



PATIENT

Fetty Wap Sherrill

SPECIES

Canine

BREED

Lab Mix

SEX

Male Neutered

AGE

01/14/2016

WEIGHT

30.1kg

INTERPRETED BY

Andrea Nicastrò DVM
Diplomate ACVIM
(Sm Animal Internal Med)

**IMAGING
PERFORMED BY**

Andrea Nicastrò DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

BluePearl Summerville ER

REFERRING VET

Kelsey Harris, DVM

INVOICE

22379

DATE

1-15-2026

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Fetty Wap is presenting for diarrhea since Jan 9th or 10th. Owner notes that she was with a pet fitter Dec 31st-Jan 7th. She went to the groomer and was given new treats Jan 7th but typically does to have a sensitive stomach. owner started propectalin over the weekend - no improvement. Brought to rDVM Monday who refilled propectalin and started Fortiflora. Diarrhea has persisted and Fetty Wap has also been slightly lethargic past 3-4days. No vomiting.

Abnormal lab-work values/Chemistry: ALP=303 U/L (low:23, high:212), Amylase=290 U/L (low:500-high:1500)
CBC: Reticulocyte Hemoglobin=22.1 pg (low:22.3-high:29.6), Lymphocytes=0.82 K/ μ , (low:1.05-high:5.1)
Current Medications: Pro-Pectalin Gel - Unsure of amount Q24 Sunday and Monday Fortiflora - 1 Q24

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. 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 2 cm, are normal.

The prostate is normal in size (0.76 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 (6.14 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild 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 (6.08 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild 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 (0.68 cm at cranial pole) (0.69 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 (0.91 cm at cranial pole) (0.65 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 prominent in size (2.47 cm in width at the level of the hilus) with smooth peripheral contours. 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 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.



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The gallbladder lumen is moderately distended. The wall is thin and smooth. A small-to-moderate amount of echogenic-to-mineralized, mostly gravity-dependent debris/sand/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly gas-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 chyme. Some ill-defined soft, shadowing material is observed in a few jejunal segments. 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 obvious 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

One-to-two prominent mesenteric lymph nodes are visualized (one measuring 3.55 x 1.05 cm).

Free Abdomen

There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The soft, shadowing material within the jejunal may represent normal ingesta and/or transient foreign material. It appears nonobstructive at the time of this study.

Secondary Findings

- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- The hepatic parenchymal changes are suggestive of vacuolar hepatopathy, with a lower possibility of other hepatopathies (i.e., inflammatory, fibrosis, hepatotoxicosis).
- Gallbladder sand/sludge, non-mucocele
- Minor bilateral age-related renal changes
- The mild splenomegaly may be secondary to lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, antigenic stimulation, or less likely, emerging neoplasia
- Minor pancreatic parenchymal remodeling in the right limb



