

PATIENT PRESENTING CLINICAL SIGNS

Sophie Herman

- Pet vomited Sunday. Not sure if had diarrhea. Significant borborygmi sounds over the past 24 hours. Ate last night chicken treats. Hx of pancreatitis. Does go outside and can ingest foreign objects. Seems lethargic.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Normal CPL, CBC/CHEM normal.

BREED

Mixed/unknown breed

Radiographs - Focally abnormal region of mid descending colon strongly concerning for the presence of a stricture or annual neoplasia at this level. This could account for the reported clinical signs. However, artifact at this level, resulting from colonic spasm or adherent fecal material is not definitively excluded. Further enteritis, pancreatitis or IBD also remain considerations at this stage.

SEX

Female Spayed

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 4 cm, are normal.

AGE

15

The left kidney is normal in size (4.09 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

WEIGHT

6.3 kg

The right kidney is normal in size (4.43 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

The caudal pole of the left adrenal gland is visualized and is normal in size (0.44 cm in width) with a normal shape, glandular echogenicity and detail. Surrounding vasculature appears normal.

IMAGING PERFORMED BY

Dr. Sookhoo

The right adrenal gland is normal in size (0.50 cm at cranial pole) (0.38 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

Calusa VC

Spleen

The spleen is normal in size (0.78 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. One-to-two, small, hyperechoic nodules are observed. Splenic vasculature is normal.

REFERRING VET

Dr.Sookhoo

Liver

The liver is subjectively enlarged with slightly swollen 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.

INVOICE

22419

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

DATE

1-22-26



PATIENT

Sophie Herman

SPECIES

Canine

BREED

Mixed/unknown breed

SEX

Female Spayed

AGE

15

WEIGHT

6.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sookhoo

HOSPITAL NAME

Calusa VC

REFERRING VET

Dr.Sookhoo

INVOICE

22419

DATE

1-22-26

Gastrointestinal

The lumen is mildly fluid-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.

Pancreas

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.

Lymph Nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Minor retained gastric fluid

Secondary Findings

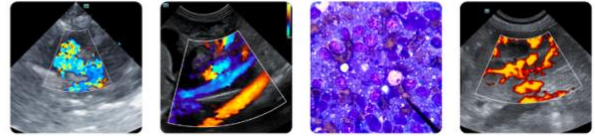
- The diffuse hepatic changes are most consistent with vacuolar hepatopathy (i.e., endocrine, idiopathic) with a lower possibility of inflammatory disease, infiltrative neoplasia, or other hepatopathy. However, correlation with the patient's liver values is recommended.
- Bilateral nonspecific age-related renal changes
- The hyperechoic splenic nodules likely represent benign myelolipomas, with a lower possibility of more insidious splenic pathology.

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The following diagnostics/treatment recommendations can be considered:

1. Texas GI panel including serum cobalamin, folate, PLI, TLI and resting cortisol level
2. A fecal evaluation for ova/Giardia
3. A 3-4 week hypoallergenic or hydrolyzed protein diet trial
4. Also consider initiating a probiotic with a high colony count +/- fiber supplement (i.e., psyllium).
5. If there is strong suspicion for colonic stricture, consider barium colonography.
6. Depending on the results of the above diagnostics/therapeutics, endoscopic or surgical gastrointestinal biopsies may be warranted.
7. Three-view thoracic radiographs should be performed prior to any anesthetic event.



