

PATIENT

Mr. Boo Sierra

SPECIES

Canine

BREED

Mixed breed

SEX

Male, neutered

AGE

11 Yrs.

WEIGHT

10.9 kg.

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

Blue Pearl Mt. Pleasant

REFERRING VET

Dr. Marcario

INVOICE

13444

DATE

2/3/26

PRESENTING CLINICAL SIGNS

P is a 11yo MN Mix presenting to VEC for labored breathing. ~2am this morning P jumped off the bed and about 20mins later O heard P on the ground having episodes of labored breathing. Upon further inspection she found urine and feces right where P was laying and claimed P seemed "limp" and not rousable. P eventually got up and went outside as normal so P was monitored all day. O claimed P was lethargic throughout the day and was having episodes of labored breathing which she got on camera. P made an appt at her rDVM tomo but this evening claimed P felt very cold to the touch and was still having breathing episodes so was taken to AccutePet care where they claimed he had pericardial effusion and sent him straight here. P otherwise has been eating and drinking normally, no V or D with no meds daily and a hx of Lyme disease.

On presentation patient is QARH
 EENT mmb muddy pink <2
 CV/R no murmur/arrhythmia decreased heart sounds right lungs clear
 MS/N ambulatory x4 no neuro deficits
 PLNS wnl
 integ round cutaneous mass ventral cranial chest about quarter sized
 UG nsf
 AFAST- no obvious free fluid, no masses
 T fast- pericardial effusion, pleural effusion mild cranial chest

CBC: HCT 57% WBC 23K neutrophilia
 - Chem 17: ALT 238 NA 138 Cl 99
 - Peripheral Blood PCV/TS: 57/5.4
 - Pericardial Effusion PCV/TS: 53/5.6

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 3 cm, are normal.

The prostate is normal in size (0.85 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 (4.82 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.

The right kidney is normal in size (5.30 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.

Adrenal Glands

The left adrenal gland is normal in size (0.47 cm at cranial pole) (0.67 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.



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The right adrenal gland is normal in size (0.92 cm at cranial pole) (0.63 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 (0.96 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 normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic 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 portal vein to caudal vena cava ratio is approximately 1:1.

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 distended with ingesta. 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 ileoceocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

Pancreas

The base and limbs of the pancreas are normal in size with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic 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

A 2.46 x 0.38 cm mesenteric lymph node is visualized.

Free Abdomen

Trace free fluid is observed.

ULTRASONOGRAPHIC FINDINGS

- Scant ascites, likely secondary to previous cardiac tamponade.
- The prominent mesenteric lymph node is likely reactive with a low possibility of emerging neoplasia.
- The hepatic parenchymal changes are most consistent with benign age-related remodeling. However, a microscopic hepatopathy (i.e., inflammatory disease, hepatotoxicosis (i.e., copper), fibrosis, infiltrative neoplasia (less likely)) and/or other hepatopathy cannot be completely excluded.
- If the patient was fasted for this study, the presence of ingesta within the gastric lumen could suggest delayed gastric emptying.



