



PATIENT PRESENTING CLINICAL SIGNS

Coco Delpezzo
SPECIES History: Chronic diarrhea. Was on Metro, Omeprazole, Pred, Cobalequin, Provable Forte, Kangaroo diet, HWT 6/24/25 Previous labs normal no urine. Today patient today has jaundiced MM's. Sclera today white OU. LAB work today. Sedated today with Dexdomitor 0.5mg/ml 2ug/kg IV adequate sedation achieved.

Canine
BREED Abnormal PE/Chem/CBC/UA Results: CBC: 33.59 WBC Total, Neut: 30k, Chem Abaxis: ALB 1.9, ALP 350, ALT, 982, AMY 555, TBIL 6.4, BUN 73, PHOS 8.2, Creat 2.0, NA 122, K 4.5, TP 3.2, Glob 1.3 Fluid Analysis abdominal FF yellow tinged no blood: S.G.: 1.012 unspun, S.G. spun 1.012 FF: No PCV to report, TS on FF: 1.0g/dl

Corgi Mix

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX *Urinary System*

Female Spayed
 The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is mildly distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 4 cm, are normal.

AGE

6

The left kidney is normal in size (5.49 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.

WEIGHT

33.8 lbs

The right kidney is normal in size (5.47 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.

INTERPRETED BY

Andrea Nicastro, DVM,
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 (Small Animal Internal
 Medicine)

Adrenal Glands

The left adrenal gland is normal in size (0.39 cm at cranial pole) (0.46 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.

IMAGING PERFORMED BY

Dr Michael Wasserman

The right adrenal gland is normal in size (0.80 cm at cranial pole) (0.46 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.

HOSPITAL NAME

Village Pet Clinic

Spleen

The spleen is normal in size (1.62 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.

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Dr. Defabio

Liver

The liver is normal to prominent-in-size, with smooth peripheral contours. The parenchyma is hypoechoic relative to the spleen and slightly mottled in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

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The gallbladder is moderately distended. The wall is mildly-thickened (up to 0.24 cm). A moderate-to-large amount of aggregated, echogenic suspended sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen. The mesentery surrounding the gallbladder is hyperechoic.



PATIENT *Gastrointestinal*

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The gastric lumen is mildly fluid-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 ileocecolic junction and colonic wall are normal. The colonic lumen contains liquid-appearing fecal material. There is no obvious evidence of an obstructive pattern.

Pancreas

The pancreas is diffusely prominent-in-size, particularly the right limb. The margins are slightly irregular. The parenchyma is hypoechoic relative to surrounding omental fat, and slightly mottled in appearance. The pancreatic duct is not overtly dilated. Surrounding mesentery is hyperechoic.

Lymph Nodes

One-to-two enlarged, irregular hypoechoic lymph nodes are suspected in the right cranial quadrant (the largest measuring 4.0 x 2.0 cm). Surrounding mesentery is hyperechoic.

Free Abdomen

The mesentery throughout the abdomen is hyperechoic. A moderate amount of free fluid is observed.

ULTRASONOGRAPHIC FINDINGS

- The gallbladder changes are consistent with a fully-formed mucocele, with adjacent peritonitis. The bladder wall changes are most consistent with cholecystitis. It is unclear whether the gallbladder wall is ruptured, or if there is impending rupture.
- The hepatic changes are nonspecific and could be secondary to inflammatory disease (i.e., cholangiohepatitis, chronic hepatitis), Leptospirosis, hepatotoxicosis, infiltrative neoplasia (i.e., lymphoma), vacuolar hepatopathy, regenerative nodular hyperplasia, other hepatopathy, or some combination thereof.
- Suspected lymphadenopathy in the right cranial quadrant. Considerations include infiltrative neoplasia, vs lymphoid hyperplasia, vs lymphadenitis.
- Diffuse peritonitis. Rule-out sterile vs septic.
- The pancreatic changes are consistent with mild-to-moderate pancreatitis.
- Diarrheic stool

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess cardiopulmonary status.
- Consider fine-needle aspiration of the suspected enlarged lymph nodes in the right cranial quadrant (assuming normal clotting status). A 25-gauge needle should be used.
- Also consider an abdominal exploratory with a cholecystectomy, with submission of the gallbladder for histopathology as well as aerobic and anaerobic bile cultures. Liver biopsies should also be obtained at the time of surgery. Hepatic copper quantitation may also be warranted.



