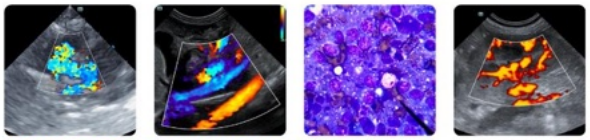

PATIENT

Zara Restrepo

SPECIES

Canine

BREED

Havanese/Miniature Poodle mix

SEX

Female, intact

AGE

10 months

WEIGHT

12.5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gabriel

HOSPITAL NAME

Central Jersey AH

REFERRING VET

Dr. Gabriel

INVOICE

13335

DATE

11/11/25

PRESENTING CLINICAL SIGNS

History: vomiting few times with blood bloody diarrhea anorexia Abnormal PE/Chem/CBC/UA
Results: Albumin 4.1 Globulin 2.3 Albumin: Globulin Ratio 1.8 ALT 132

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is moderately distended. The wall is normal in thickness with a smooth mucosal surface. A small amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed.

The left kidney is normal in size (4.00 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 (4.59 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.

Adrenal Glands

The region of the adrenal glands is evaluated. No obvious pathology is observed in this region.

Spleen

The spleen is normal in size (0.94 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.

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.

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

Gastrointestinal

The gastric lumen is moderately fluid distended and hypomotile. 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 colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas

A portion of the pancreas is obscured by the gastric distention. In the visualized portion, no obvious abnormalities are seen.

Lymph nodes

The abdominal lymph nodes are normal/not visible.

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

Other
Portions of the uterus are visible and appear normal in size (0.64 cm in width at the level of the uterine body). The lumen appears empty. No obvious pathology is seen.

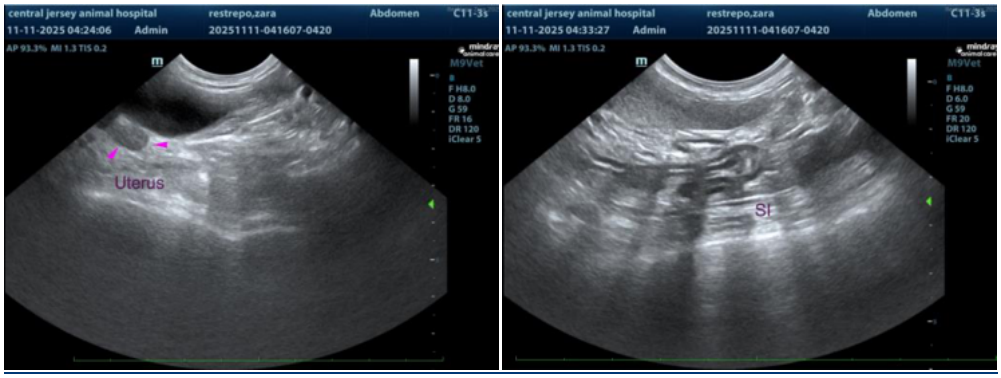
ULTRASONOGRAPHIC FINDINGS

- Gastric ileus. Functional ileus is suspected as there is no obvious evidence of a pyloric outflow tract obstruction.

*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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. A fecal evaluation for ova and Giardia, fecal PCR infectious disease panel and Parvo testing is recommended along with prophylactic deworming with fenbendazole.
2. Supportive care for acute gastroenteritis/colitis is recommended including a probiotic, fiber supplement and a bland diet. A GI promotility agent (i.e., metoclopramide) should be also considered for the gastric ileus. If clinical signs persist despite medical management, further GI workup (i.e., resting cortisol level, GI panel, GI biopsies) may be indicated.



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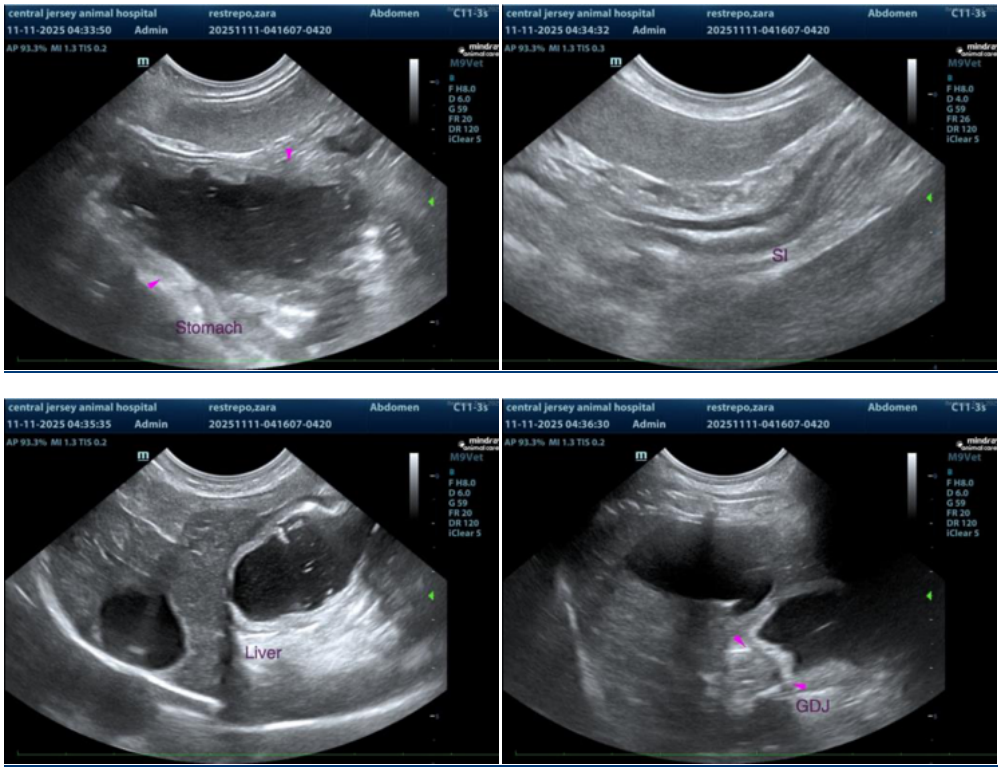

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com