



PATIENT

Ranger Swistak

SPECIES

Canine

BREED

Terrier mix

SEX

Male, neutered

AGE

11 Yrs.

WEIGHT

32.75 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

AH of South Carolina

REFERRING VET

INVOICE

13427

DATE

12/10/25

PRESENTING CLINICAL SIGNS

Pt presented for weight loss, PU/PD in November. Was diabetic. Started on insulin. Came in for vomiting on 12/5 and had elevated pancreatic enzymes. Diabetes is not currently regulated. ALT 314, ALP 1815, lipase 4353, cPL 1738, BUN 55, creatinine 1.8.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The wall in the region of the apex is mildly thickened (up to 0.40 cm) and tapers to a normal thickness as it extends toward the cystourethral junction. The mucosal surface is smooth. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is normal in size (0.47 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 (4.92 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. A few small cortical cysts are seen. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (5.27 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. A few small cortical cysts are seen. Mild pyelectasia is present (0.31 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is enlarged (0.95 cm at cranial pole) (0.89 cm at caudal pole) with swollen peripheral contours. The parenchyma is mildly heterogeneous with loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.64 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.

Spleen

The spleen is normal in size (1.40 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 subjectively enlarged with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular 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 moderate amount of gravity-dependent echogenic debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.



PATIENT

Ranger Swistak

SPECIES

Canine

BREED

Terrier mix

SEX

Male, neutered

AGE

11 Yrs.

WEIGHT

32.75 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

AH of South Carolina

REFERRING VET

INVOICE

13427

DATE

12/10/25

Gastrointestinal

The gastric lumen is not distended. The gastric wall and pylorus are 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. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but 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.

Other

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The hepatic parenchymal changes could be consistent with a diabetic hepatopathy or less likely inflammatory disease, infiltrative neoplasia, hepatotoxicosis, fibrosis and/or other hepatopathy.
- Gallbladder debris/sludge non-mucocele.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Left adrenomegaly most consistent with hyperplastic change with a lower possibility of an emerging tumor.

Secondary Finding:

- Bilateral nonspecific age-related renal changes with cortical cysts and mild right pyelectasia. The pyelectasia may be secondary to parenchymal remodeling, pyelonephritis, PU/PD (if applicable) or some combination thereof.
- The urinary bladder wall changes in the region of the apex could be consistent with cystitis. Correlation with the patient's urinalysis results and clinical history is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the poor diabetic control, consider the following:

1. Urinalysis with culture and sensitivity
2. Further testing for Cushing's disease (i.e., low-dose dexamethasone suppression test)