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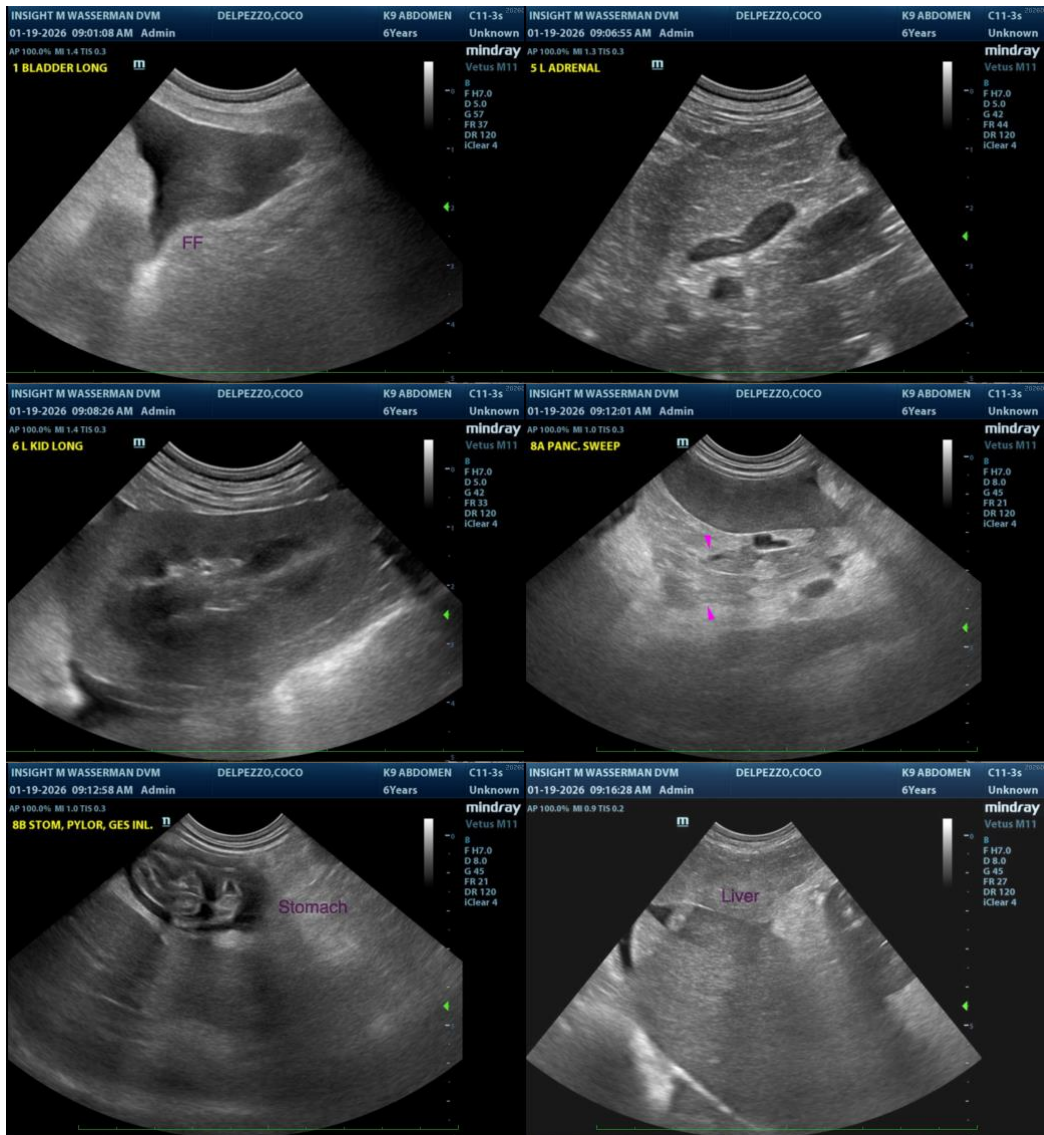
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- Leptospirosis testing (i.e., blood and urine PCR, serology) can also be considered, particularly if clinical suspicion for disease is high.
- Regarding the azotemia, consider the following:
 1. Urinalysis with culture/sensitivity
 2. UPC if proteinuria is present in the absence of infection
 3. Blood pressure