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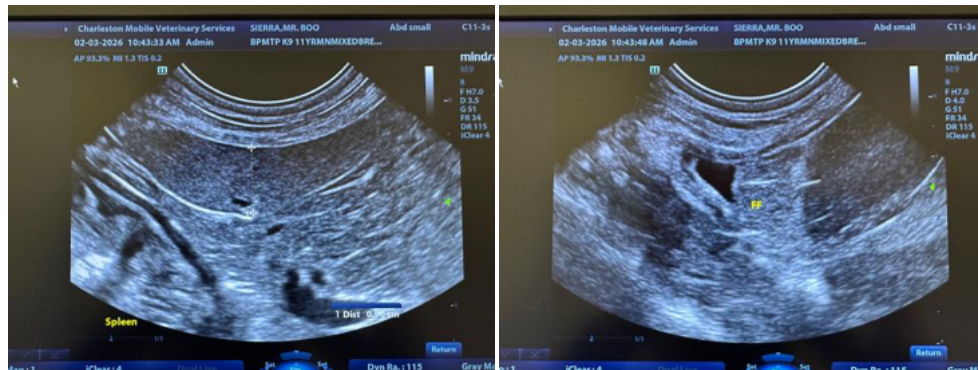
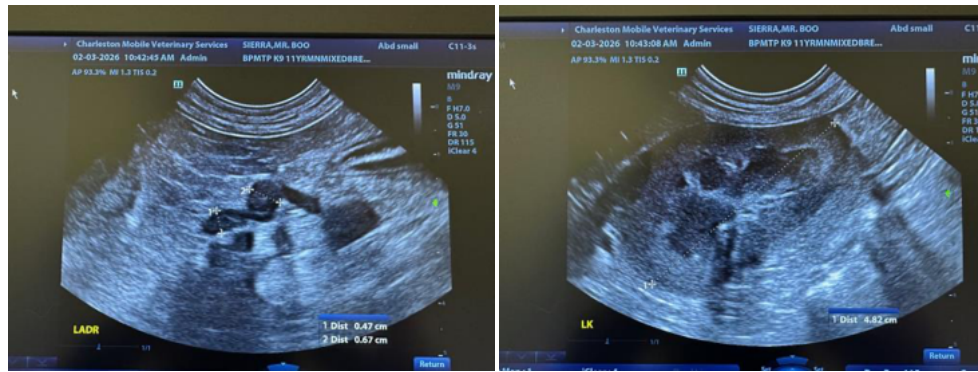
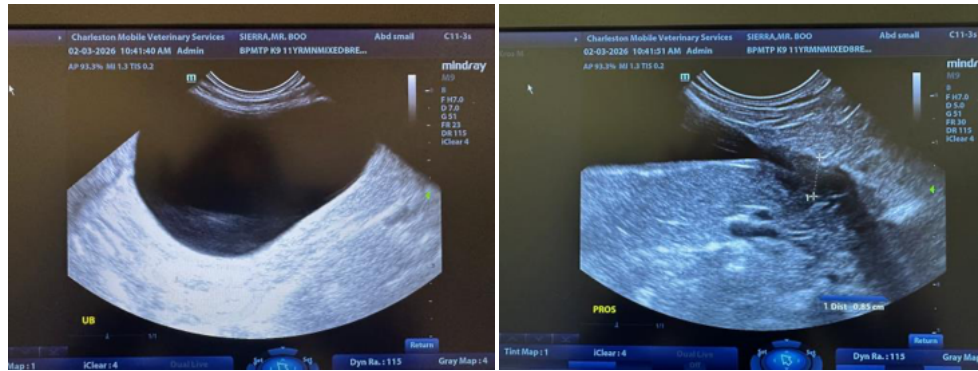
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further recommendations should be based on the echocardiogram report.





