

## PATIENT PRESENTING CLINICAL SIGNS

**Sadie Taylor** History: vomiting on Tuesday - went to referral and got Cerenia and fluids, vomited only once on Wed and Thur but then last night into today vomited about 4 times - always only bile, keeps meals down no diarrhea, a little lethargic at home this morning

## SPECIES

**Canine** Abnormal PE/Chem/CBC/UA Results: Temp 103.5°, but pet is running around the room normal exam otherwise

## BREED

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

**Golden Retriever**

### Urinary System

## SEX

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.

**Female**

## AGE

The left kidney is normal in size (6.03 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.

**27 weeks**

## WEIGHT

The right kidney is normal in size (6.09 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.

**49 lbs**

## INTERPRETED BY

### Adrenal Glands

The left adrenal gland is normal in size (0.40 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.

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

The right adrenal gland is normal in size (1.44 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

**Dr. Scott**

### Spleen

## HOSPITAL NAME

The spleen is normal in size (1.60 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.

**Wyckoff VH**

## REFERRING VET

### 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.

**Dr. Scott**

## INVOICE

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.

**22264**

## DATE

### Gastrointestinal

The gastric lumen is mildly to moderately distended with ingesta. 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 segmentally dilated with chyme (mild). 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

**11-15-25**



**PATIENT** is no evidence of an obstructive pattern.

Sadie Taylor **Pancreas**

The left limb is visible with minimal deviation from the normal peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat and homogenous in appearance. The pancreatic duct is not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

**SPECIES**

Canine

**Lymph Nodes**

**BREED**

A few prominent mesenteric lymph nodes are visualized (one measuring 4.81 x 1.62 cm).

Golden Retriever

**Free Abdomen**

There is no obvious evidence of free fluid.

**SEX**

**ULTRASONOGRAPHIC FINDINGS**

Female

- The abdominal lymphadenopathy could be consistent with immunologic immaturity, reactive lymphadenitis or lymphoid hyperplasia. Infiltrative neoplasia is possible but considered unlikely.

**AGE**

27 weeks

- If the patient was fasted for this study, the presence of ingesta within the gastric lumen could suggest delayed gastric emptying.

**WEIGHT**

49 lbs

\*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. There is no obvious evidence of a gastrointestinal foreign body/obstruction on today's study.

**INTERPRETED BY**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- A fecal evaluation for ova and Giardia is recommended (if not already performed).
- Supportive care for acute gastroenteritis should be initiated/continued.
- If clinical signs persist despite medical management, further GI work-up (i.e., resting cortisol level, GI panel, hypoallergenic diet trial, +/- GI biopsies) may be indicated.