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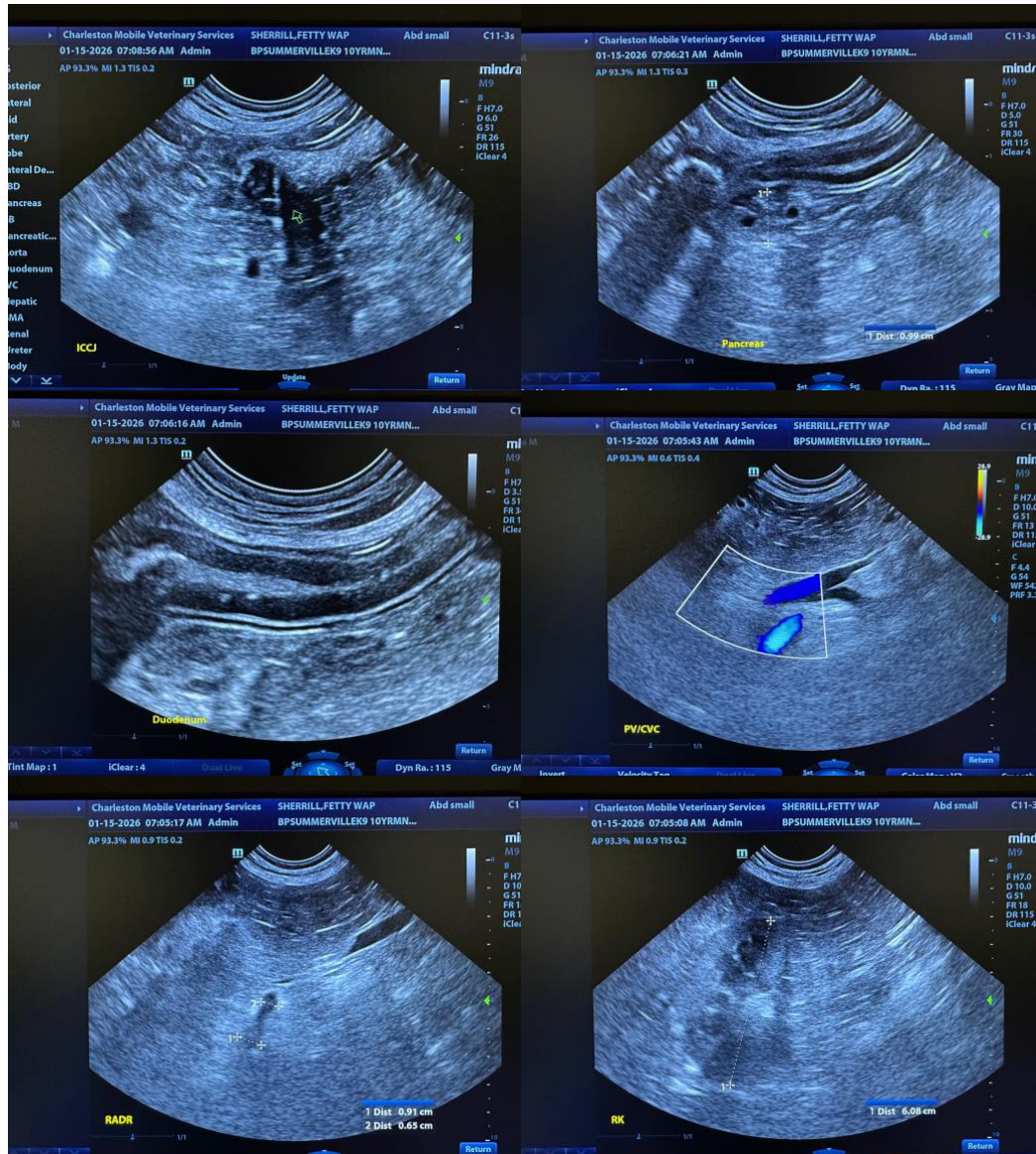
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient's clinical history, consider the following:

1. Fecal evaluation for ova and Giardia, along with a fecal GI infectious disease panel
2. Prophylactic deworming with fenbendazole
3. GI panel including serum cobalamin and folate, TLI, PLI and resting cortisol level
4. While awaiting test results, continued symptomatic care is recommended, including a probiotic, fiber supplement, bland diet, and other supportive measures, as needed.
5. If clinical signs persist and the above diagnostics are inconclusive, endoscopic or surgical GI biopsies may be indicated.





