



## PATIENT PRESENTING CLINICAL SIGNS

**Rosey Kritch** History: Vomiting after meals fairly regularly for past 2 months, but (owner has picture) only small amount of digested food/liquid typically 2-3 hours later. Fecal PCR infectious disease panel negative. ALT 136. CBC unremarkable. Heartworm negative.

## SPECIES

Canine

## BREED

Fr Bulldog

## SEX

Female

## AGE

1 year 1 mo

## WEIGHT

24 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr Cecelia Fisher

## HOSPITAL NAME

Cape Coral Pet Vet

## REFERRING VET

Dr. Patrick Vickers

## INVOICE

22249

## DATE

11-13-25

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### 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 the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal in size (4.37 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.

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.

### Adrenal Glands

The left adrenal gland is normal in size (0.50 cm at cranial pole) (0.41 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.

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

### Spleen

The spleen is normal in size (1.28 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 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.

### Gastrointestinal

The gastric lumen is not distended. 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

The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.



**PATIENT** *Lymph Nodes*

The abdominal lymph nodes are normal/not visible.

Rosey Kritch

**SPECIES** *Free Abdomen*

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

**BREED** *Other*

The uterine body is visible and is subjectively normal-in-size (0.64 cm in width). The lumen is mildly fluid-distended.

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Structurally unremarkable abdomen. An obvious cause for the patient's vomiting is not definitively identified in this study. Considerations include a primary enteropathy (i.e., esophageal dysfunction, food allergy/intolerance, inflammatory bowel disease, infectious/parasitic disease), underlying metabolic issue (i.e., hypoadrenocorticism), other.

Female

**AGE**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

1 year 1 mo

The following diagnostics/treatment recommendations can be considered:

**WEIGHT**

24 lbs

1. Texas GI panel including serum cobalamin, folate, PLI, TLI and resting cortisol level
2. Pre- and postprandial serum bile acids should also be considered to assess for hepatic dysfunction.
3. Three-view thoracic radiographs are recommended to assess for occult esophageal disease.
4. A fecal evaluation for ova/Giardia
5. Prophylactic deworming with Fenbendazole.
6. A 3-4 week hypoallergenic or hydrolyzed protein diet trial
7. Also consider initiating a probiotic with a high colony count +/- fiber supplement (i.e., psyllium).
8. Depending on the results of the above diagnostics/therapeutics, endoscopic or surgical gastrointestinal biopsies may be warranted.

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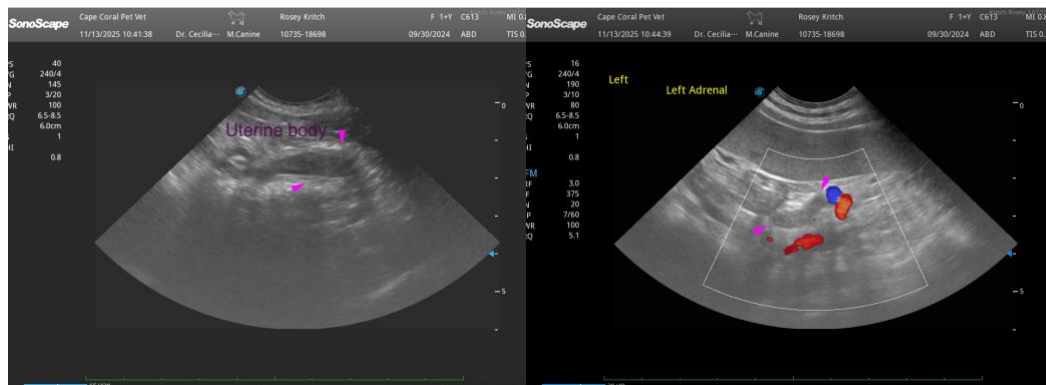
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**PATIENT**

