



**PATIENT PRESENTING CLINICAL SIGNS**

Pebbles Diaz History: Anorexia, lethargic, elev alt/alp very weak, no vomiting or diarrhea non painful temp 103.1  
 Abnormal PE/Chem/CBC/UA Results: USG-1.009 alt341 alp355 amy-1130

**SPECIES**

Canine

**BREED**

Bulldog

**SEX**

Female Spayed

**AGE**

8 years 11 mos

**WEIGHT**

80 lbs

**INTERPRETED BY**

Andrea Nicastro DVM  
 Diplomate ACVIM  
 (Sm Animal Internal Med)

**IMAGING PERFORMED BY**

Kerri Becker

**HOSPITAL NAME**

Woodcliff Lake VH

**REFERRING VET**

Dr. Black

**INVOICE**

23006

**DATE**

5-13-26

**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 anechoic. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal in size (8.19 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 (7.58 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**

The region of the adrenal glands is largely obscured by the mass effect in the midabdominal cavity.

**Spleen**

The spleen is normal to slightly prominent-in-size, with smooth peripheral contours. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

**Liver**

The liver is subjectively normal in size with smooth peripheral contours. The parenchyma is slightly hypoechoic relative to the spleen, and mildly heterogenous in appearance, with a coarse echotexture. No focal lesions are observed. There is an increase in portal markings. Hepatic vasculature is of normal volume with no evidence of congestion.

The gallbladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

**Gastrointestinal**

The gastric lumen is moderately fluid-distended. The gastric wall is normal in thickness with a normal layering pattern. A few small intestinal segments are mildly fluid-distended. 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.

**Pancreas**

The pancreas is partially obscured by the gastric distention. In the visualized portions, no obvious abnormalities are seen.

**Lymph Nodes**

(See "Other" category).

**Free Abdomen**

The peritoneal cavity is normal. There is no evidence of inflammation or effusion.



**PATIENT** *Other*

Pebbles Diaz

In the midabdominal cavity, a >9.0 cm ill-defined, heterogenous mass effect is visualized. The omentum throughout the abdomen is irregular and hyperechoic- to heterogenous in appearance. Some free fluid is observed.

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Canine

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

**ULTRASONOGRAPHIC FINDINGS**

**BREED**

Bulldog

**Primary Findings**

- Ill-defined mass effect in the midabdominal cavity, the origin of which is unclear. It may be arising from lymph nodes, omentum, other. Neoplasia (i.e., round cell tumor, sarcoma, carcinoma) is suspected, with a lower possibility of an inflammatory process.

**SEX**

Female Spayed

- Diffuse peritonitis with mild ascites

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**Secondary Findings**

- Gastric ileus. Considerations include functional ileus vs mechanical obstruction.
- The hepatic parenchymal changes are nonspecific and could be secondary to an inflammatory hepatopathy (i.e., cholangiohepatitis, chronic hepatitis), hepatotoxicosis (i.e., copper), fibrosis, infiltrative neoplasia, and/or other hepatopathy.
- Equivocal splenomegaly

**WEIGHT**

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Andrea Nicastro DVM  
Diplomate ACVIM  
(Sm Animal Internal Med)

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider fine-needle aspirates of the midabdominal mass and free fluid with submission for cytologic evaluation (assuming normal clotting status). Twenty-five gauge-needles should be used. Depending on cytology results, consultation with a board-certified oncologist and/or surgeon may be indicated.

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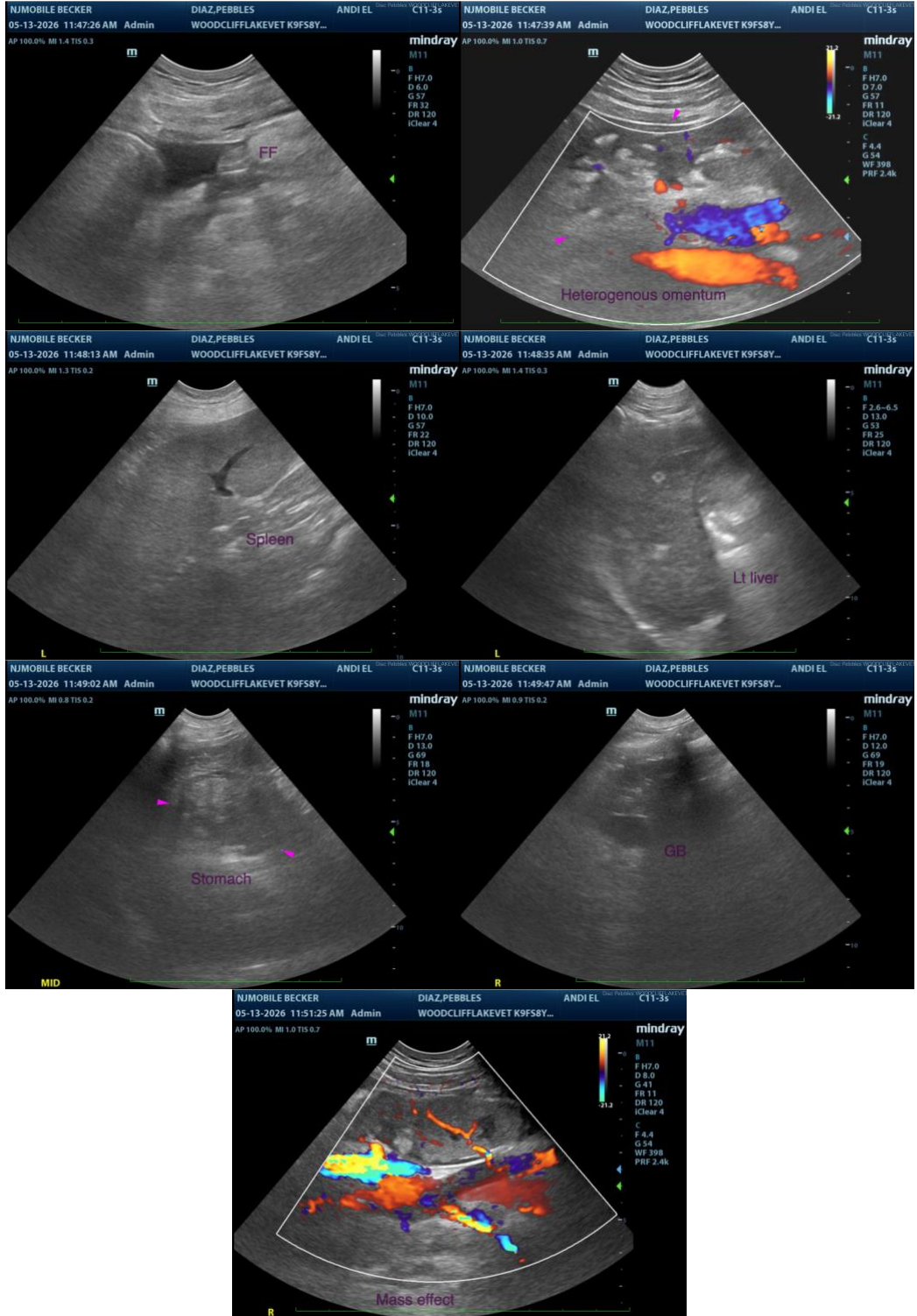
Dr. Black

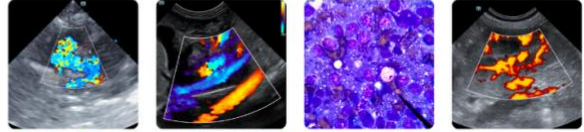
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**PATIENT**

Pebbles Diaz

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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Bulldog

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

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