



**PATIENT**

Bogan Steuck

**SPECIES**

Canine

**BREED**

Bichon Frise mix

**SEX**

Male, neutered

**AGE**

1/2/2015

**WEIGHT**

13.63 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**

Waterway

**REFERRING VET**

Dr. McCalla

**INVOICE**

13383

**DATE**

11/26/25

**PRESENTING CLINICAL SIGNS**

Pt was at the ER last night. Has been vomiting blood and had an episode where he collapsed and passed out.

**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. Luminal contents are mostly anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2-3 cm, are normal.

The prostate is normal in size (0.60 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 (4.15 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (4.08 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. Mild to moderate pyelectasia is present (0.30 cm in the longitudinal plane). A few non-obstructive nephroliths are visualized. There is no evidence of infarcts or hydronephrosis. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is enlarged (1.49 cm at cranial pole) (0.88 cm at caudal pole) with swollen peripheral contours and slightly irregular shape. A 2.05 x 1.49 cm hyperechoic to heterogeneous macronodule is observed at the cranial to mid-aspect with extension into the caudal pole. Surrounding vasculature appears normal with no obvious evidence of vascular invasion.

The right adrenal gland is normal in size (0.60 cm at cranial pole) (0.43 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 (0.63 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 normal in size with normal peripheral contours. The parenchyma is isoechoic 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 small amount of mobile echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

**Gastrointestinal**



**PATIENT**

Bogan Steuck

**SPECIES**

Canine

**BREED**

Bichon Frise mix

**SEX**

Male, neutered

**AGE**

1/2/2015

**WEIGHT**

13.63 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**

Waterway

**REFERRING VET**

Dr. McCalla

**INVOICE**

13383

**DATE**

11/26/25

The gastric lumen is moderately distended with ingesta and gas. A 2.8 x 1.7 cm hypoechoic to heterogeneous vascular mass appears to be arising from the wall near the esophageal inlet. The remaining gastric wall is 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. The ileocecolic junction and colonic wall are normal. There is no obvious 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***

The abdominal lymph nodes are normal/not visible.

***Free Abdomen***

There is no obvious evidence of free fluid.

***Other***

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

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings:**

- Gastric mass arising from the wall near the lower esophageal sphincter. Neoplasia (i.e., adenocarcinoma, lymphoma, leiomyosarcoma) is suspected with a lower possibility of a focal inflammatory process or other pathology.
- Right adrenal macronodule/mass. Differentials include adenoma, adenocarcinoma, pheochromocytoma, focal nodular hyperplasia, other.

**Secondary Findings:**

- Bilateral nonspecific age-related renal changes with non-obstructive nephrocalcinosis and right pyelectasia.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The hepatic changes are nonspecific and could be secondary to inflammatory disease (i.e., cholangiohepatitis, chronic hepatitis), hepatotoxicosis, infiltrative neoplasia (i.e., lymphoma), vacuolar hepatopathy, regenerative nodular hyperplasia, other hepatopathy, or some combination thereof.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- If an aggressive approach is desired, consider consultation with a board-certified surgeon to discuss gastric mass removal with submission for histopathology. If the patient is to undergo anesthesia, a cardiac workup (i.e., echocardiogram, ECG, thoracic radiographs and baseline blood pressure measurement) is recommended.
- Regarding the left adrenal macronodule/mass, consider the following:



**PATIENT**

Bogan Steuck

**SPECIES**

Canine

**BREED**

Bichon Frise mix

**SEX**

Male, neutered

**AGE**

1/2/2015

**WEIGHT**

13.63 lbs.

