



## PATIENT

Theo Potter

## SPECIES

Canine

## BREED

Bichon Frise

## SEX

Male, neutered

## AGE

7 Yrs.

## WEIGHT

9 kg.

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Caroline Tan

## HOSPITAL NAME

Petzoic VH

## REFERRING VET

Dr. Laura Beckerton

## INVOICE

13601

## DATE

6/8/26

## PRESENTING CLINICAL SIGNS

History: Admitted for possible abdominal pain and distended. No reports of V or D. Eating normal and no reports of PUPD. Not on medication Abnormal PE/Chem/CBC/UA Results: Elevated Alt and ALP (report says elevated liver values)

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A small amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2.5 cm, are normal.

The prostate is normal in size (0.69 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 (4.91 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Trace pyelectasia is present (0.16 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter.

The right kidney is normal in size (4.94 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

### Adrenal Glands

The left adrenal gland is borderline enlarged (0.34 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 borderline enlarged (0.47 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 (1.17 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 prominent in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and slightly mottled in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic 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 mobile echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

### Gastrointestinal



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The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal 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 left limb is visible with normal peripheral contours. The parenchyma is isoechoic relative to surrounding omental fat and subtly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated. There is no evidence of peripancreatic 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

- Bilateral nonspecific, age-related renal changes with trace left pyelectasia. The pyelectasia may be secondary to parenchymal remodeling, pyelonephritis, PU/PD (if applicable) or some combination thereof.
- Minor pancreatic parenchymal remodeling in the left limb
- Mild bilateral adrenomegaly
- 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.
- Gallbladder debris, non-mucocele

\*An obvious cause for the patient's discomfort is not identified in this study. Broad considerations include orthopedic or neurologic pain, gastrointestinal discomfort, occult urinary tract infection, other.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Orthopedic and neurologic examinations are recommended, if not already performed.
2. Also consider a spinal +/- additional radiographs as needed. Three-view thoracic radiographs should also be considered to assess for pathology in the chest.
3. Consider a urinalysis +/- culture and sensitivity to assess for occult infection.
4. Regarding the bilateral adrenomegaly, consider further testing for Cushing's disease if clinical signs develop in the future.
5. Depending on the pattern of liver enzyme elevations, further workup (i.e., serum bile acids, Leptospirosis testing, hepatic tissue sampling) would be warranted.



