

## PATIENT PRESENTING CLINICAL SIGNS

Spike Cueller • Acute onset vomiting, diarrhea, abdominal pain, lethargy

**SPECIES** Abnormal PE/Chem/CBC/UA Results: Markedly elevated pancreatic lipase Mild ALP elevation

## Canine ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### BREED *Urinary System*

Pomeranian The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. A small amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

### SEX

Neutered Male The prostate is normal in size (0.53 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

### AGE

8

The left kidney is normal in size (3.41 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Pinpoint hyperechoic foci are observed within the cortex. Trace pyelectasia is present (0.12 cm in the transverse plane). There is no evidence of infarcts or hydronephrosis. Renal vasculature is normal.

### WEIGHT

2.5 kg

The right kidney is normal in size (3.58 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Pinpoint hyperechoic foci are observed within the cortex. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr Sarah Barthelemy

### *Adrenal Glands*

The left adrenal gland is normal in size (0.36 cm at cranial pole) (0.40 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 (0.48 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

Petzoic Vet

### *Spleen*

The spleen is normal in size (0.65 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.

## REFERRING VET

Dr Nielsen

### *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.

## INVOICE

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## DATE

1-21-26

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



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**Gastrointestinal**

The gastric lumen is mildly distended with ingesta. 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. There is no evidence of an obstructive pattern.

**Pancreas**

The left limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic 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**

A few prominent mesenteric lymph nodes are visualized (one measuring 1.08 x 0.27 cm).

**Free Abdomen**

There is no obvious evidence of free fluid.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- The presence of ingesta in the gastric lumen despite fasting is suggestive of delayed gastric emptying.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

**Secondary Findings**

- Bilateral nonspecific age-related renal changes with dystrophic mineralization
- Gallbladder debris/sludge, non-mucocele
- The prominent medial iliac lymph nodes could be consistent with lymphoid hyperplasia, lymphadenitis, or emerging neoplasia (i.e., lymphoma).

\*An obvious cause for the patient's clinical signs is not definitively identified in this study. Considerations include dietary indiscretion, toxicity, food allergy/intolerance, inflammatory bowel disease, infectious/parasitic disease, underlying metabolic issue, other.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Fecal evaluation for ova and Giardia is recommended, along with prophylactic deworming with fenbendazole.
- Supportive care for acute gastroenteritis is recommended.
- If clinical signs persist despite medical management, further GI work-up may be indicated.



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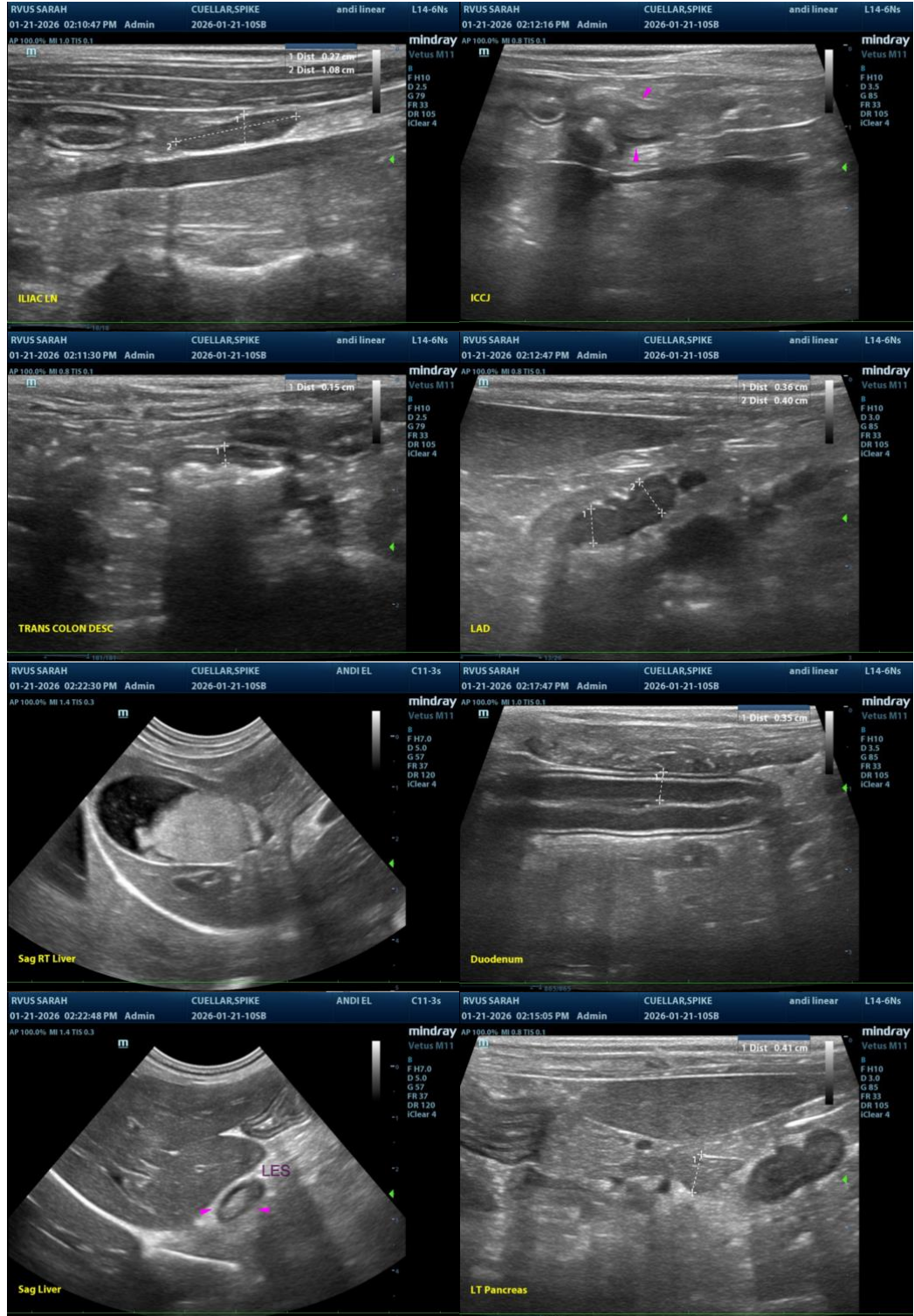
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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