

PATIENT

Harley Johnson

SPECIES

Canine

BREED

Labrador Retriever

SEX

Male, neutered

AGE

2/13/19

WEIGHT

73.2 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. Walker

INVOICE

13618

DATE

3/18/26

PRESENTING CLINICAL SIGNS

Concerns: O adopted pt a couple months ago. Pt has been vomiting. Glucose 64, calcium 8.6, unremarkable CBC, T4 1.7, urine specific gravity 1.033, trace proteinuria.

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 anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 5-6 cm, are normal.

The prostate is enlarged (2.46 cm in width) with smooth peripheral contours. The parenchyma is mildly heterogeneous with ill-defined hyperechoic areas. The prostatic urethra is not overtly dilated.

The left kidney is normal in size (7.08 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 (8.25 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 (0.72 cm at cranial pole) (0.71 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 (1.62 cm at cranial pole) (0.86 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 (2.13 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.61 cm hypoechoic nodule is observed near the caudolateral aspect. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. 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. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly fluid distended and hypomotile. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The duodenal lumen is



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mildly fluid distended and hypomotile. The duodenal wall is normal in thickness with a normal layering pattern and appropriate mural detail. In one segment of jejunum, a >5 cm shadowing structure is observed within the lumen. This segment is plicated. The wall in this region is thickened (up to 0.65 cm). The mesentery effacing the serosal surface is mildly hyperechoic. Distal to this segment, the jejunal lumen is empty. The ileocecolic junction and colonic wall are normal.

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

A 2.63 x 0.73 cm medial iliac lymph node is visualized. A few prominent mesenteric lymph nodes are also seen, one of the nodes measuring 2.55 x 0.81 cm.

Free Abdomen

Trace free fluid is observed.

Other

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Suspected jejunal foreign body/obstruction with mild adjacent peritonitis. The wall thickening in this region is likely secondary to enteritis with a lower possibility of emerging neoplasia.

Secondary Findings:

- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- Mild right adrenomegaly
- The prostate changes could be consistent with late-in-life neutering (if applicable), emerging prostatic neoplasia (i.e., adenocarcinoma, transitional cell carcinoma), prostatitis, other.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The small hypoechoic splenic nodule trends toward the benign (i.e., focus of lymphoid hyperplasia or similar) with a lower possibility of emerging neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. An abdominal exploratory with foreign body removal is recommended. GI biopsies should also be obtained at the time of surgery to assess for an underlying enteropathy. Three-view thoracic radiographs are recommended prior to any anesthetic event.
2. Regarding the prostate changes, the patient's neutering history is recommended. Also consider a urine BRAF test to further evaluate for lower urinary tract neoplasia.



