

PATIENT	PRESENTING CLINICAL SIGNS
CJ Spencer	History: vomiting Abnormal PE/Chem/CBC/UA Results: WNL
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	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 is normal.
BREED	
Lab mix	The region of the prostate is not visualized due to its pelvic location.
SEX	
Neutered Male	The left kidney is normal in size (6.68 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.
AGE	
4	The right kidney is normal in size (5.99 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.
WEIGHT	Adrenal Glands
82	The left adrenal gland is normal in size (0.41 cm at cranial pole) (0.57 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.
INTERPRETED BY	
Andrea Nicastro DVM Diplomate ACVIM (Sm Animal Internal Med)	The right adrenal gland is normal in size (1.55 cm at cranial pole) (0.67 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	Spleen
Jenn	The spleen is normal in size (1.75 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.
HOSPITAL NAME	Liver
Rockaway AH	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.
REFERRING VET	
Dr Maniar	The gallbladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.
INVOICE	Gastrointestinal
22375	The lumen is not 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.
DATE	
1-5-2026	



PATIENT *Pancreas*

CJ Spencer

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 *Lymph Nodes*

Canine

The abdominal lymph nodes are normal/not visible.

BREED *Free Abdomen*

The mesentery adjacent to the stomach is hyperechoic. There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

Lab mix

Focal peritonitis adjacent to the stomach, likely sterile

SEX

Neutered Male

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

AGE

4

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

82

- Fecal evaluation for internal parasites
- If the patient's clinical signs are chronic in nature, consider a resting cortisol level, GI panel, 3-4-week limited antigen or hydrolyzed protein diet trial, +/- GI biopsies.
- If clinical signs are acute in nature, supportive care for acute gastroenteritis is recommended. If clinical signs persist despite medical management, a more comprehensive GI work-up may be indicated.

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

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PATIENT

CJ Spencer

SPECIES

Canine

BREED

Lab mix

SEX

Neutered Male

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REFERRING VET

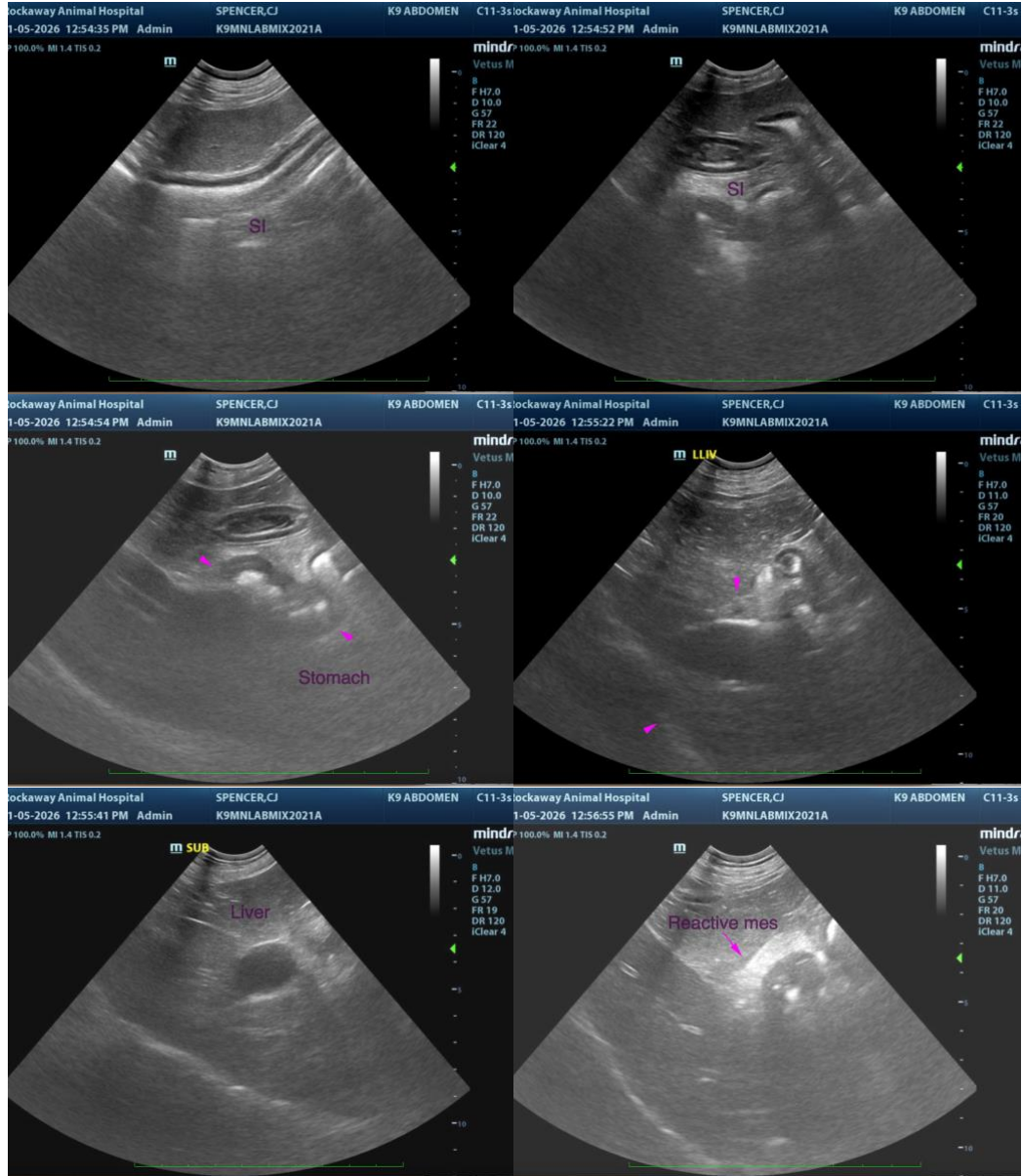
Dr Maniar

INVOICE

22375

DATE

1-5-2026



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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