



**PATIENT**

Kaia Snead

**SPECIES**

Canine

**BREED**

German Shepherd

**SEX**

Female Spayed

**AGE**

9

**WEIGHT**

71.3 lbs

**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**

Central VH Summerville

**REFERRING VET**

Dr Reynolds

**INVOICE**

22391

**DATE**

1-16-26

**PRESENTING CLINICAL SIGNS**

Chronic intermittent gastrointestinal signs - vomiting, diarrhea, and flatulence. May have had one episode of regurgitation. GI panel performed in June of 2025 was normal. Fecal performed in October of 2025 was negative. Was prophylactic dewormed with fenbendazole. Bloodwork from December of 2025: ALP 319. Globulin 3.8. T4 normal. Chest and abdominal radiographs unremarkable.

**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 visible portion of the proximal urethra are normal.

The left kidney is normal in size (7.27 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 hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (7.50 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 hydronephrosis. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is subjectively normal in length (0.60 cm at cranial pole) (0.48 cm at caudal pole) with a slightly flattened contour. Glandular echogenicity and detail are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is subjectively normal in length (0.94 cm at cranial pole) (0.41 cm at caudal pole) with a slightly flattened contour. Glandular echogenicity and detail are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

**Spleen**

The spleen is subjectively normal-in-width (1.67 cm in width at the level of the hilus) with a folded 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 lumen is moderately distended. The wall is thin and smooth. A small amount of mobile echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

**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 ileoceocolic junction and colonic wall are normal. There is no obvious evidence of an obstructive pattern.



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**Pancreas**

The base and limbs of the pancreas are visible with normal curvilinear peripheral contours. The parenchyma is mildly hypoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is mildly dilated (0.39 cm). There is no evidence of peripancreatic inflammation or effusion.

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**Lymph Nodes**

The abdominal lymph nodes are normal/not visible.

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**Free Abdomen**

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

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**ULTRASONOGRAPHIC FINDINGS**

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- The flattened adrenal glands may be a normal variant or could be consistent with early atrophy (i.e., secondary to hypoadrenocorticism)

- The pancreatic changes are suggestive of chronic pancreatitis +/- minor parenchymal remodeling.

\*An obvious cause for the patient's clinical signs is not definitively identified in this study. Considerations include a microscopic enteropathy (i.e., food allergy/intolerance, inflammatory bowel disease, infectious/parasitic disease), underlying metabolic issue, other.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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- A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended.
- Consider transitioning to a limited antigen or hydrolyzed protein diet to assess for food allergies.
- Also consider initiation of a probiotic, along with a fiber supplement (i.e., psyllium).
- Ultimately, endoscopic or surgical GI biopsies may be necessary to get a definitive diagnosis.
- If regurgitation recurs/persists, consider empirical therapy with a proton pump inhibitor +/- barium esophagram, preferably via fluoroscopy.

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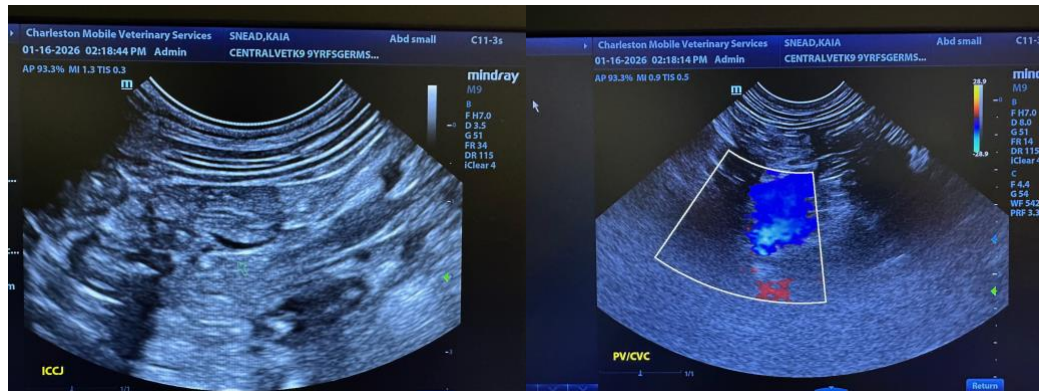
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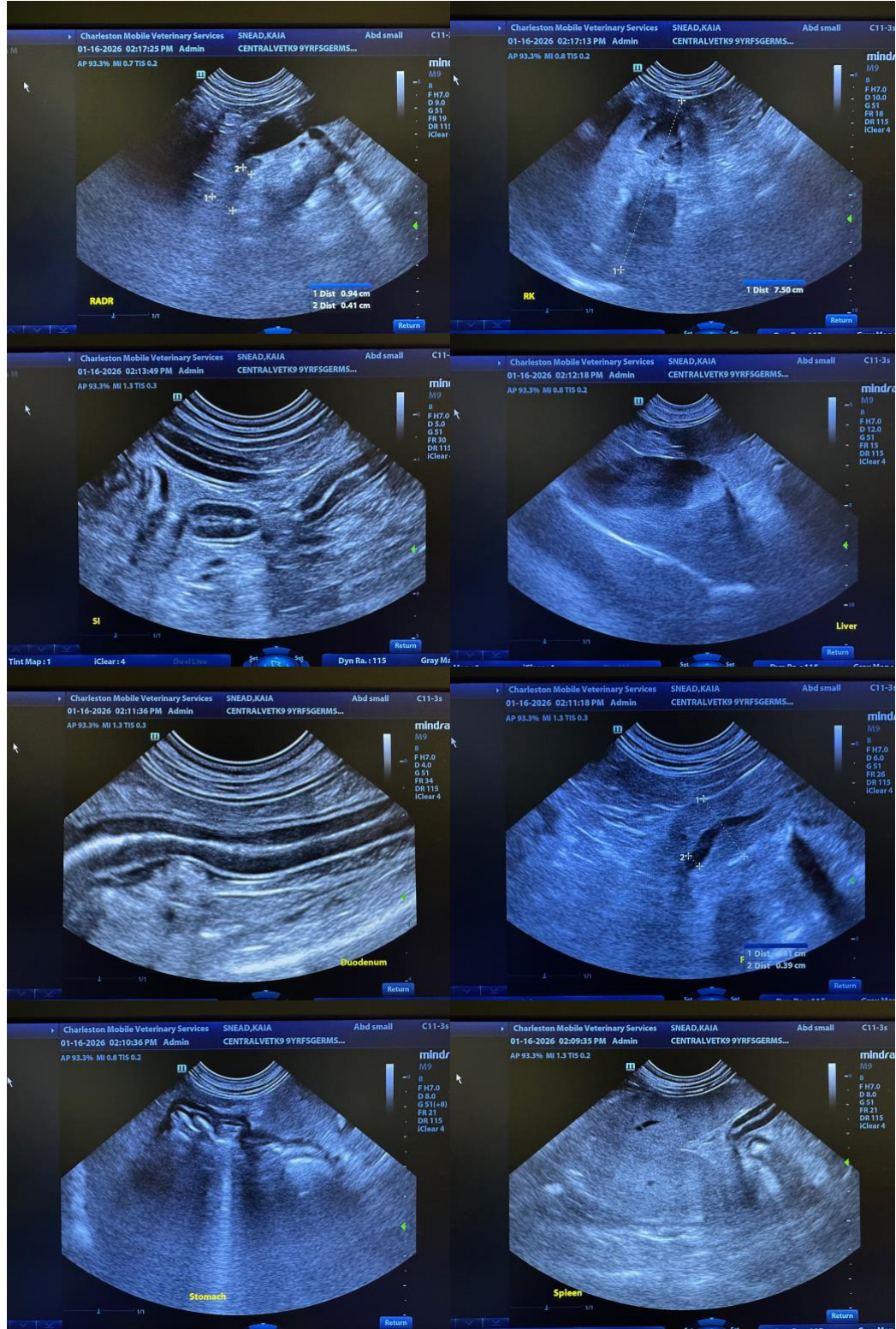
Dr Reynolds