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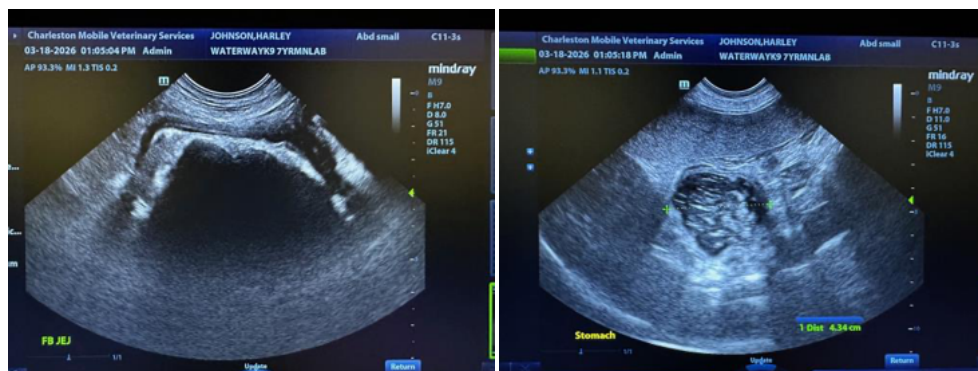
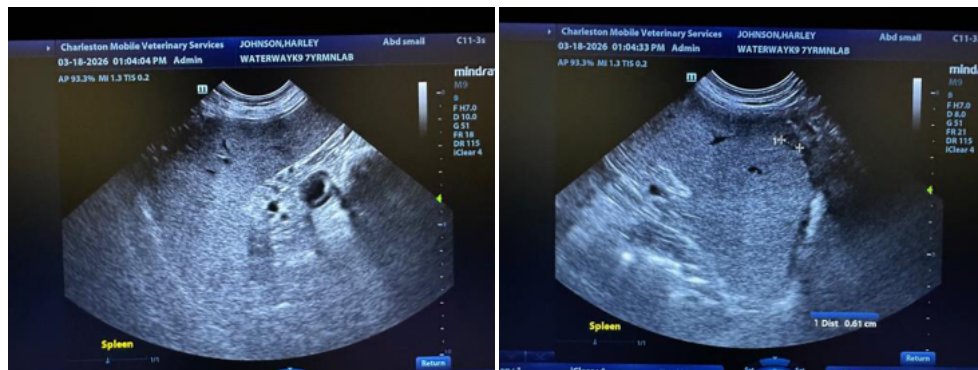
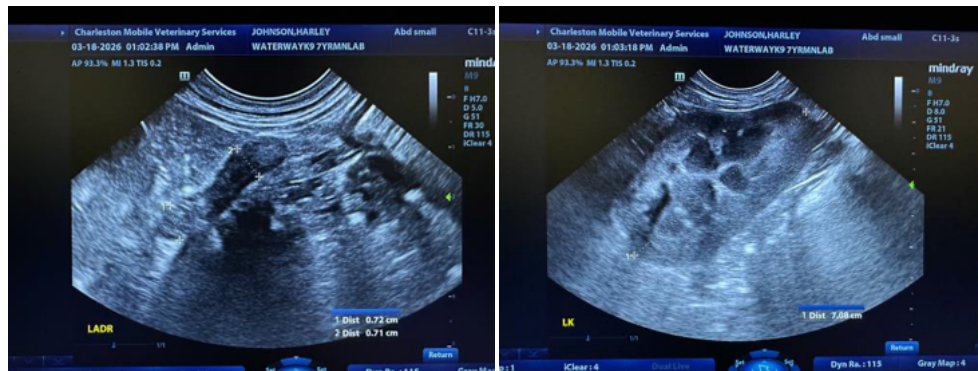
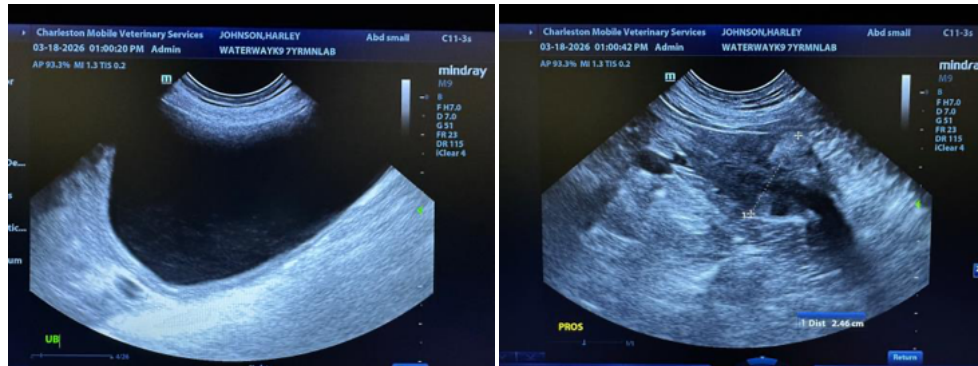
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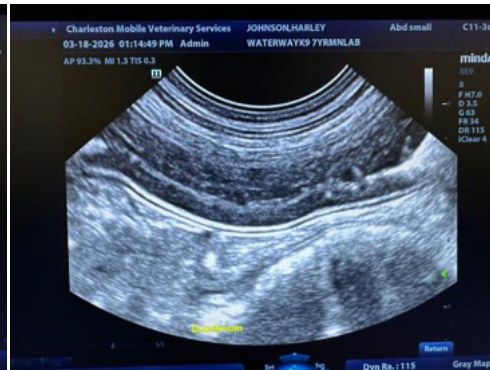
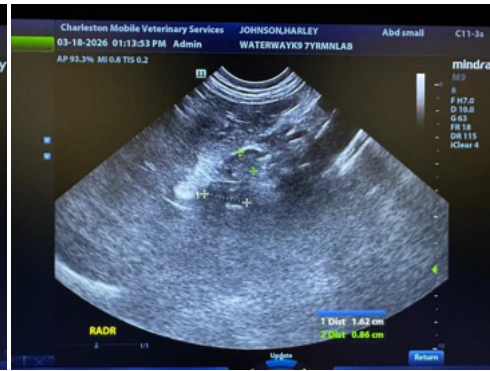