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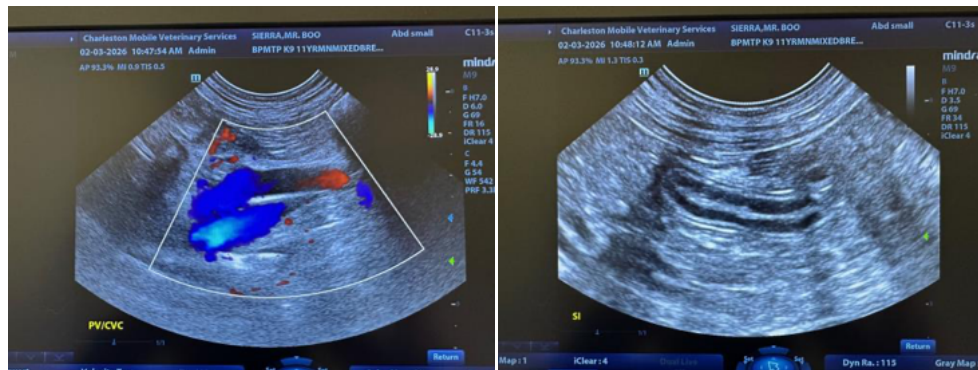
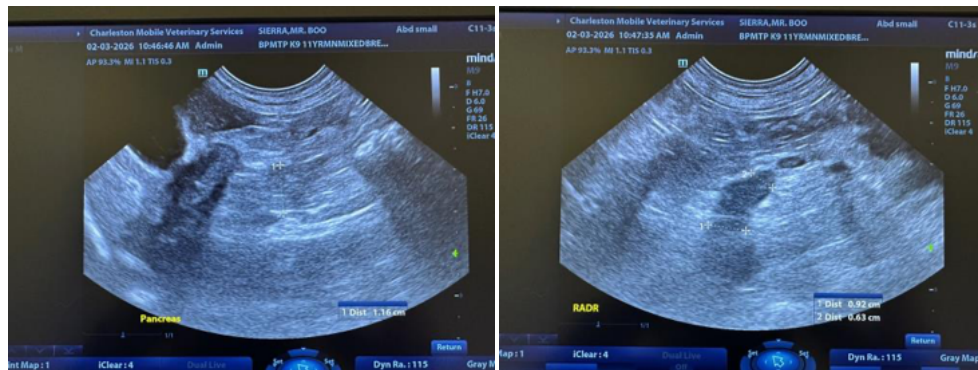
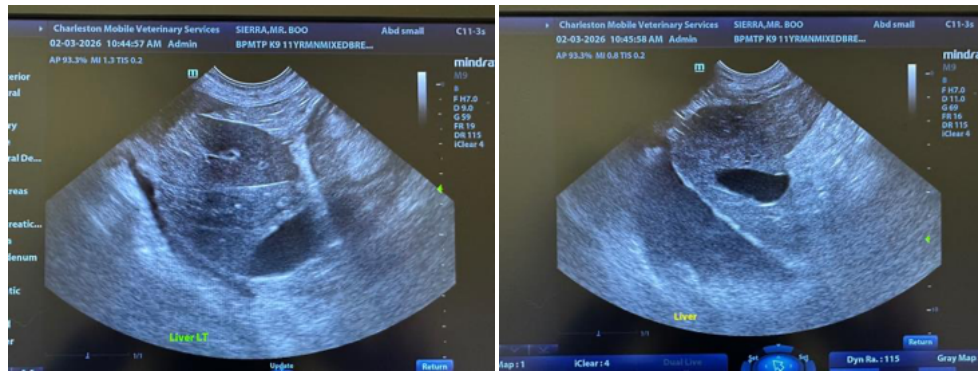
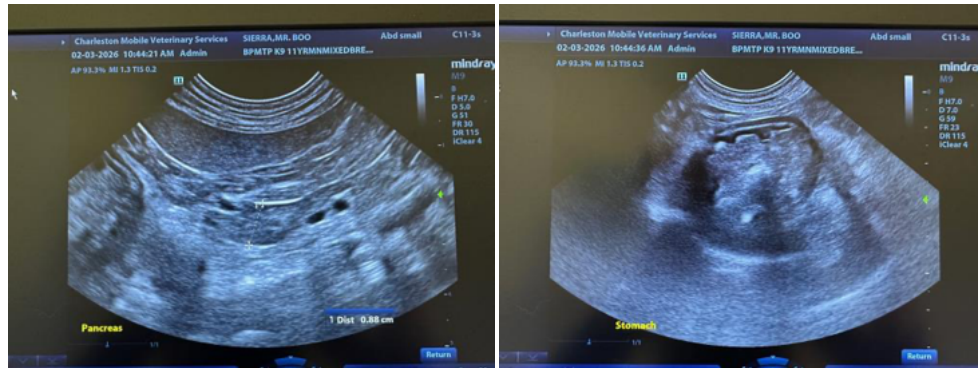
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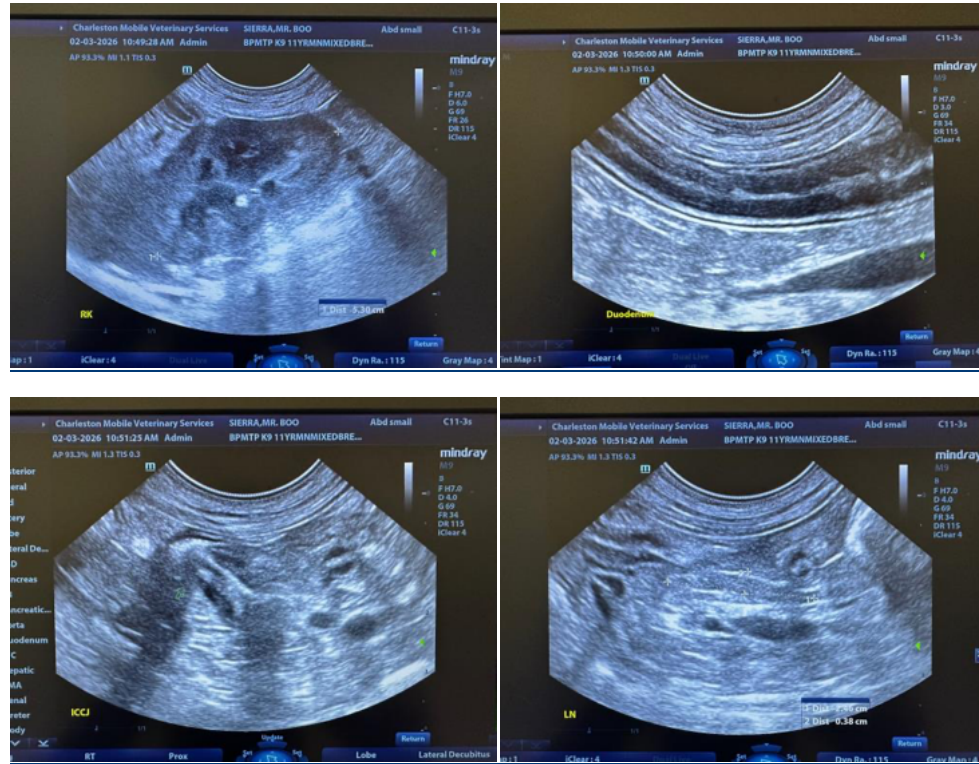
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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