



PATIENT

Bear Robert

SPECIES

Canine

BREED

Great Pyrenees

SEX

Male, neutered

AGE

10 Yrs. 4 months

WEIGHT

94.6 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

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

HOSPITAL NAME

Sun Dog Cat Moon

REFERRING VET

Dr. Pruitt

INVOICE

13373

DATE

11/25/25

PRESENTING CLINICAL SIGNS

Pt has not eaten since Wednesday of last week. Was boarding prior to this. Has vomited blood twice. Not sure of bowel movements. Very lethargic. Has lost 10 lbs. since summer. Got Cerenia and subcutaneous fluids yesterday. Not able to take oral meds. Lab work from yesterday unremarkable. Sedated with Butorphanol for this study.

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. Urinary bladder sand +/- small calculi are observed within the lumen along with some suspended echogenic debris. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is normal in size (0.90 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 (7.53 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to 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 (7.44 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is upper limits of normal in size (0.80 cm at cranial pole) (0.82 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 (1.10 cm at cranial pole) (0.77 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 (1.65 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.



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The gall bladder 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 mildly to moderately fluid distended and hypomotile. The gastric wall in the region of the fundus is moderately to severely thickened (up to 1.78 cm) with a trend toward loss of the normal layering pattern. The mesentery effacing the serosal surface is hyperechoic. The remaining gastric wall is normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is segmentally gas 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. 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

1-2 prominent medial iliac lymph nodes are visualized, one of which is cystic measuring 3.15 x 0.57 cm. A 1.31 cm hypoechoic lymph node is observed just caudal to the stomach. Surrounding mesentery is hyperechoic.

Free Abdomen

There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

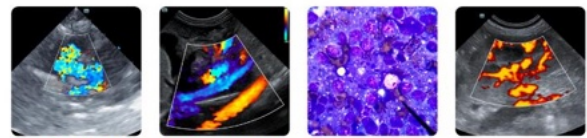
- The gastric wall thickening in the region of the fundus could be consistent with infiltrative neoplasia (i.e., lymphoma, adenocarcinoma, leiomyosarcoma) or severe gastritis. Adjacent peritonitis is present.
- The regional lymphadenopathy could be consistent with reactive change or metastatic disease.

Secondary Findings:

- Geriatric hepatic and renal changes
- Borderline left adrenomegaly
- Urinary bladder sand with suspected tiny cystic calculi
- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the location of the thickened portion of gastric wall, the area is not amenable to aspiration. Therefore, endoscopic or surgical GI biopsies would be necessary to get a definitive diagnosis. Three-view thoracic radiographs are recommended prior to any anesthetic event. In the meantime, continued supportive care is recommended.