1. Baseline blood pressure measurement
2. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
3. Further testing for a functional tumor (i.e., low-dose dexamethasone suppression test, urine/blood metanephrine levels) if patient is exhibiting appropriate clinical signs
4. Recheck ultrasound in 2-3 months to assess for growth of the lesion

**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**

Waterway

**REFERRING VET**

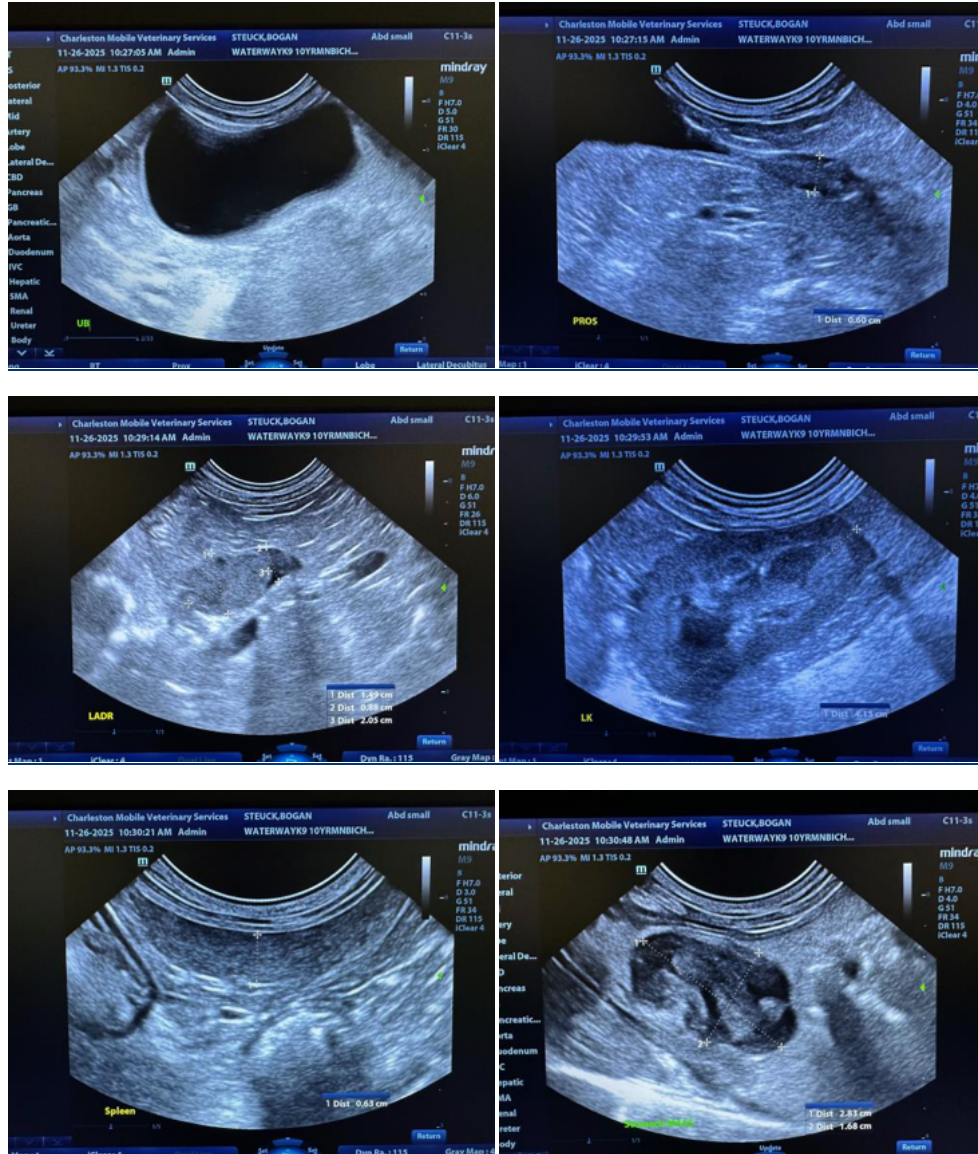
