



## PATIENT PRESENTING CLINICAL SIGNS

**PATIENT** Lucy Woolcock  
**SPECIES** Canine  
History: Presented 1/19/26 for vomiting up fuzz like foreign material and sudden onset of black diarrhea. P was lethargic and decreased appetite, gave SQ fluids, sent bloodwork out, Cerenia, B12 and administered Barium and had P return the next morning for rads. Next morning no more vomiting or diarrhea but very wobbly and weak, rads showed no obstruction and all barium had moved into colon. P feeling much better today, no V/D/C/S, E/D normal, acting normal, due to blood values O wanted to go forward with US.

**BREED** Abnormal PE/Chem/CBC/UA Results: Ca - 8.2, Albumin - 1.7, HCT - 20%, HGB- 6.2, RBC - 2.5, T4 - 0.6

## Mix **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

### **SEX** *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.

**AGE** 10  
The left kidney is normal in size (6.20 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal-to-mild corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

**WEIGHT** 47 lbs  
The right kidney is normal in size (6.89 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal-to-mild 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  
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### *Adrenal Glands*

The left adrenal gland is normal in size (0.43 cm at cranial pole) (0.55 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**

Christina CVT

### *Spleen*

The region of the right adrenal gland is evaluated. No obvious pathology is observed in this region.  
The spleen is prominent-in-size (2.21 cm in width at the level of the hilus) with smooth peripheral contours. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

## **HOSPITAL NAME**

Animal Health VC

### *Liver*

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

## **REFERRING VET**

Dr. Collazos

## **INVOICE**

The gallbladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

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### *Gastrointestinal*

## **DATE**

1-23-26

The lumen is mildly distended with ingesta and gas. 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.



**PATIENT**

Lucy Woolcock

**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.

**SPECIES**

Canine

**Lymph Nodes**

The abdominal lymph nodes are normal/not visible.

**BREED**

Mix

**Free Abdomen**

There is no obvious evidence of free fluid.

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Female Spayed

- Minor geriatric hepatic and renal changes
- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a lower possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

**AGE**

10

\*An obvious cause for the patient's anemia and hypoalbuminemia is not definitively identified in this study. GI blood loss is suspected, given the patient's clinical history.

**WEIGHT**

47 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Supportive care for gastric erosion/ulceration is recommended, including sucralfate, proton pump inhibitor, bland diet, and other symptomatic measures, with close monitoring of the patient's hematocrit and albumin. If clinical signs persist, further work-up (i.e., upper GI endoscopy) may be warranted.

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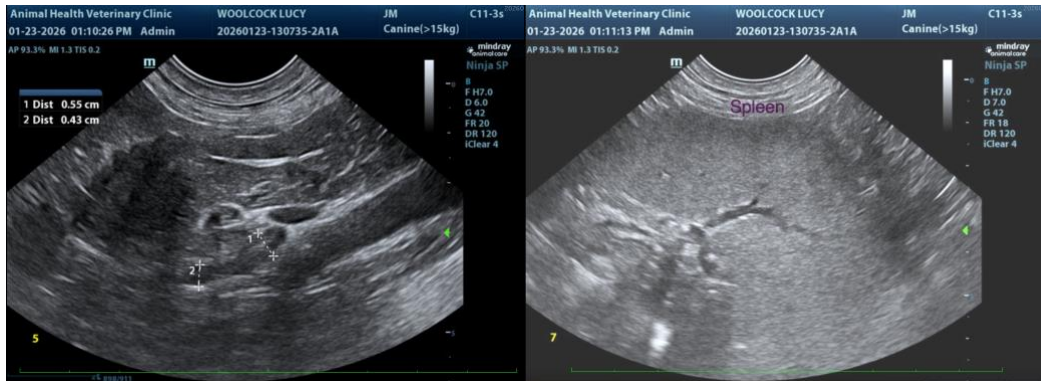
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**BREED**

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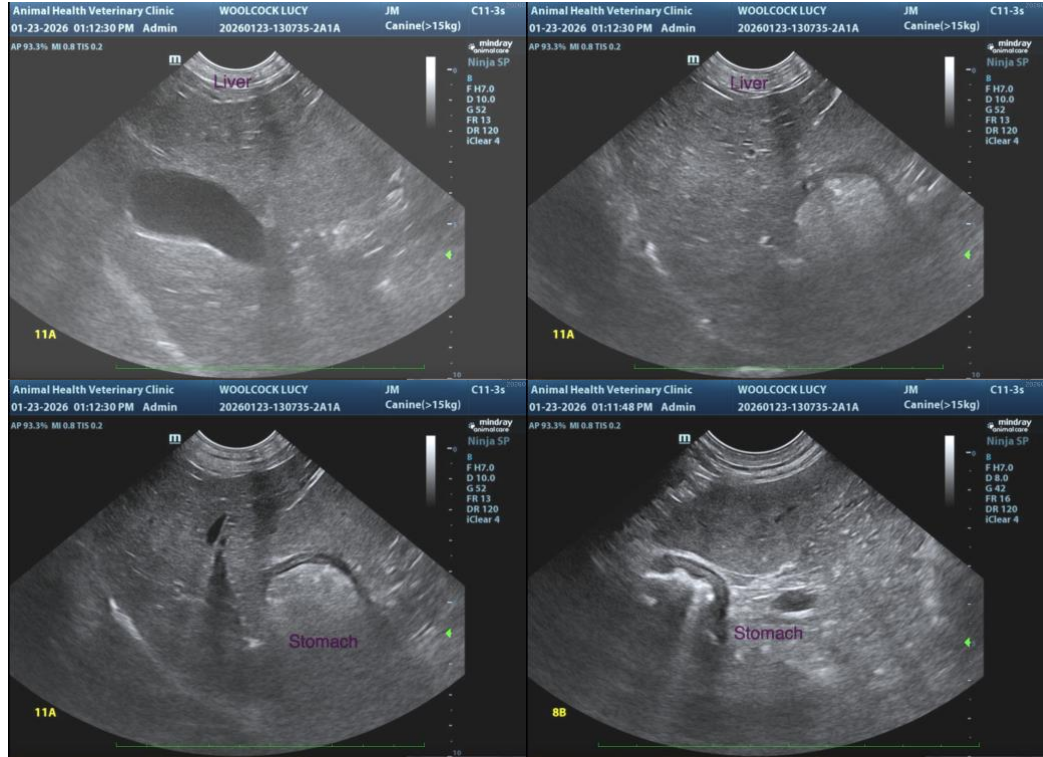
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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## BREED

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## SEX

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