



PATIENT PRESENTING CLINICAL SIGNS

Dozer Bernstock History: Moderate amount of ascites fluid yellow grey tinged. Limited sample obtained- predominantly non degenerative neutrophil mix infl with occasional lymphocytes. No intercellular/ extracellular bacteria to identify

SPECIES

Canine Abnormal PE/Chem/CBC/UA Results: Rads thorax and abdomen pending

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Mix **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 and visible portion of the proximal urethra are normal.

SEX

Neutered Male

AGE

The prostate is normal in size (1.28 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

6 years 1 mo

WEIGHT

The left kidney is normal in size (7.44 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.

83 lbs

The right kidney is normal in size (8.33 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 caudal pole of the left adrenal gland is visualized and is normal-in-size (0.79 in width) with a normal shape, glandular echogenicity and detail. Surrounding vasculature appears normal.

IMAGING PERFORMED BY

Rebecca Hamilton

The caudal pole of the right adrenal gland is visualized and is normal in size (0.77 cm in width) with a normal shape, glandular echogenicity and detail. Surrounding vasculature appears normal.

HOSPITAL NAME

Montclair AH

Spleen

The spleen is normal- to prominent-in-size (2.13 cm in width at the level of the hilus) with a slightly irregular medial contour. The parenchyma is subtly mottled in appearance. A 1.4 x 1.2 cm isoechoic- to heterogenous, slightly expansile, mildly cavitated nodule is observed at the medial aspect. Splenic vasculature is normal.

REFERRING VET

Dr. Alazzeh

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

23138

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

DATE

6-8-26

Gastrointestinal

The gastric lumen is mildly distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. In the midabdominal region, a thickened (up to 0.70 cm) hypoechoic segment of bowel is visualized. There is loss of the normal layering in this region, with suspected extension beyond the serosal surface. The remaining small intestinal segments are normal in thickness with a normal layering



PATIENT pattern. The colonic wall is normal. There is no obviousevidence of an obstructive pattern.

Dozer Bernstock

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.

SPECIES

Canine

Lymph Nodes

The abdominal lymph nodes are normal/not visible.

BREED

Mix

Free Abdomen

The mesentery in the midabdominal region is hyperechoic- to heterogenous, with ill-defined hypoechoic areas. A moderate amount of echogenic free fluid is present.

SEX

Neutered Male

Other

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

AGE

6 years 1 mo

ULTRASONOGRAPHIC FINDINGS

Primary Findings

WEIGHT

83 lbs

- Suspected segmental focal bowel thickening with loss of layering in the midabdominal region. Neoplasia (i.e., adenocarcinoma, lymphoma, other) is suspected, with a lower possibility of an inflammatory process. Adjacent peritonitisi is present.

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- The mesenteric changes could be consistent with infiltrative neoplasia (i.e., carcinomatosis, reactive change, other). There is associated peritonitis.
- The splenic nodule could be consistent with an emerging tumor (i.e., sarcoma, round cell tumor, other). However, a benign process (i.e., focus of lymphoid hyperplasia or similar) cannot be excluded. The diffuse splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a lower possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

Montclair AH

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider an abdominal CT scan for further evaluation of abdominal pathology. Alternatively, consider an abdominal exploratory with biopsies of the thickened bowel and omentum. Depending on the results, consultation with a board-certified oncologist may be indicated. If surgery is pursued, a splenectomy with submission of the spleen for histopathology should also be performed.