Dr. Scott

**HOSPITAL NAME**

Wyckoff VH

**REFERRING VET**

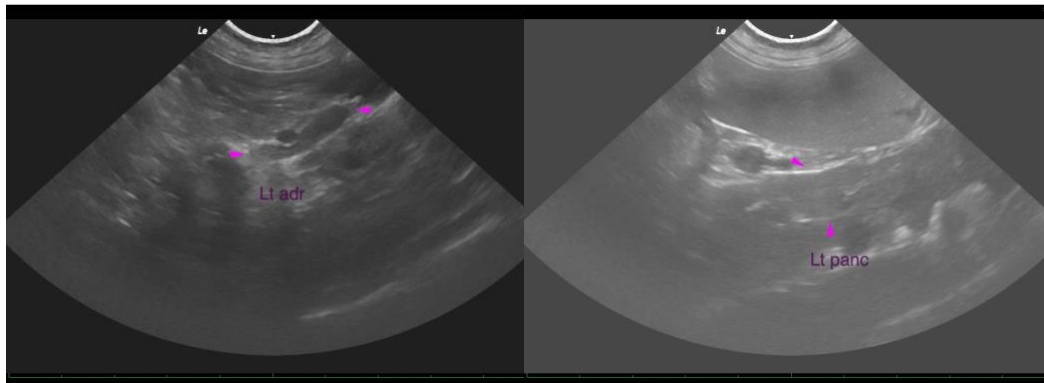
Dr. Scott

**INVOICE**

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Sadie Taylor

## SPECIES

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## BREED

Golden Retriever

## SEX

Female

## AGE

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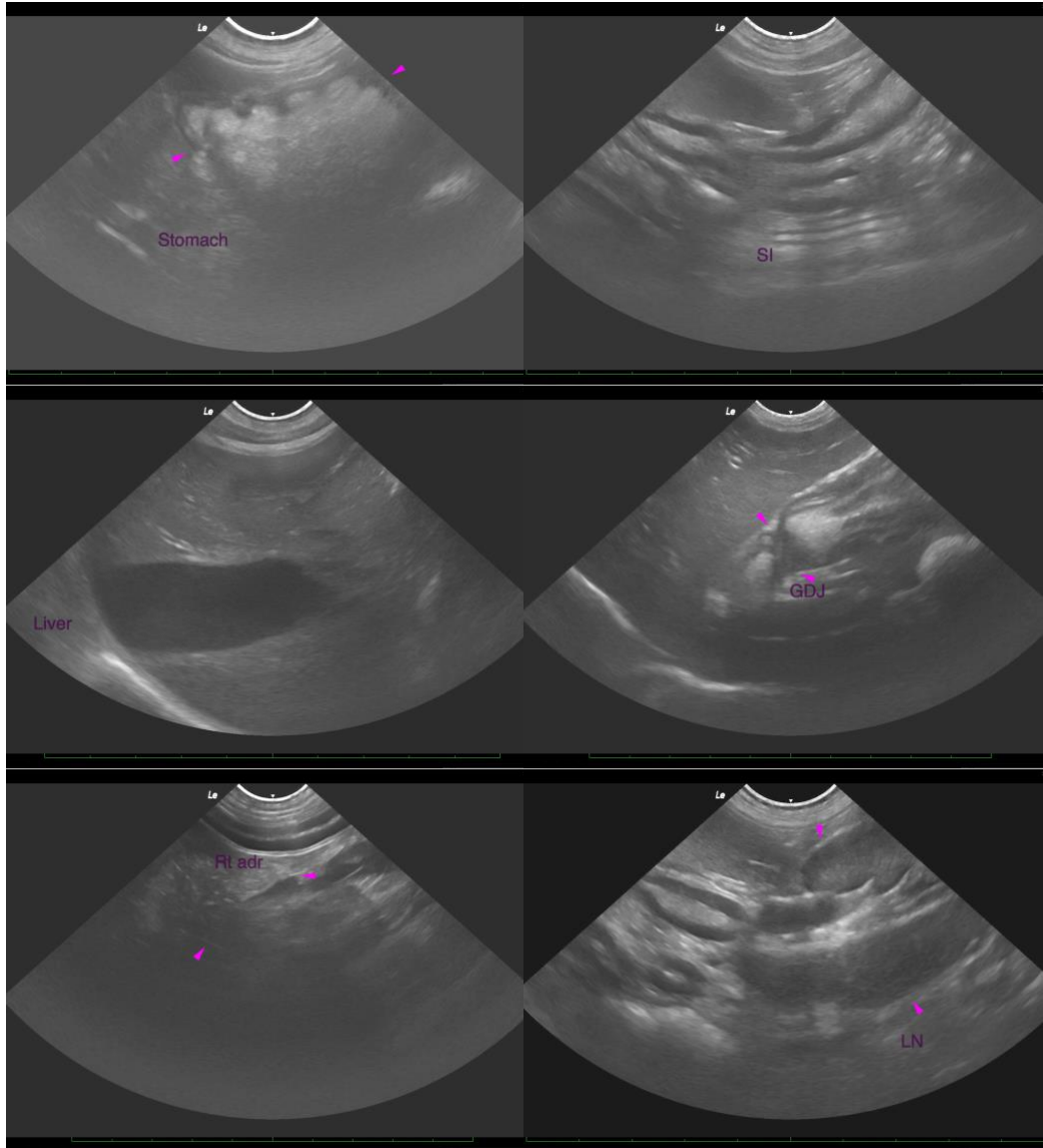
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)



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Female

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