



PATIENT

Blu Huerena

SPECIES

Canine

BREED

Heeler

SEX

Male, neutered

AGE

11 Yrs.

WEIGHT

40.2 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Cassidy Stone

HOSPITAL NAME

Petroglyph AH

REFERRING VET

Dr. Cassidy Stone

INVOICE

13717

DATE

5/12/26

PRESENTING CLINICAL SIGNS

History: Diabetic with Cushings that was previously stable, but went into DKA suddenly. Did well in hospital and sent home Sunday, did well Sunday night, vomited twice Monday and lethargic again
Abnormal PE/Chem/CBC/UA Results: Hyperglycemia (700 today) Elevated liver enzymes Elevated lipase Ketonuria (severe at this time)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is moderately distended. The wall is normal in thickness with a smooth mucosal surface. Luminal contents are mostly anechoic. No cystic calculi are observed.

The prostate is not definitively visualized due to its pelvic location.

The left kidney is subjectively normal in size with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with 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 (7.19 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The caudal pole of the left adrenal gland is visualized and is mildly enlarged (0.78 cm in width) with a normal shape, glandular echogenicity and detail. Surrounding vasculature appears normal.

The caudal pole of the right adrenal gland is visualized and is normal in size (0.66 cm in width) with a normal shape, glandular echogenicity and detail. Surrounding vasculature appears normal.

Spleen

The spleen is overall normal in size (1.12 cm in width at the level of the hilus). There is appropriate echogenicity and echotexture. At the cranial medial aspect, a 1.3 x 1.2 cm ill-defined hypoechoic slightly expansile nodule is visualized. Splenic vasculature is normal.

Liver

The liver is subjectively prominent in size with swollen curvilinear peripheral contours. The parenchyma is isoechoic to hyperechoic 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 portal vein to caudal vena cava ratio is approximately 1:1.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A few small polypoid like lesions are arising from the mucosal surface. A scant amount of echogenic debris 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. The colonic lumen contains some shadowing fecal material. There is no obvious evidence of an obstructive pattern.



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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

There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The hepatic changes are nonspecific and could be secondary to inflammatory disease (i.e., cholangiohepatitis, chronic hepatitis), Leptospirosis, hepatotoxicosis, infiltrative neoplasia (i.e., lymphoma), vacuolar hepatopathy, regenerative nodular hyperplasia, other hepatopathy, or some combination thereof.
- The splenic nodule could be consistent with an emerging tumor or benign focus (i.e., lymphoid hyperplasia or similar).

Secondary Findings:

- Minor bilateral nonspecific, age-related renal changes
- Mild left adrenomegaly at the caudal pole

*An obvious cause for the patient's recurring diabetic ketoacidosis is not definitively identified in this study. Considerations include occult urinary tract infection, underlying hepatopathy, mild pancreatitis, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. A urine culture and sensitivity is recommended to assess for occult infection.
2. Consider a cPLI to further evaluate for pancreatitis.
3. Hepatic tissue sampling (i.e., aspirates or biopsies) may be indicated, depending on the liver enzyme pattern. Also consider Leptospirosis testing (i.e., blood and urine PCR, serology) particularly if clinical suspicion for disease is high.
4. Three-view thoracic radiographs and thyroid testing are also recommended to assess for underlying disease.
5. Depending on the results of the above diagnostics, further workup may be indicated. In the meantime, supportive care for diabetic ketoacidosis is recommended.
6. Regarding the splenic nodule, consider fine needle aspiration if accessible and if clotting status is appropriate. A 25-gauge needle should be used. If tissue sampling is not pursued at this time, a recheck ultrasound is recommended in 4-8 weeks to assess for growth of the lesion.



