



PATIENT

Winston Daniels

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Male, neutered

AGE

7 Yrs. 11 months

WEIGHT

6.6 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

Meadowlawn Conway

REFERRING VET

Dr. Hardee

INVOICE

13563

DATE

5/20/26

PRESENTING CLINICAL SIGNS

Pt has lost about 2 lbs. in the past 7 weeks. Urinating more than usual. Looks uncomfortable while urinating with odor to urine. CBC unremarkable, 4DX negative. SDMA 15, ALT 223, lipase 5030, cPL slightly elevated at 211.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended. The wall is variably thickened (up to 0.73 cm) and irregular. A 0.58 x 0.44 cm nodule is arising from the mucosa along the dorsal wall. A 1.13 cm irregular cystic calculus is observed within the lumen along with smaller stones and mineralized sand. The region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is normal in size (0.73 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 (3.82 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. Several small non-obstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (3.91 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. A few small non-obstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is upper limits of normal in size (0.60 cm at cranial pole) (0.52 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 (0.43 cm at cranial pole) (0.39 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

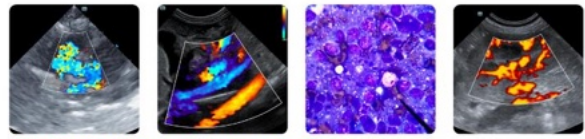
The spleen is normal in size (0.87 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal 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 gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

Gastrointestinal



PATIENT

Winston Daniels

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Male, neutered

AGE

7 Yrs. 11 months

WEIGHT

6.6 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

Meadowlawn Conway

REFERRING VET

Dr. Hardee

INVOICE

13563

DATE

5/20/26

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 segmentally distended with gas. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecolic 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 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

The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

Other

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

ULTRASONOGRAPHIC FINDINGS

- Cystic calculi with diffuse urinary bladder wall changes most consistent with cystitis with a lower possibility of emerging neoplasia. The dorsal mucosal nodule may represent a focal polypoid like lesion. However, an emerging tumor cannot be completely excluded.
- Bilateral non-obstructive nephrolithiasis
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

*An obvious cause for the patient's weight loss is not definitively identified in this study. Broad considerations include underlying metabolic issue, maldigestion/malabsorption, orthopedic or neurologic disease, occult neoplasia, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the cystic calculi and urinary bladder wall changes, consider a cystotomy with stone removal, analysis and culture along with bladder wall biopsies, respectively. Alternatively, an attempt at medical dissolution can be considered. A urine BRAF test can also be considered to evaluate for lower urinary tract neoplasia.
- Regarding the weight loss, consider the following:
 1. Three-view thoracic radiographs to assess for occult pathology in the chest
 2. Orthopedic and neurologic examinations
 3. Fecal evaluation for ova and Giardia
 4. GI panel including serum cobalamin, folate, TLI, PLI and resting cortisol level
 5. Depending on the results of the above diagnostics, further workup (i.e., GI biopsies) may be indicated.