PATIENT

Sophie Herman

SPECIES

Canine

BREED

Mixed/unknown breed

SEX

Female Spayed

AGE

15

WEIGHT

6.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sookhoo

HOSPITAL NAME

Calusa VC

REFERRING VET

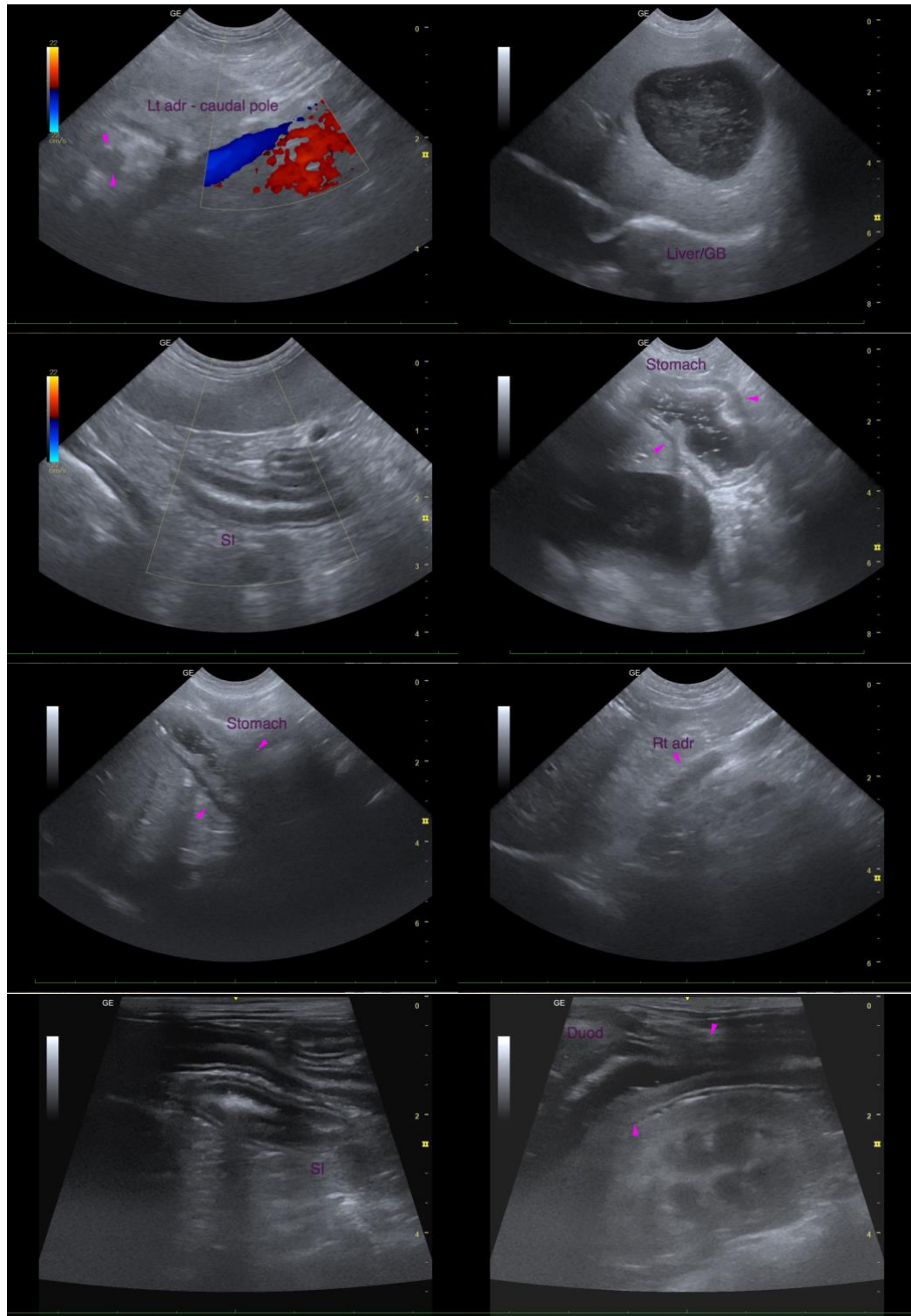
Dr.Sookhoo

INVOICE

22419

DATE

1-22-26





PATIENT

Sophie Herman

SPECIES

Canine

BREED

Mixed/unknown breed

SEX

Female Spayed

AGE

15

WEIGHT

6.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sookhoo

HOSPITAL NAME

Calusa VC

REFERRING VET

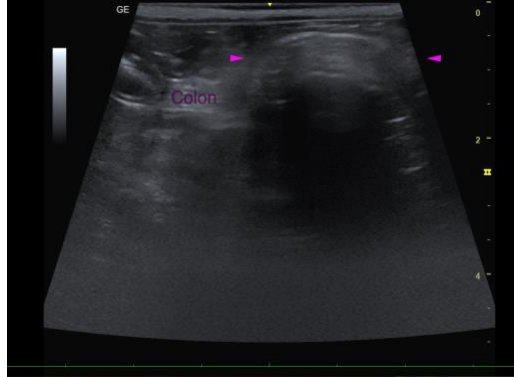
Dr.Sookhoo

INVOICE

22419

DATE

1-22-26



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