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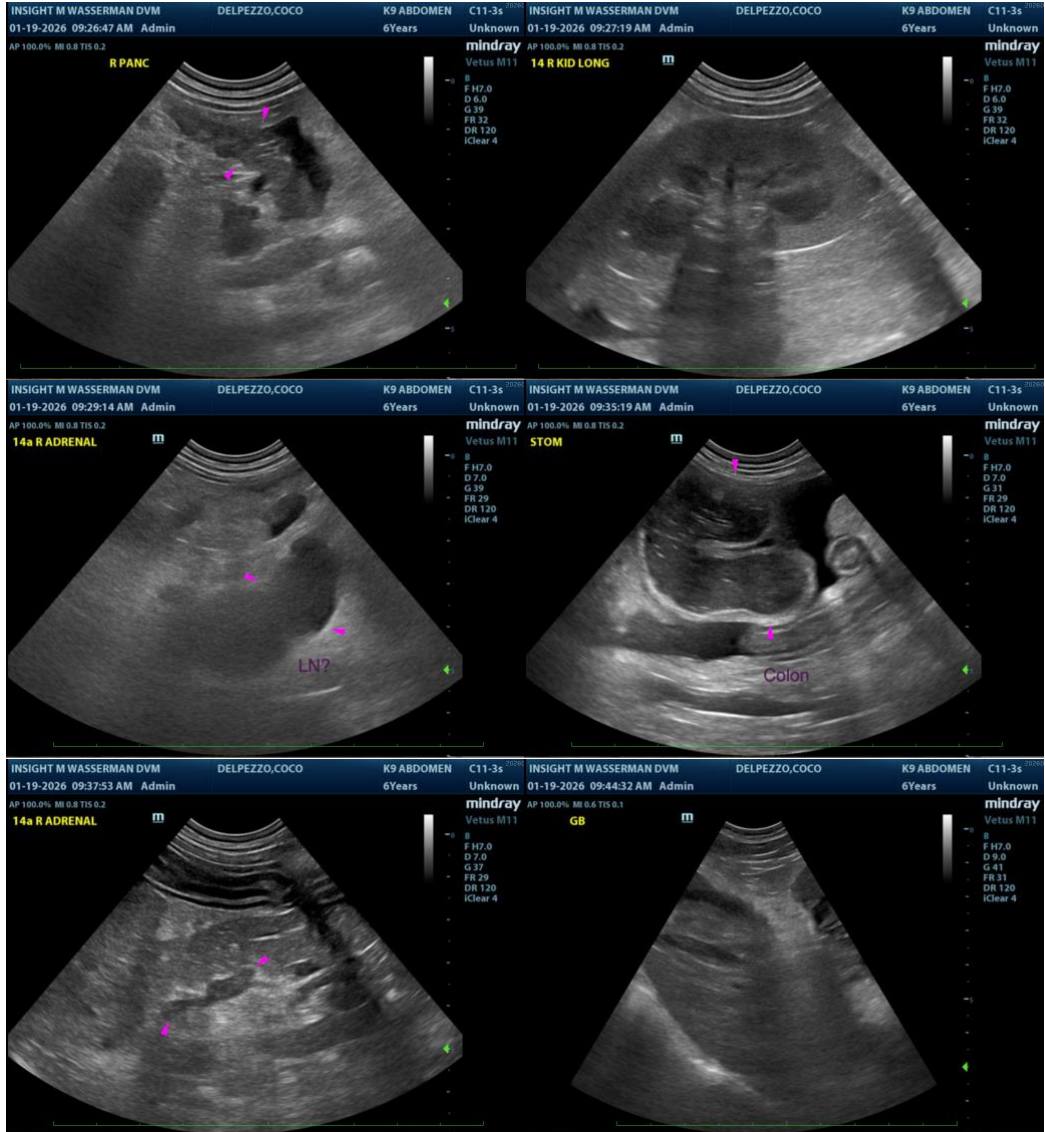
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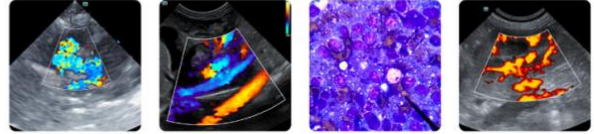
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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