



## PATIENT PRESENTING CLINICAL SIGNS

**Luna Witiak** History: 9yo FS Boston Terrier presented 11/12/25 for vomiting/diarrhea for 3-4d. Good appetite and can keep water down but vomiting up food. Pyloric thickening noted on rads. FF neg. O elected supportive care with SQ fluids/injectable Cerenia and presented for AUS today. No other current meds.

## SPECIES

Canine  
Abnormal PE/Chem/CBC/UA Results:  
CBC: mild hemoconcentration  
Chemistry: ALP 1216 T4: 1.6 FF: NPS

## BREED

Boston Terrier

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

**SEX** Female Spayed  
The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder lumen is mildly to 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

9

The left kidney is subjectively normal-in-size, with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

## WEIGHT

24.4 lbs

The right kidney is normal in size (4.66 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 hydronephrosis. Renal vasculature is normal.

## INTERPRETED BY

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

### Adrenal Glands

The left adrenal gland is normal in size (0.46 cm at cranial pole) (0.53 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

MEW

The right adrenal gland is borderline enlarged (0.84 cm at cranial pole) (0.69 cm at caudal pole) with a normal shape. Glandular echogenicity and detail are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

## HOSPITAL NAME

Weddington AH

### Spleen

The spleen is normal in size (1.66 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A few, varying-sized, hyperechoic nodules are observed within the parenchyma. Splenic vasculature is normal.

## REFERRING VET

Dr. Meg Walker

### 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.

## INVOICE

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The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

## DATE

11-13-25

### Gastrointestinal

The gastric lumen is mildly fluid-distended. The gastric wall is normal to borderline thickened (up to 0.49 cm) with retention of the 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



**PATIENT**

appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Luna Witiak

**SPECIES**

**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.

Canine

**Lymph Nodes**

The abdominal lymph nodes are normal/not visible.

**BREED**

Boston Terrier

**Free Abdomen**

There is no obvious evidence of free fluid.

**SEX**

**ULTRASONOGRAPHIC FINDINGS**

Female Spayed

- Mild retained gastric fluid
- Borderline right adrenomegaly
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

**AGE**

9

**WEIGHT**

24.4 lbs

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Despite the negative fecal evaluation, consider prophylactic deworming with fenbendazole.
- Also consider a GI panel including serum cobalamin and folate, TLI, PLI and resting cortisol level.
- Supportive care for acute gastroenteritis is recommended.
- If clinical signs persist despite medical management, endoscopic or surgical GI biopsies may be indicated.

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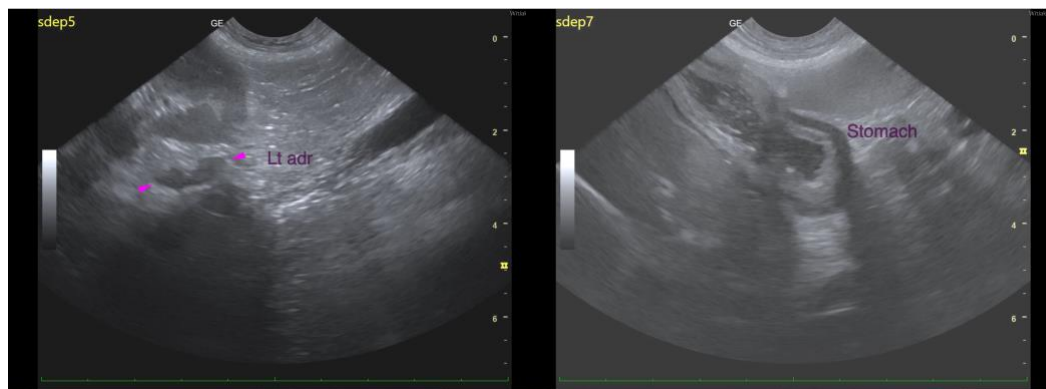
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**DATE**

