



PATIENT PRESENTING CLINICAL SIGNS

Ryder Zerby
SPECIES Canine
BREED Labrador Retr Mix
SEX Neutered Male

History: P ate breakfast normal this morning 1/25, started vomiting at 10 am- first was undigested kibble, then mostly foam and bile. Can't seem to get comfortable and is downward dogging/falling asleep standing up. Cleaned up yard yesterday 1/24 and Ryder was eating something frantically in yard; owner unsure of what it was. admitted for supportive care. overnight P had regurgitation of green colored liquid 3 times. concern for small bowel fb, delayed gastric emptying, acute gastritis, other

Abnormal PE/Chem/CBC/UA Results: PE: Tense/hard to palpate, very tense in abdomen; unable to assess. CBC: normal epoc: normal chem: normal cpl: normal rads: thickened stomach lining; gas in stomach; abnormal looking ingesta in the upper right quadrant; dense stool in colon repeat rads 1/26 10 am: still some opacity to stomach and some SI gas

Patient sedated with buprenorphine and Dexdomitor for this study.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

AGE *Urinary System*

3.5
 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.

WEIGHT

23.6 kg
 The prostate is normal in size (0.91 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

INTERPRETED BY

Andrea Nicastro, DVM,
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 (Small Animal Internal
 Medicine)

The left kidney is normal in size (6.28 cm in length) with a normal shape, architecture and 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.

The right kidney is normal in size (6.54 cm in length) with a normal shape, architecture and 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.

IMAGING PERFORMED BY

Melissa Randolph

Adrenal Glands

The left adrenal gland is normal in size (0.44 cm at cranial pole) (0.47 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.

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The caudal pole of the right adrenal gland is visualized and is normal in size (0.65 cm in width) with a normal shape, glandular echogenicity and detail. Surrounding vasculature appears normal.

REFERRING VET

Lisa Miller

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.

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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.

DATE

1-26-26

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



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Gastrointestinal

The lumen is minimally distended with fluid 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.

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

The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

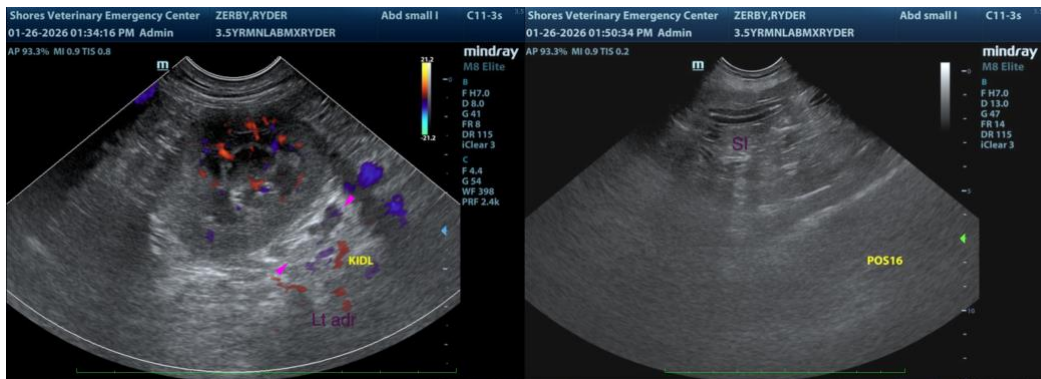
ULTRASONOGRAPHIC FINDINGS

Structurally unremarkable abdomen.

*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. There is no obvious evidence of a foreign body/obstruction in the available images.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A fecal evaluation for ova and Giardia is recommended.
- Empirical treatment for acute gastroenteritis/esophagitis is recommended.
- Given the regurgitation, three-view thoracic radiographs are recommended to assess for esophageal pathology.
- If clinical signs persist despite medical management, a repeat abdominal ultrasound +/- further GI work-up may be indicated.





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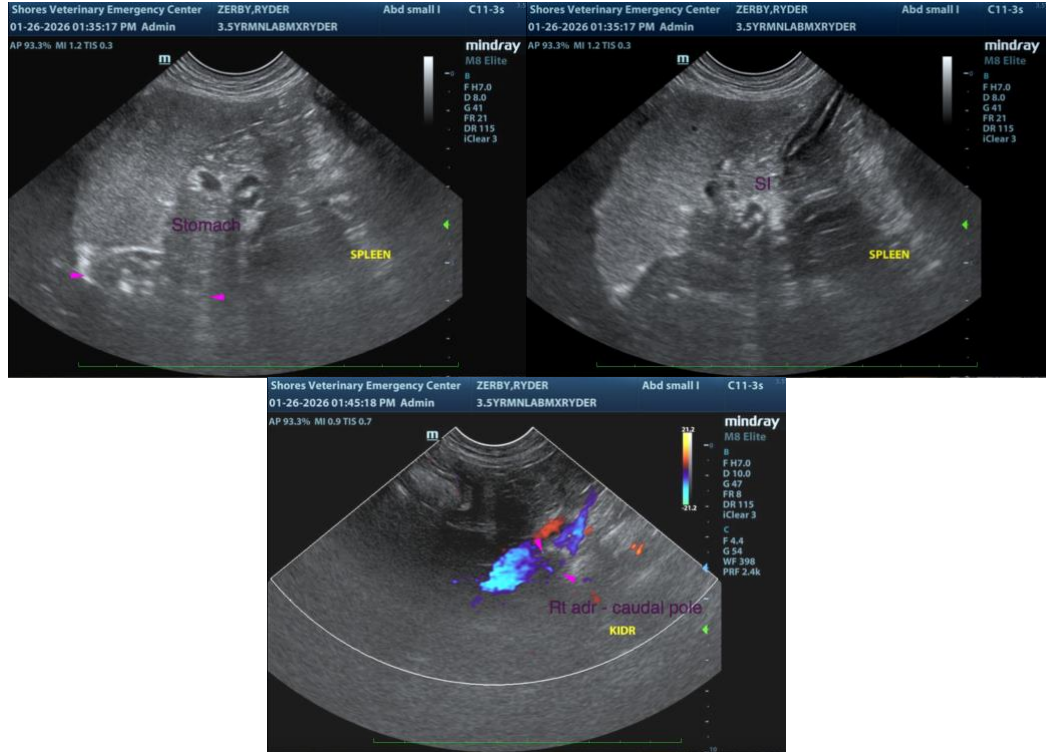
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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