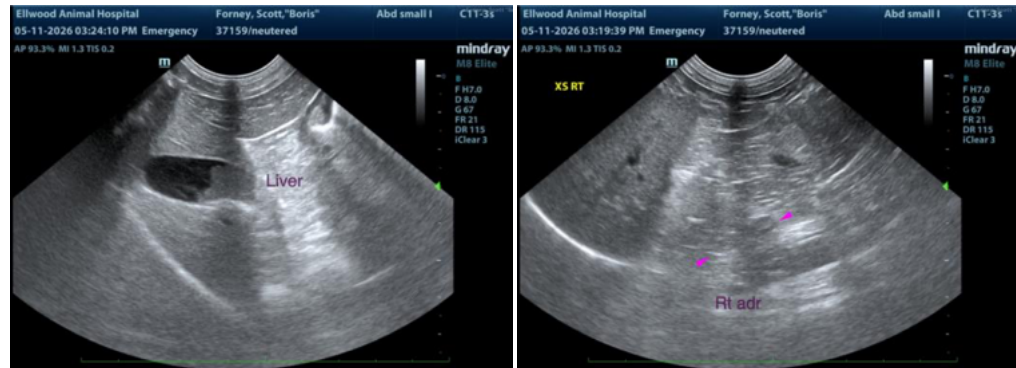
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)  
[info@SonoPath.com](mailto:info@SonoPath.com)