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Luna Witiak

## SPECIES

Canine

## BREED

Boston Terrier

## SEX

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## AGE

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## WEIGHT

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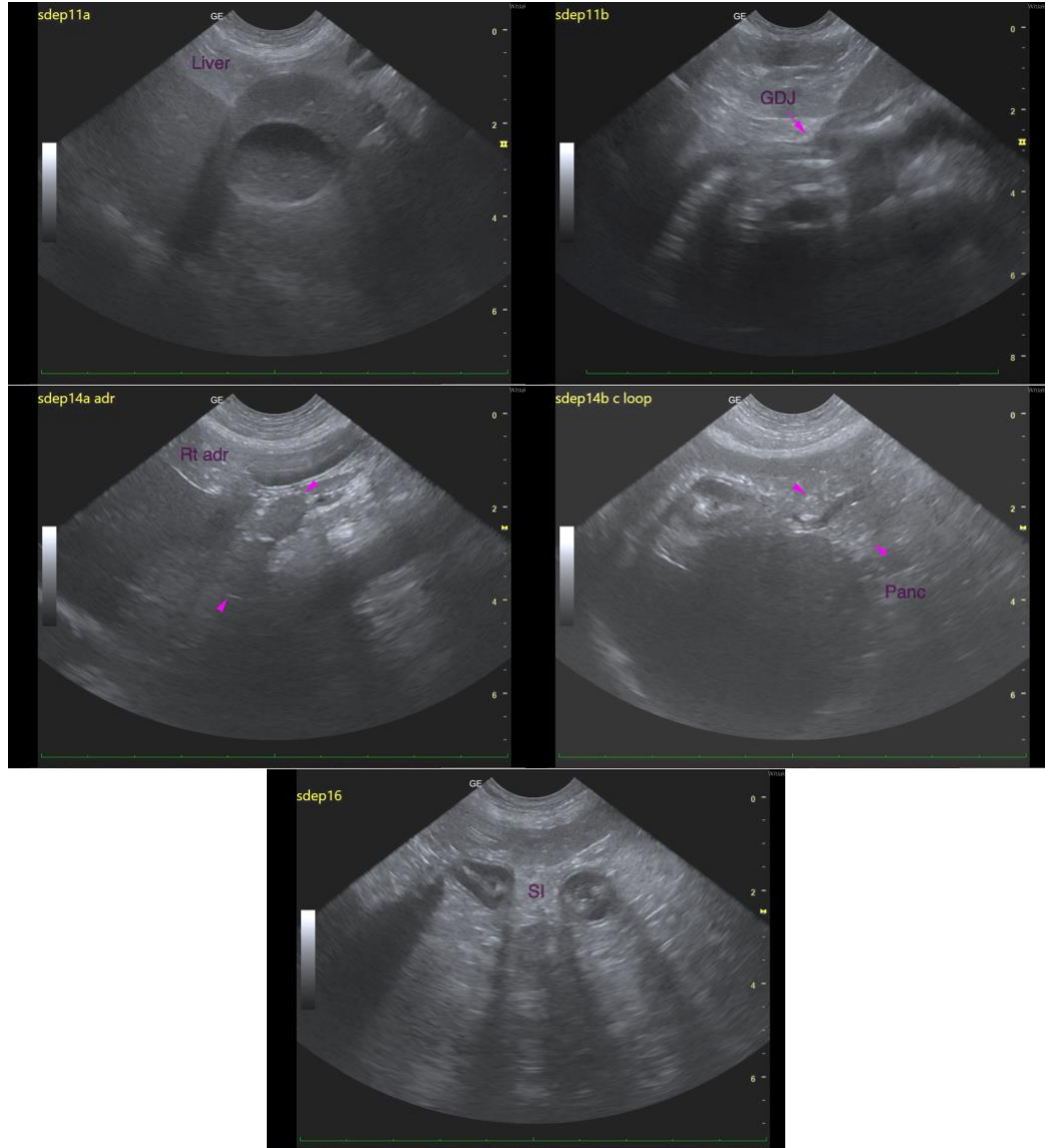
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)**  
[info@SonoPath.com](mailto:info@SonoPath.com)