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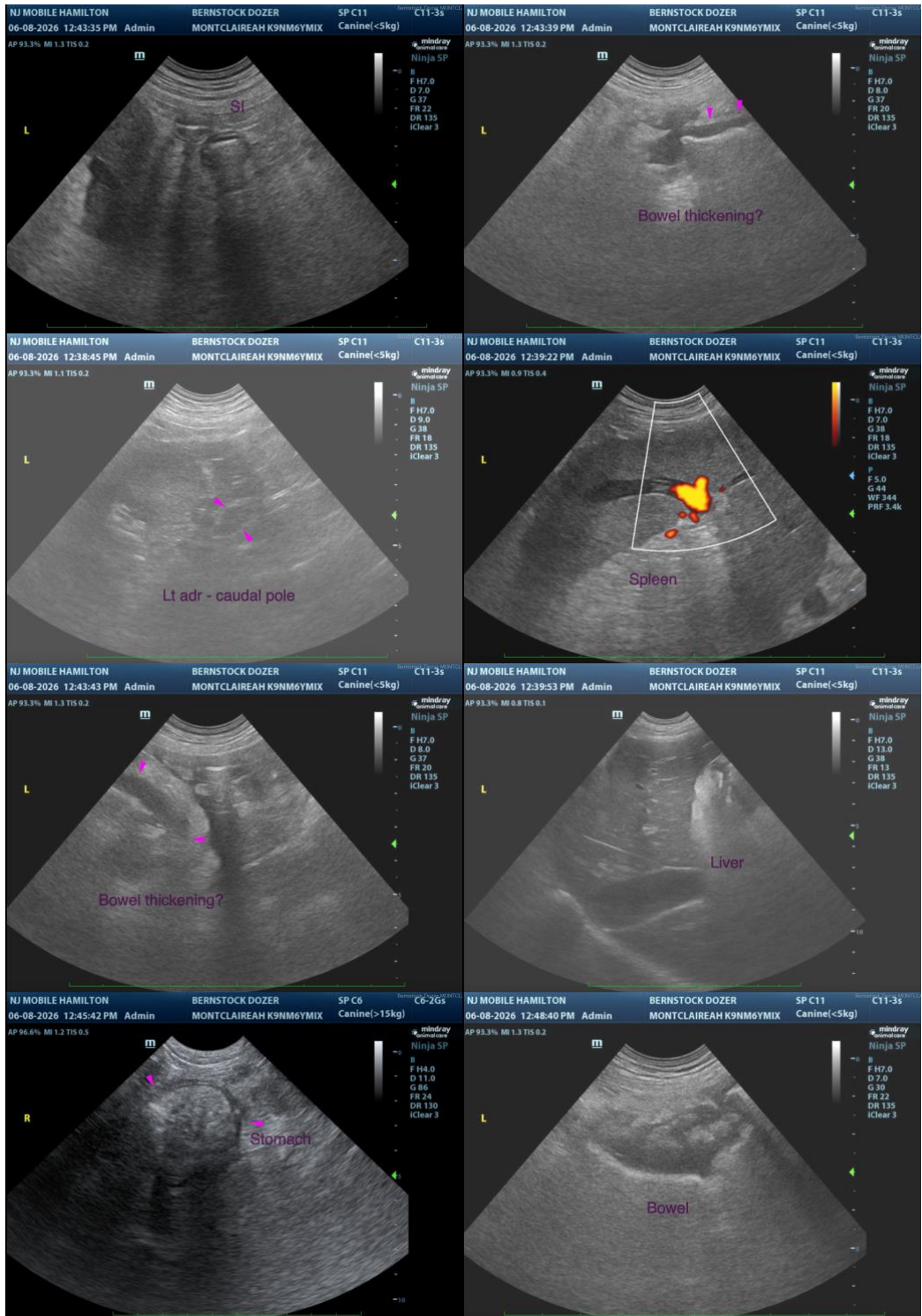
Dr. Alazzeh

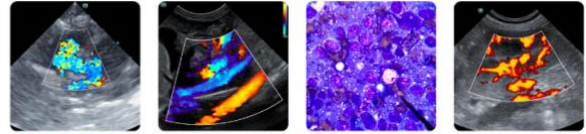
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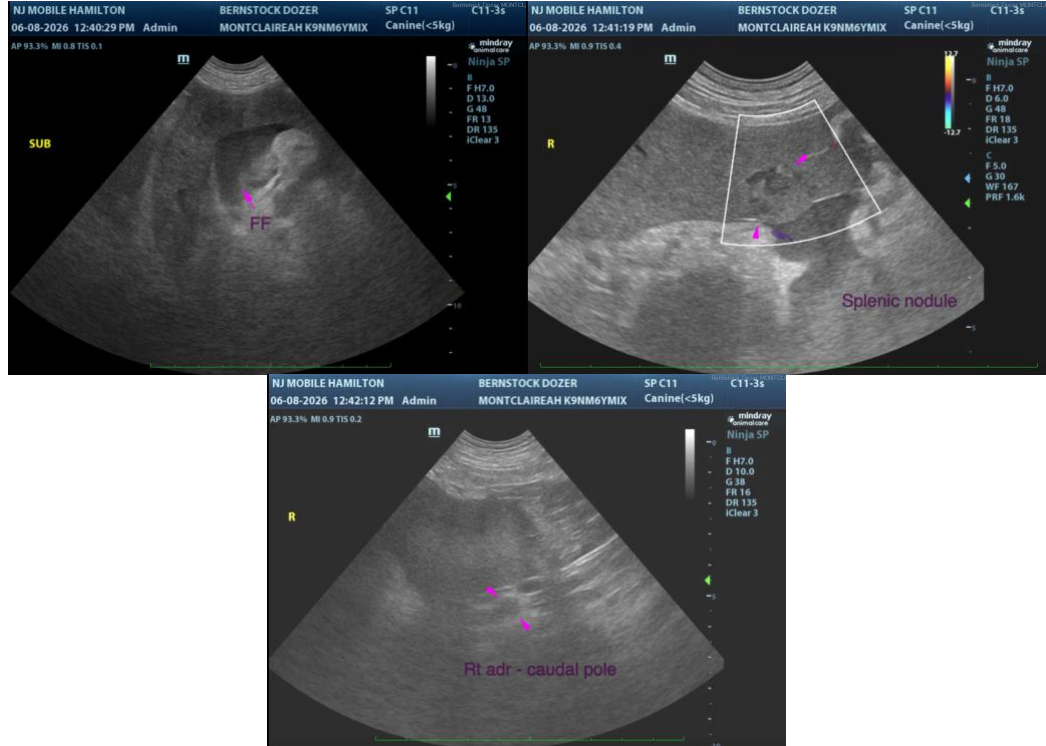
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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