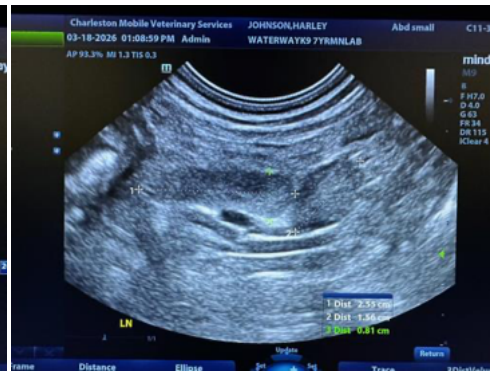
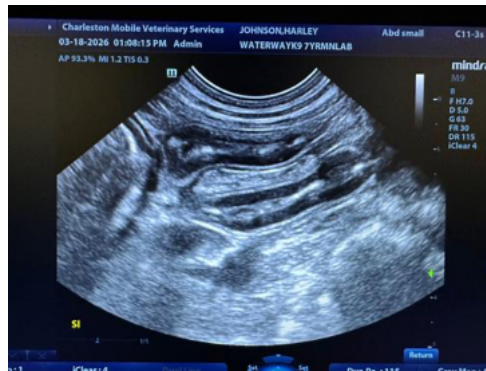
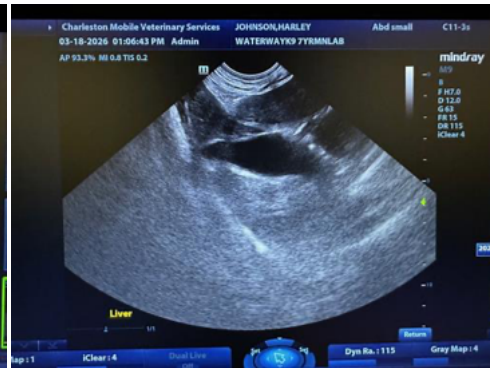
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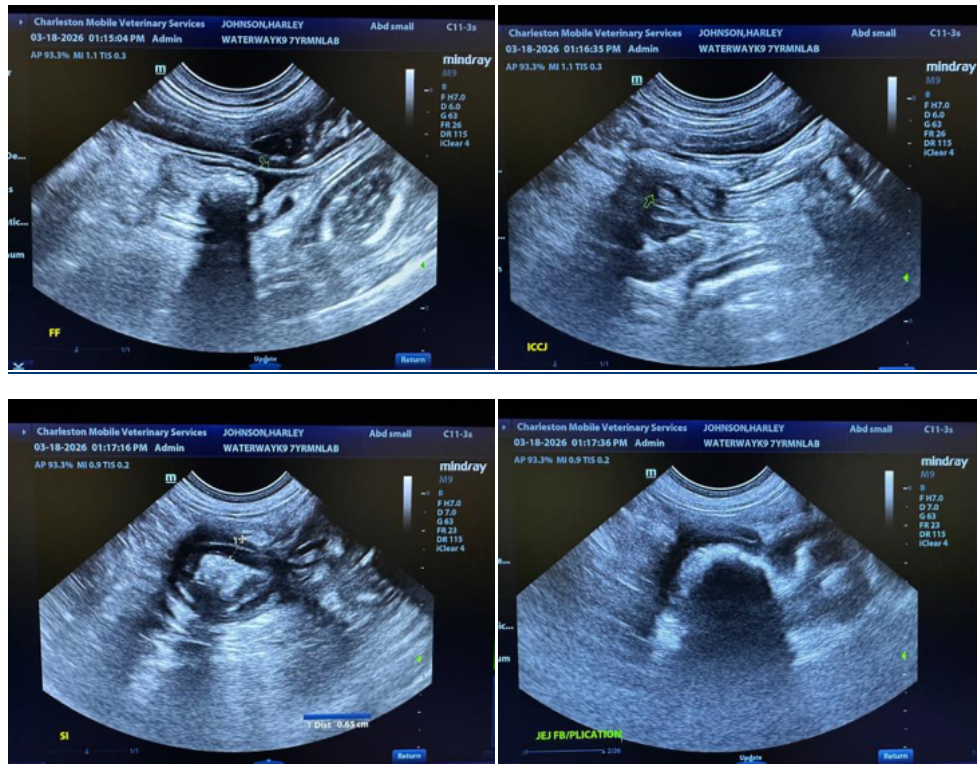
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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