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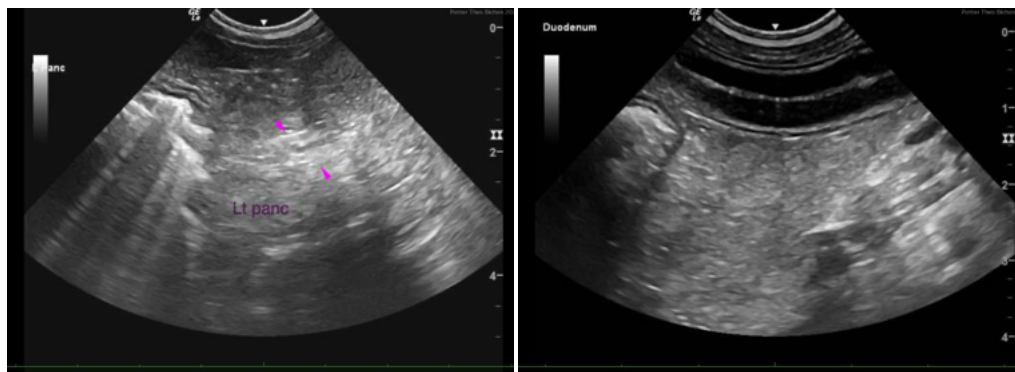
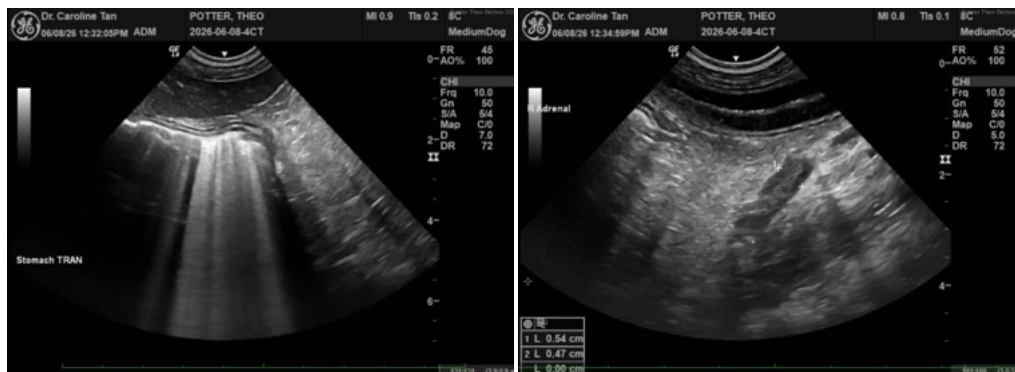
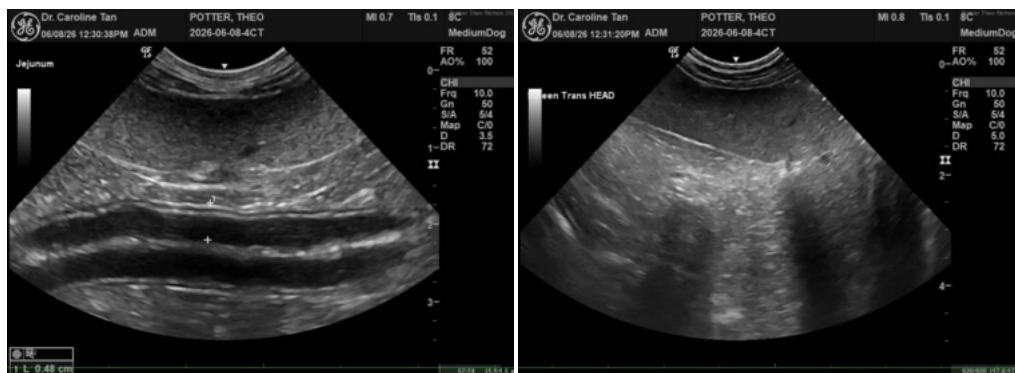
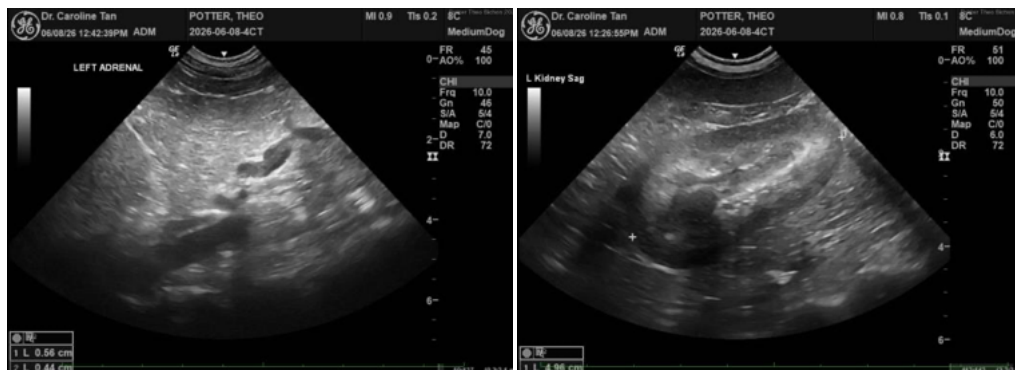
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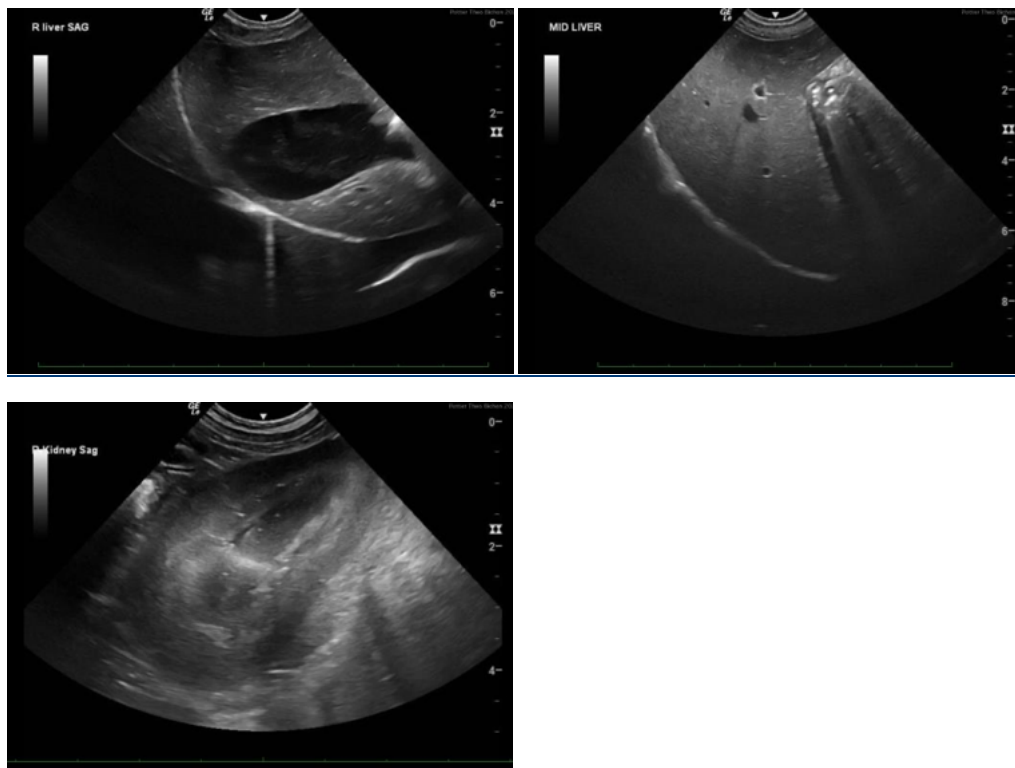
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)  
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