

**PATIENT**

Luna Ednie

**PRESENTING CLINICAL SIGNS**

History: bloody stool, on 1/16 ate a squeaker

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone is normal.

**BREED**

Poodle mix

The left kidney is normal size (5.88 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**SEX**

Female, spayed

The right kidney is normal size (6.28 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**AGE**

5 Yrs.

**Adrenal Glands**

The left adrenal gland is normal size (0.58 cm at cranial pole) (0.61 cm at caudal pole); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

**WEIGHT**

56 lbs.

The caudal pole of the right adrenal gland is visualized and is normal size (0.67 cm in width) with a normal shape, glandular echogenicity and detail. The phrenicoabdominal vein and surrounding vasculature are normal.

**INTERPRETED BY**

Andrea Nicastro, DVM,  
Diplomate ACVIM  
(Small Animal Internal  
Medicine)

**Spleen**

The spleen is subjectively normal in size with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

**IMAGING PERFORMED BY**

Jenn

**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. No pathological hepatic lymphadenopathy observed. 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.

**HOSPITAL NAME**

Rockaway

**REFERRING VET**

Dr. Maniar

**Gastrointestinal**

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

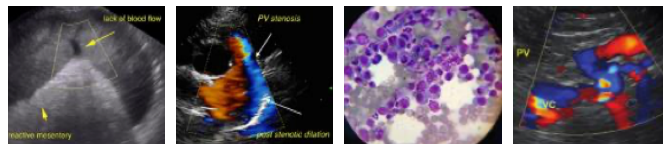
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**Pancreas**

**DATE**

1/18/23



**PATIENT**

Luna Ednie

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

**SPECIES**

Canine

*Free Abdomen*

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

**BREED**

Poodle mix

**ULTRASONOGRAPHIC FINDINGS**

Unremarkable abdomen. There is no obvious evidence of a foreign body/obstruction at the time of this study. An obvious cause for the patient's hematochezia is not identified. Considerations include infectious/parasitic disease, dietary indiscretion, food allergy, inflammatory bowel disease, underlying metabolic issue, other.

**SEX**

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**AGE**

5 Yrs.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Baseline labwork including a CBC, chemistry panel, urinalysis, and T4 is recommended to assess overall metabolic function.
- Fecal evaluation for ova and Giardia should also be considered along with a fecal PCR infectious disease panel.
- Prophylactic deworming is recommended along with a probiotic and fiber supplement.
- Symptomatic care is recommended while awaiting test results. If the patient's clinical signs do not improve with medical management, consider a more advanced GI workup (i.e., resting cortisol level, malabsorption panel, GI biopsies).

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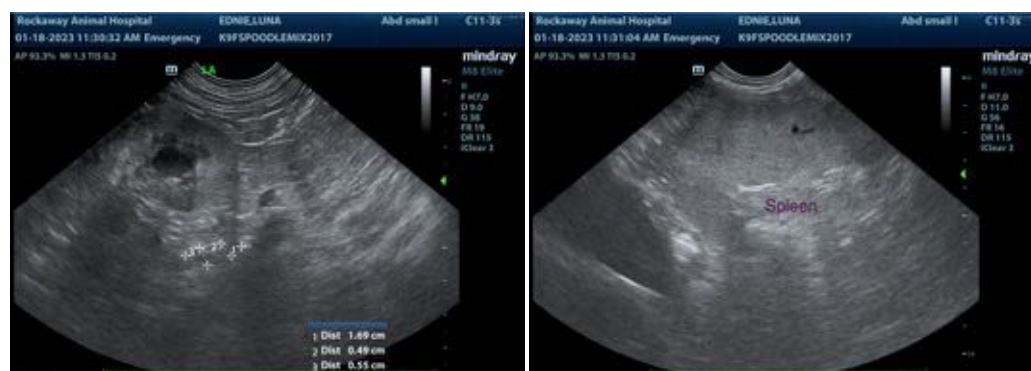
Dr. Maniar

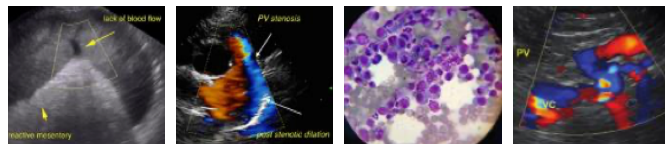
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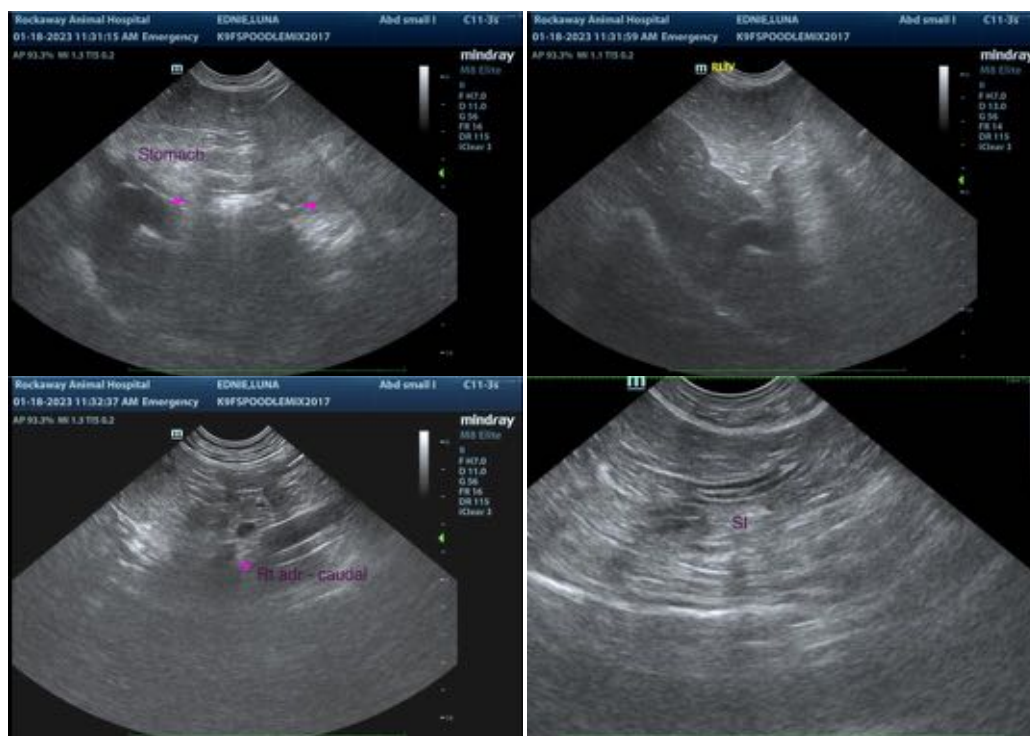
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)