Dr. McCalla

**INVOICE**

13383

**DATE**

11/26/25





**PATIENT**

Bogan Steuck

**SPECIES**

Canine

**BREED**

Bichon Frise mix

**SEX**

Male, neutered

**AGE**

1/2/2015

**WEIGHT**

13.63 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**

Waterway

**REFERRING VET**

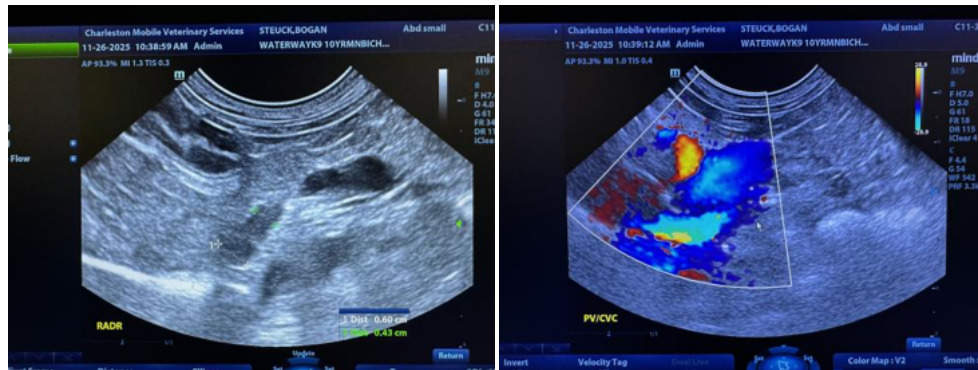
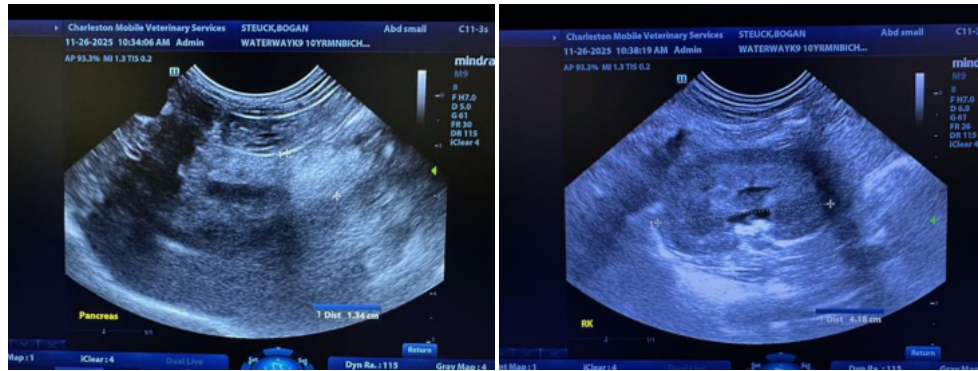
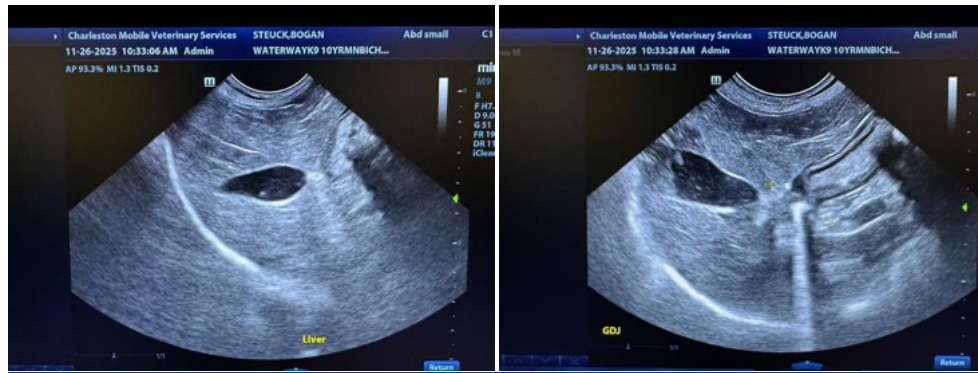
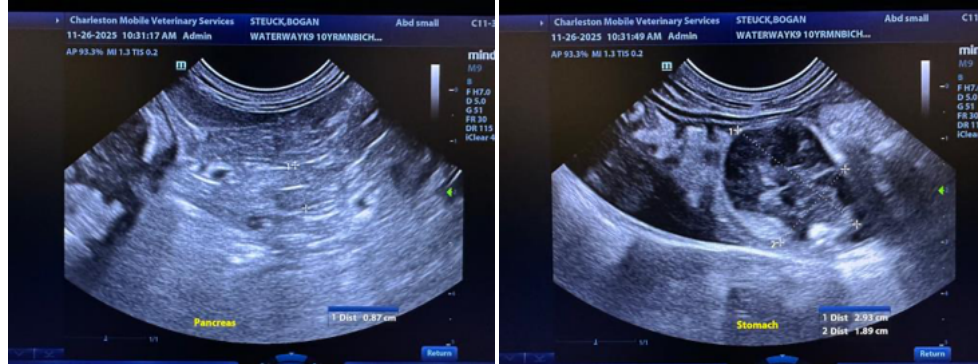
Dr. McCalla