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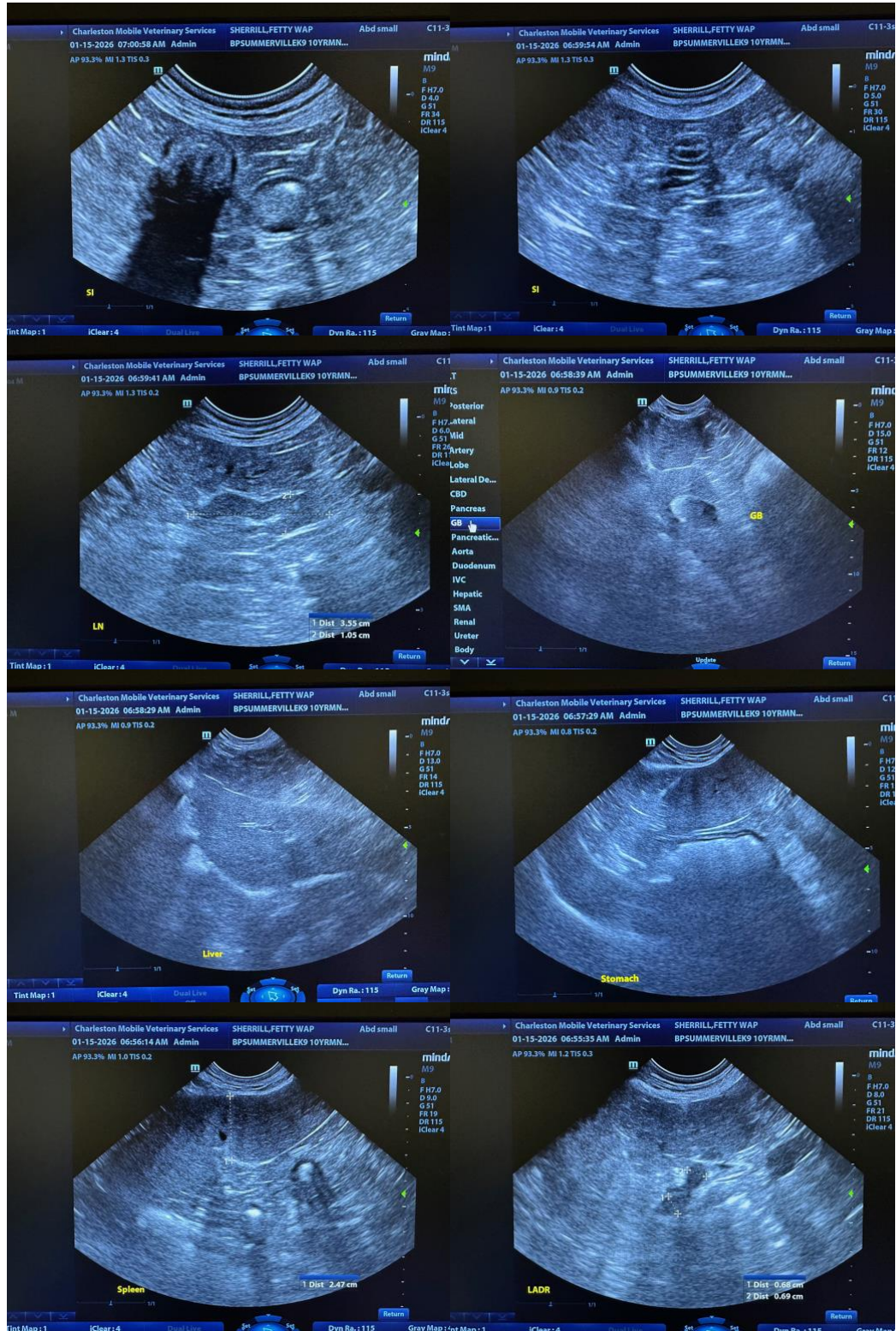
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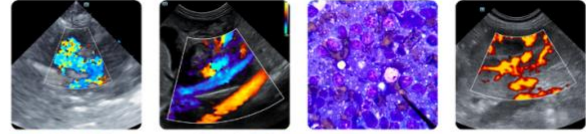
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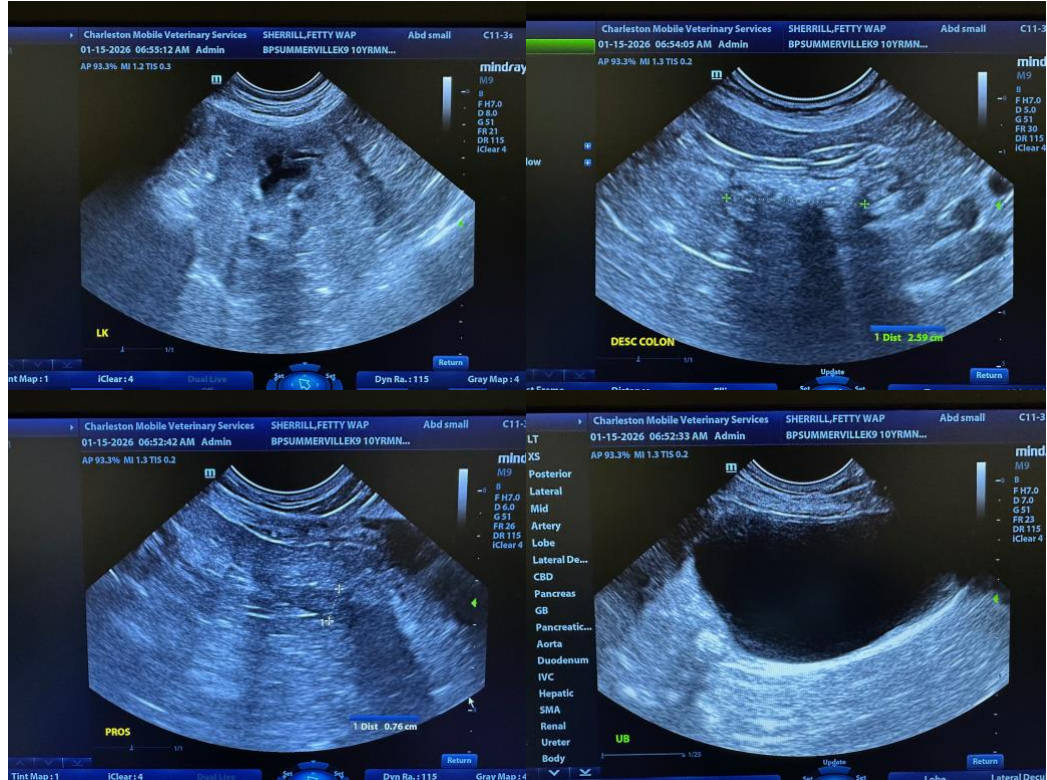
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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