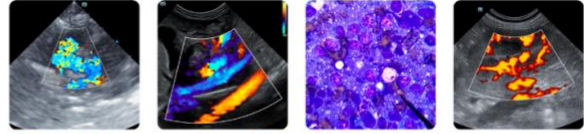
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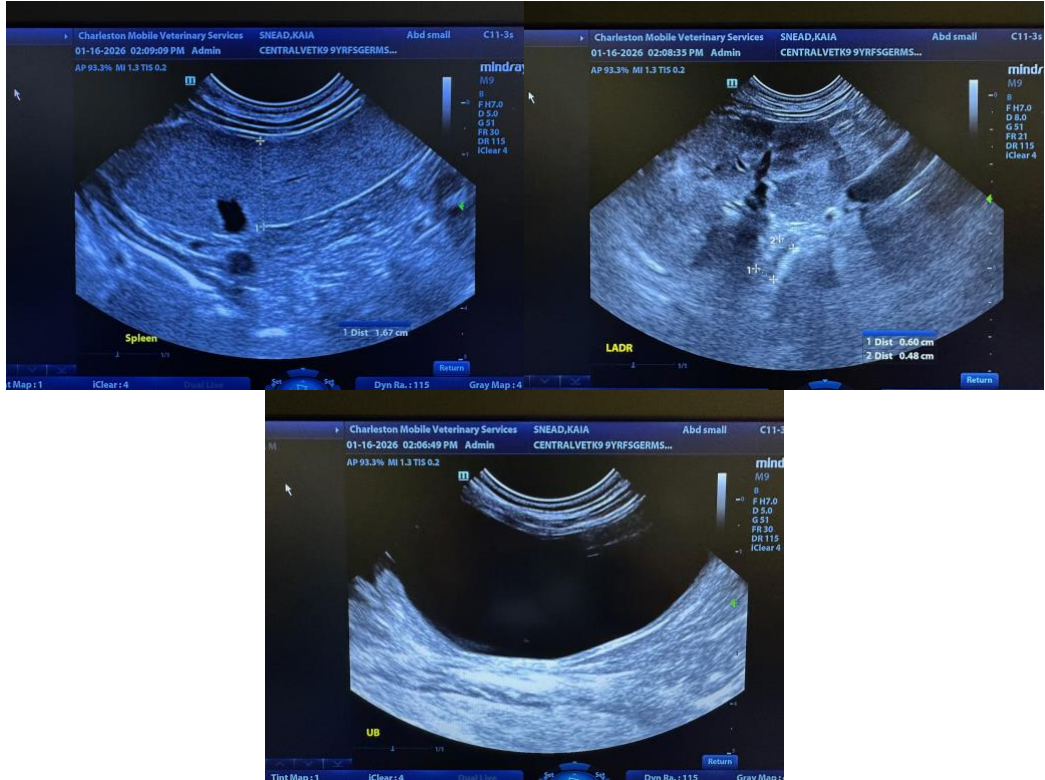
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 Nicastrò, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)**  
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