PATIENT

Winston Daniels

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Male, neutered

AGE

7 Yrs. 11 months

WEIGHT

6.6 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

Meadowlawn Conway

REFERRING VET

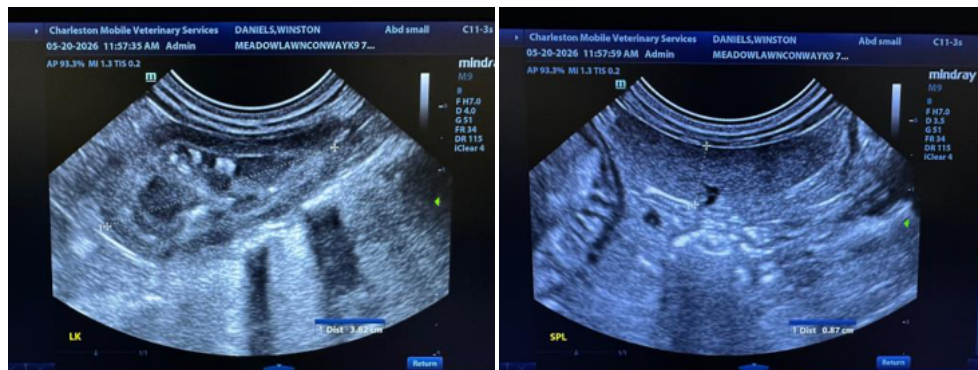
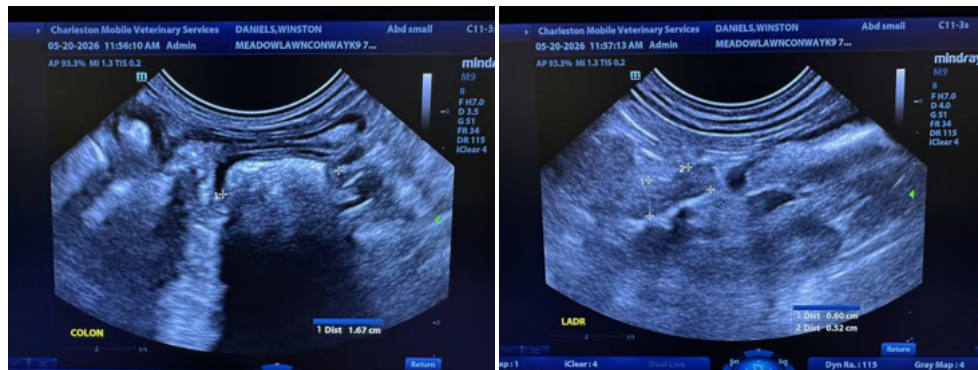
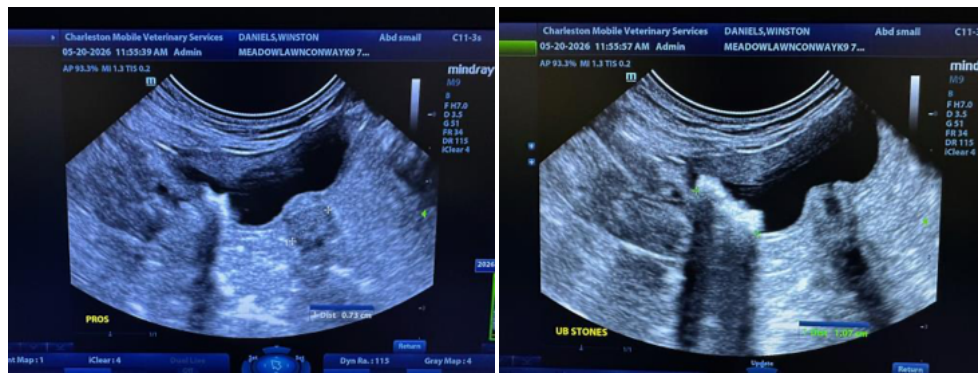
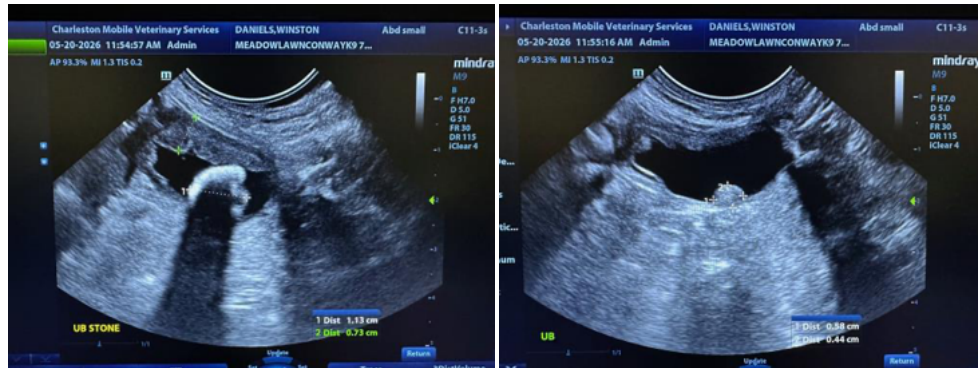
Dr. Hardee