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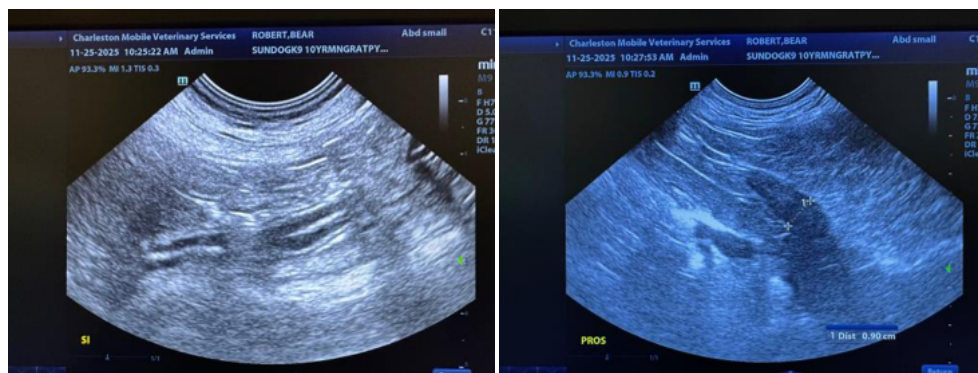
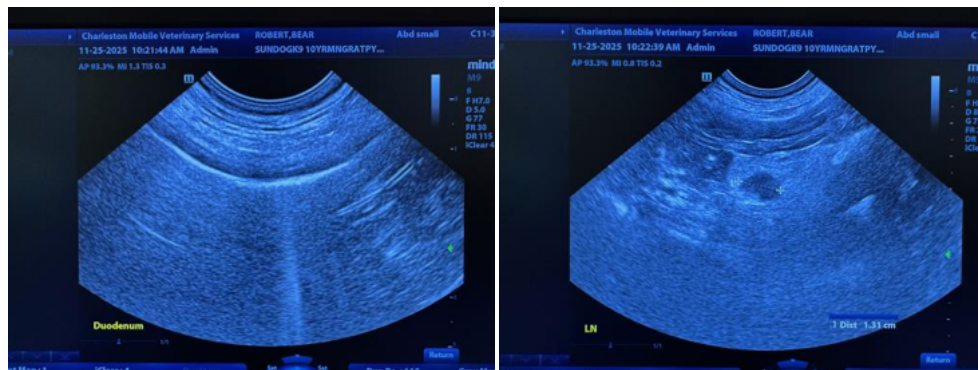
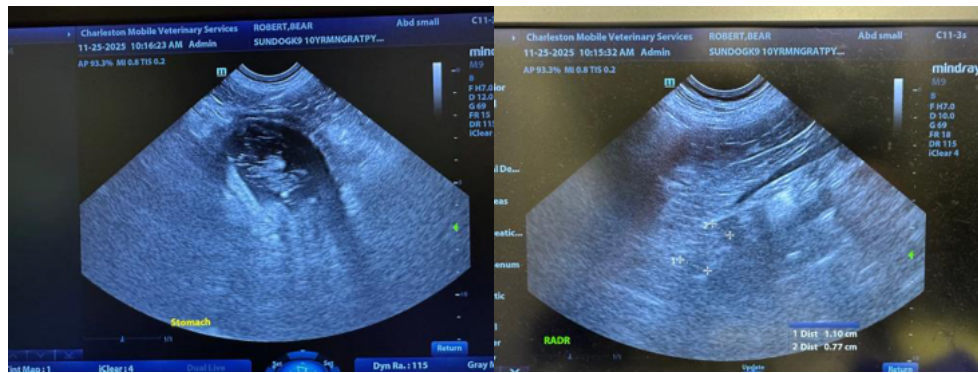
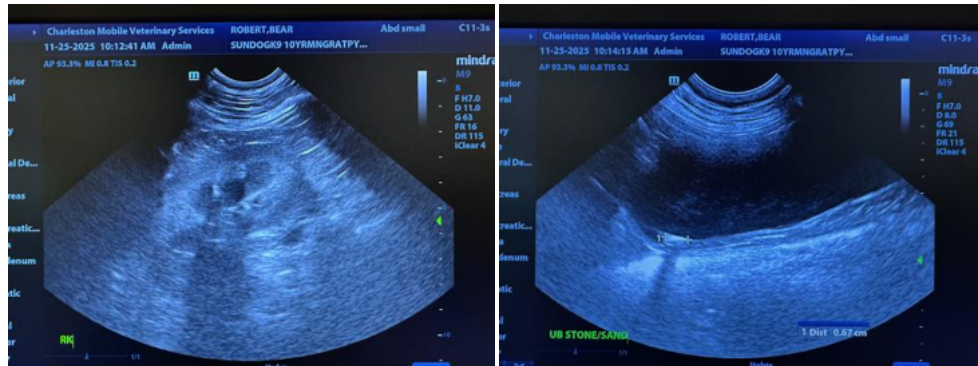
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