PATIENT

Ranger Swistak

SPECIES

Canine

BREED

Terrier mix

SEX

Male, neutered

AGE

11 Yrs.

WEIGHT

32.75 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

AH of South Carolina

REFERRING VET

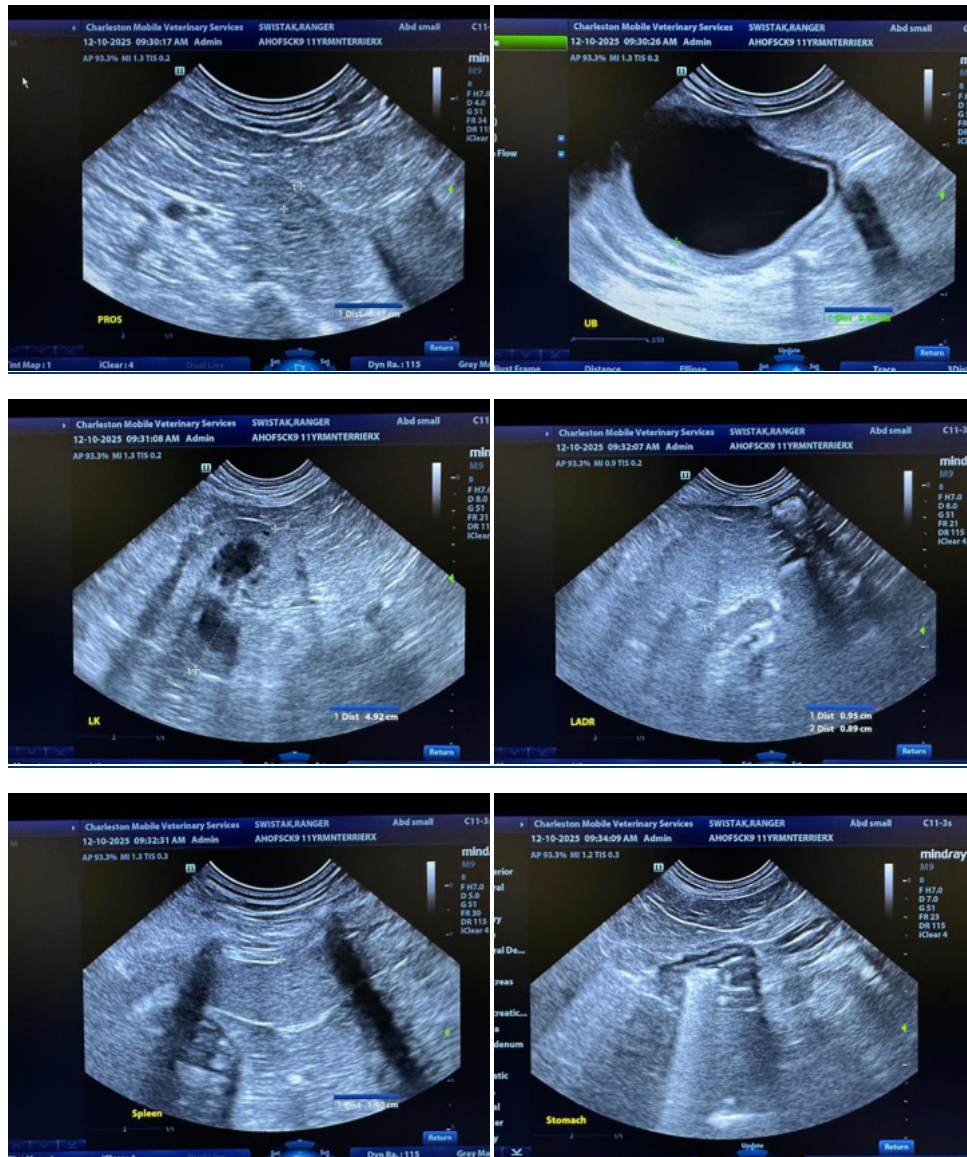
INVOICE

13427

DATE

12/10/25

3. Also consider transitioning to a prescription low-fat diet to help reduce the risk of potential of pancreatitis flare-ups.
4. Serial glucose curves to assess diabetic regulation





PATIENT

Ranger Swistak

SPECIES

Canine

BREED

Terrier mix

SEX

Male, neutered

AGE

11 Yrs.

WEIGHT

32.75 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

AH of South Carolina

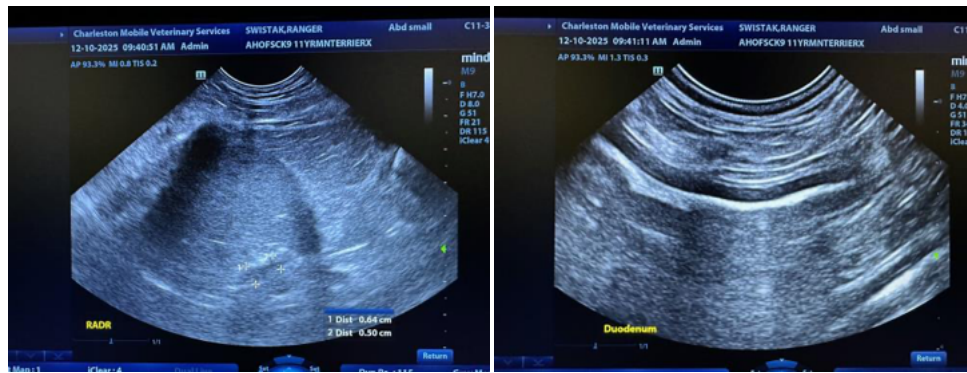
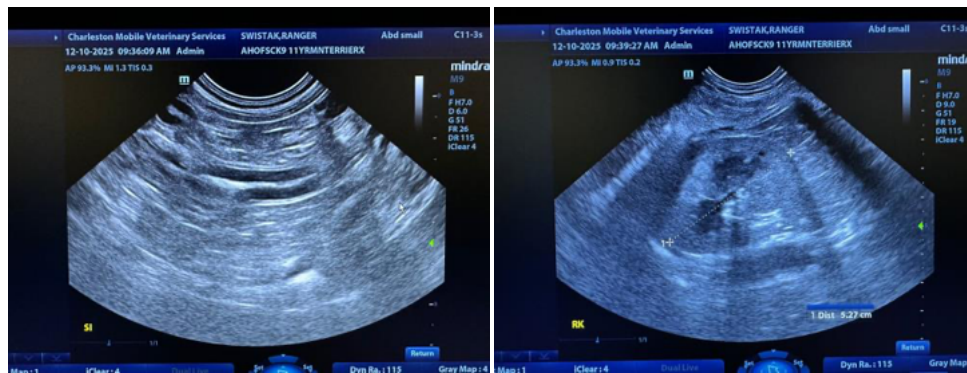
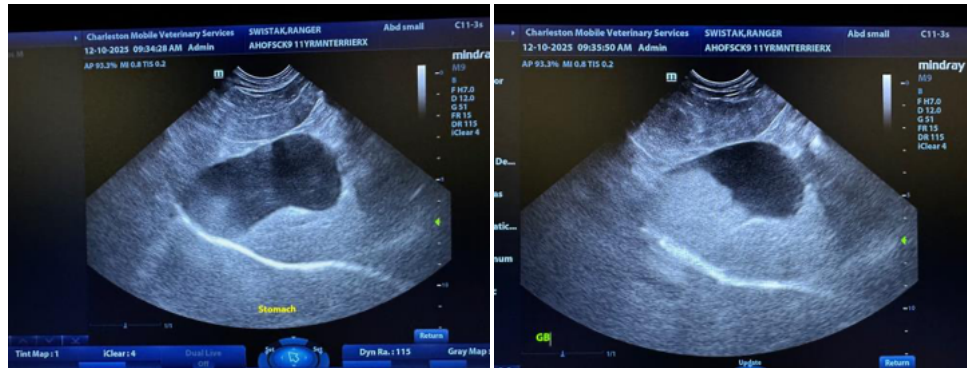
REFERRING VET

INVOICE

13427

DATE

12/10/25





PATIENT

Ranger Swistak

SPECIES

Canine

BREED

Terrier mix

SEX

Male, neutered

AGE

11 Yrs.

WEIGHT

32.75 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

AH of South Carolina

REFERRING VET

INVOICE

13427

DATE

12/10/25

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