Rosey Kritch

**SPECIES**

Canine

**BREED**

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**SEX**

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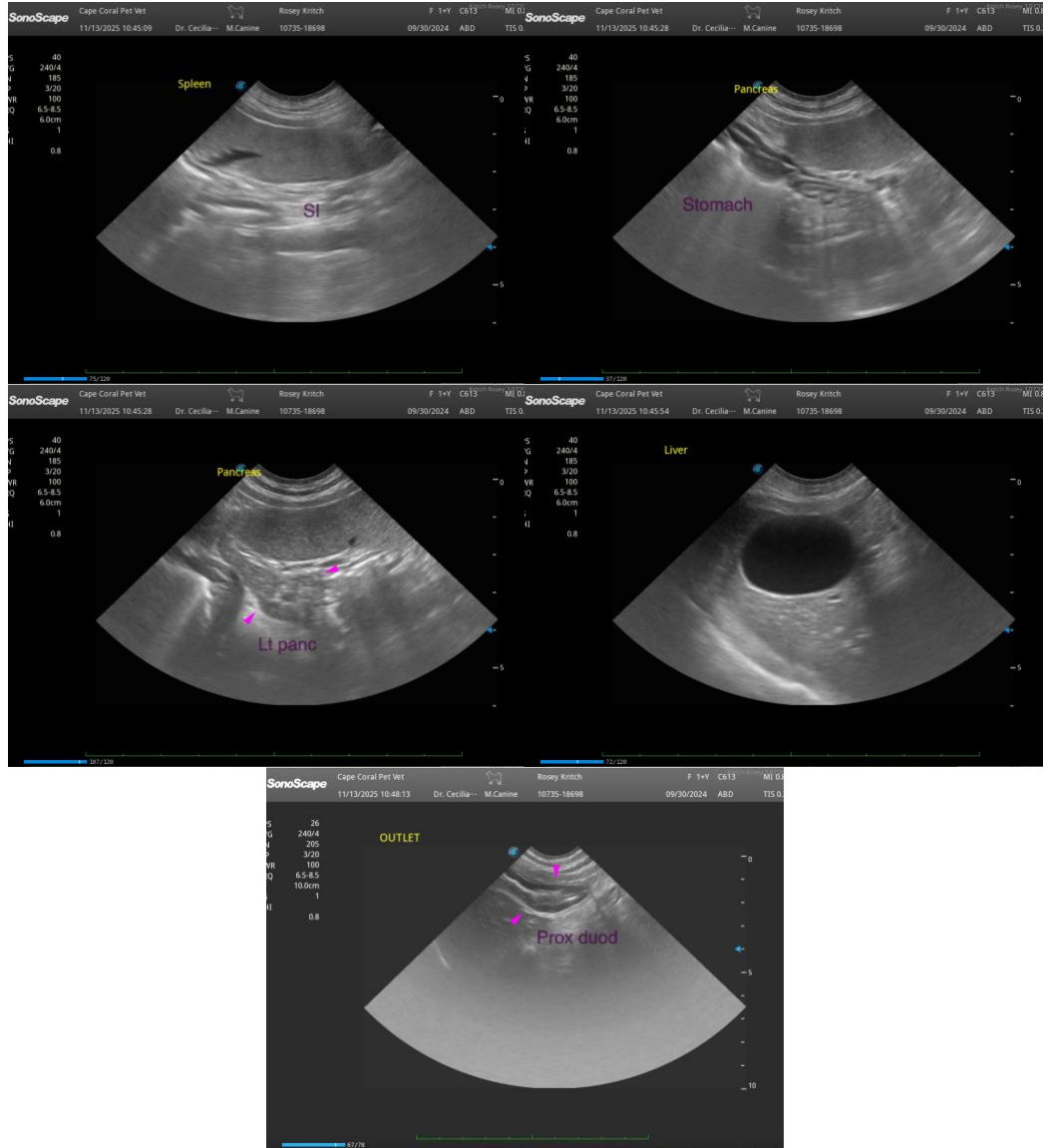
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)**  
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