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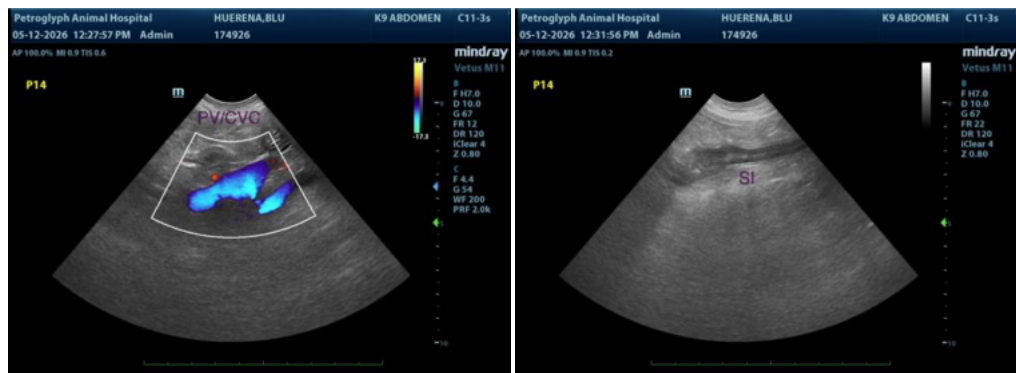
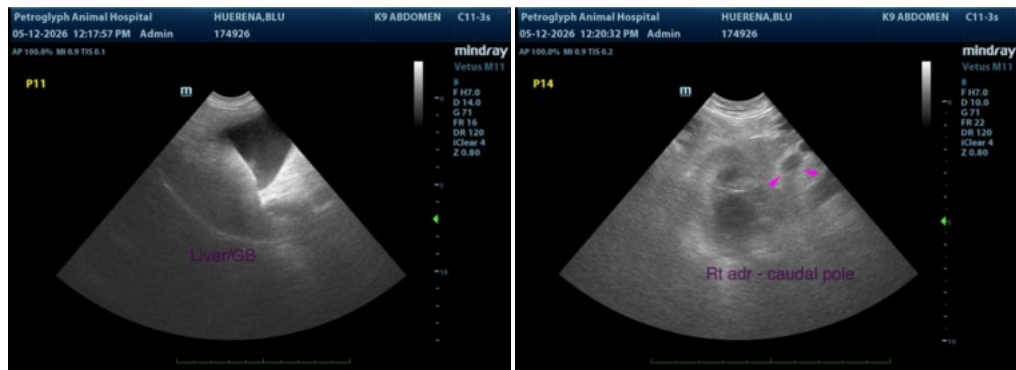
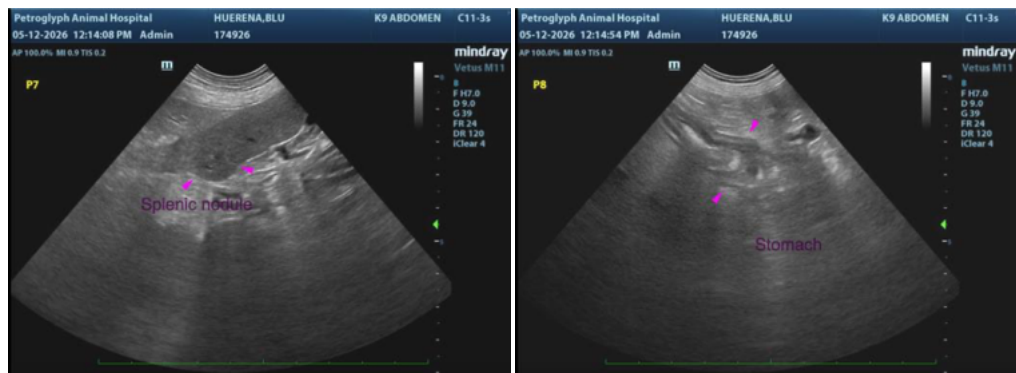
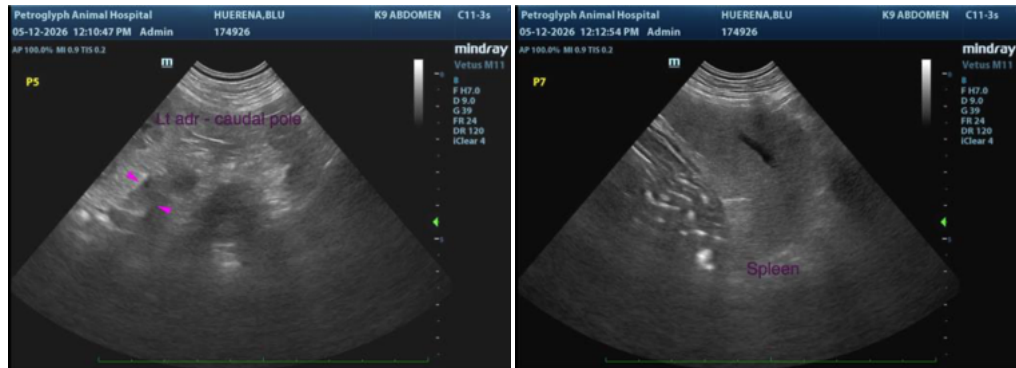
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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