**INVOICE**

13383

**DATE**

11/26/25





**PATIENT**

Bogan Steuck

**SPECIES**

Canine

**BREED**

Bichon Frise mix

**SEX**

Male, neutered

**AGE**

1/2/2015

**WEIGHT**

13.63 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**

Waterway

**REFERRING VET**

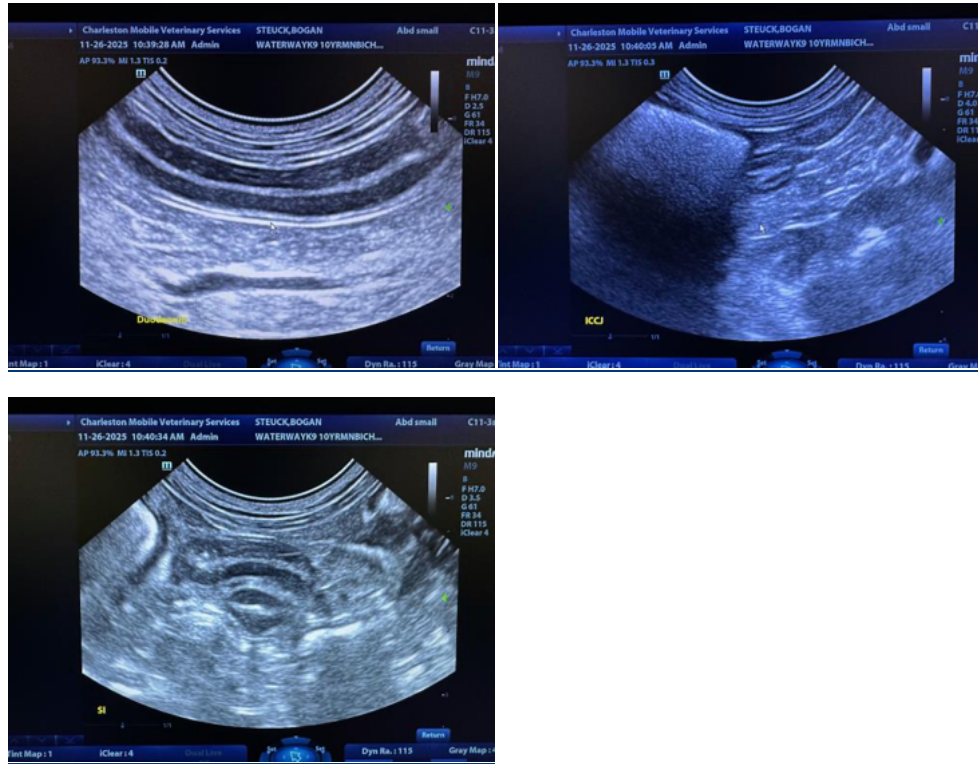
Dr. McCalla

**INVOICE**

13383

**DATE**

11/26/25



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](mailto:info@SonoPath.com)