INVOICE

13563

DATE

5/20/26





PATIENT

Winston Daniels

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Male, neutered

AGE

7 Yrs. 11 months

WEIGHT

6.6 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

Meadowlawn Conway

REFERRING VET

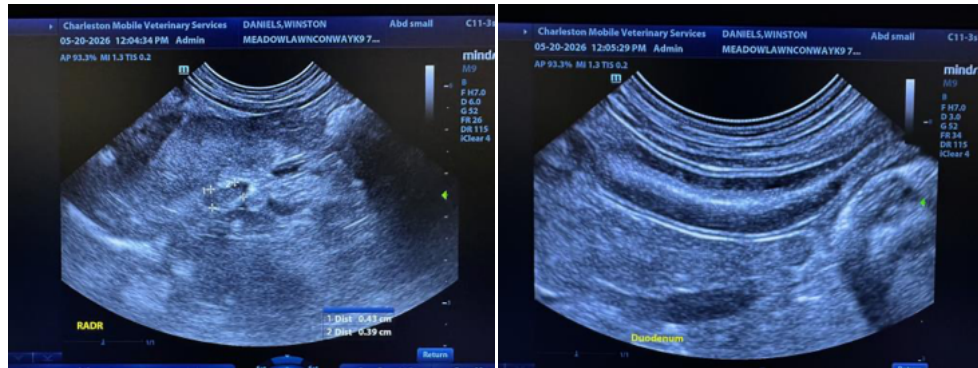
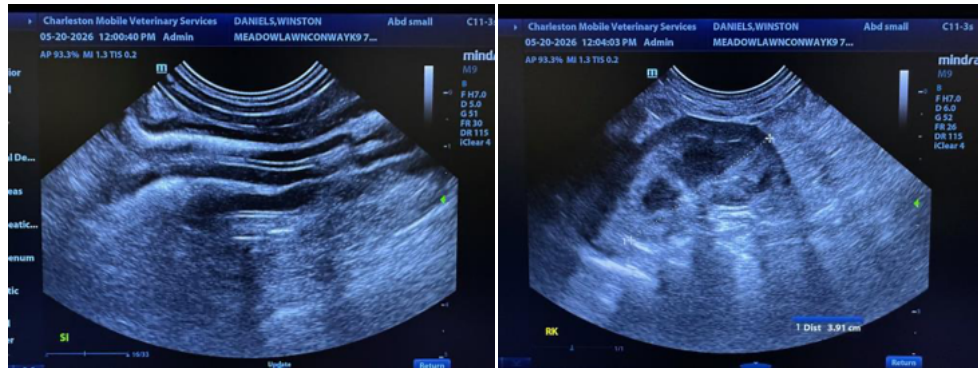
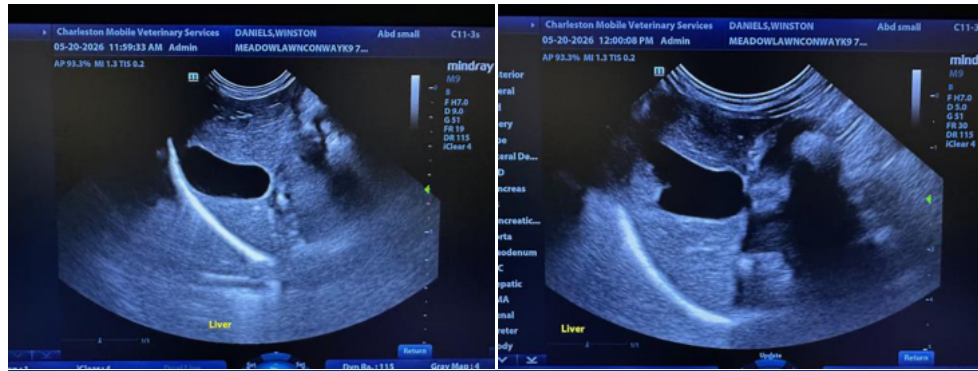
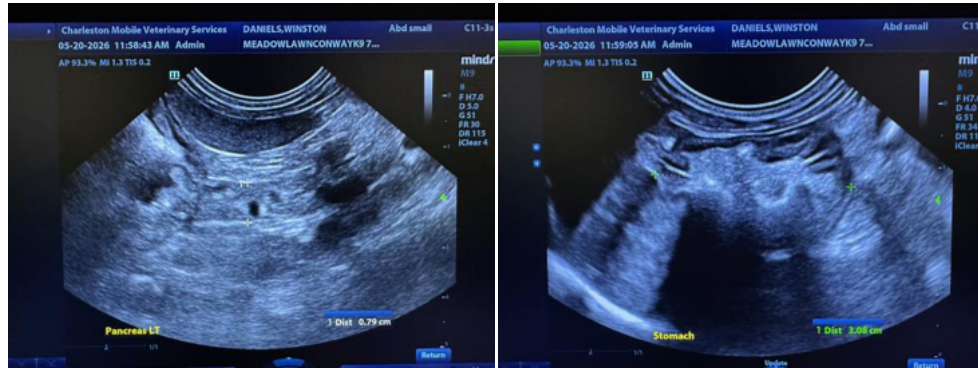
Dr. Hardee

INVOICE

13563

DATE

5/20/26





PATIENT

Winston Daniels

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Male, neutered

AGE

7 Yrs. 11 months

WEIGHT

6.6 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

Meadowlawn Conway

REFERRING VET

Dr. Hardee

INVOICE

13563

DATE

5/20/26



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