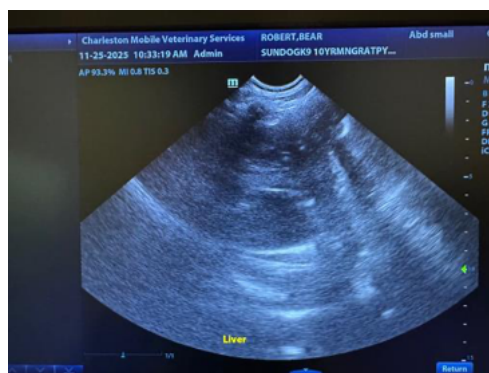
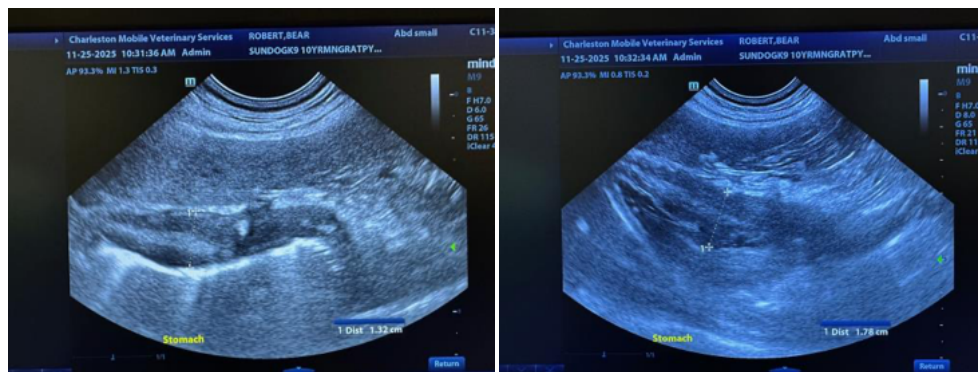
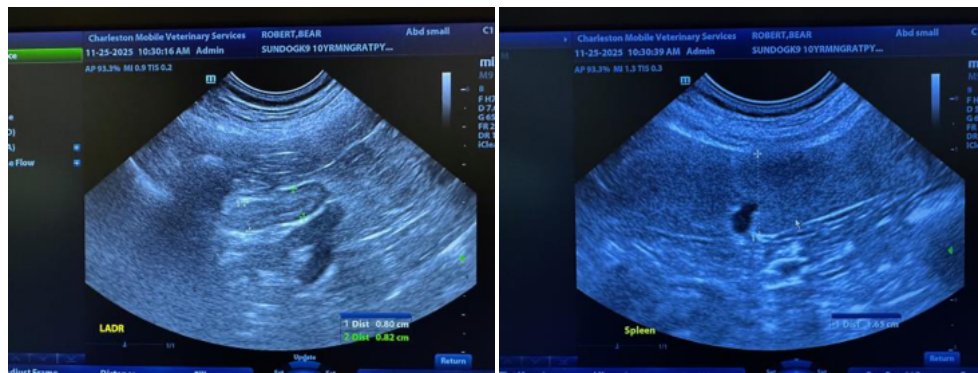
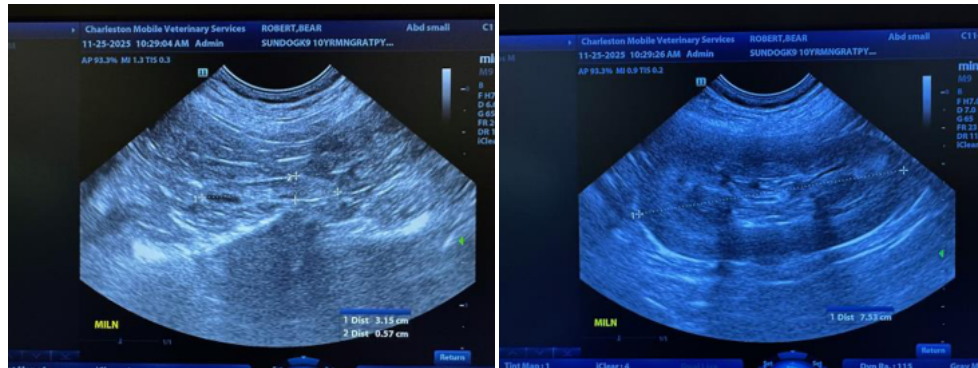
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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