



**PATIENT**

Gigi Garris

**SPECIES**

Canine

**BREED**

Standard Poodle

**SEX**

Female Spayed

**AGE**

6.24.19

**WEIGHT**

44 lbs

**INTERPRETED BY**

Andrea Nicastrò DVM  
Diplomate ACVIM  
(Sm Animal Internal Med)

**IMAGING  
PERFORMED BY**

Andrea Nicastrò DVM  
Diplomate ACVIM  
(Sm Animal Internal Med)

**HOSPITAL NAME**

Trinity Island VC

**REFERRING VET**

Dr Kristi Oldham

**INVOICE**

22285

**DATE**

11-20-25

**PRESENTING CLINICAL SIGNS**

Last week, had a few episodes of liquid diarrhea. Diarrhea was acute in onset. Owner gave half an Immodium. Also had a few doses of Pro Pectalin. Since then, has not had a bowel movement, nor is she trying to have a bowel movement. She sniffs the grass like she wants to, but she doesn't posture or strain at all. She had an enema yesterday with Dr. Oldham, which was fairly productive. Is eating well. No weight loss.

**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. A small amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2-3 cm, are normal.

The left kidney is normal in size (6.35 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (6.36 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is normal in size (0.52 cm at cranial pole) (0.43 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 right adrenal gland is normal in size (1.06 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.

**Spleen**

The spleen is normal in size (1.79 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 portal vein to caudal vena cava ratio is approximately 1: 1.

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 mildly to moderately fluid-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 ileocecolic junction and colonic wall are



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normal. Some shadowing fecal material is observed throughout the colonic lumen. There is no obvious evidence of an obstructive pattern.

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**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.

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**Lymph Nodes**

A 1.32 x 0.36 cm medial iliac lymph node is visible.

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**Free Abdomen**

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

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**Other**

A brief echocardiogram reveals no obvious evidence of right atrial or auricular mass. There is no obvious evidence of pericardial effusion.

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**ULTRASONOGRAPHIC FINDINGS**

The prominent medial iliac lymph node is likely reactive with a low possibility of lymphadenitis or emerging neoplasia.

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\*An obvious cause for the patient's clinical signs is not definitively identified in this study. Considerations include residual effects from the anti-diarrheal medication, primary colonic disease (i.e., megacolon, small tumor), other.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Fiber supplement (i.e., Metamucil) is recommended, along with small, frequent meals.
- Water consumption should be promoted, if possible, to maintain hydration.
- Moderate exercise is also recommended.
- If the patient's clinical signs do not improve over the next 48-72 hours, further work-up (i.e., colonoscopy) may be indicated.

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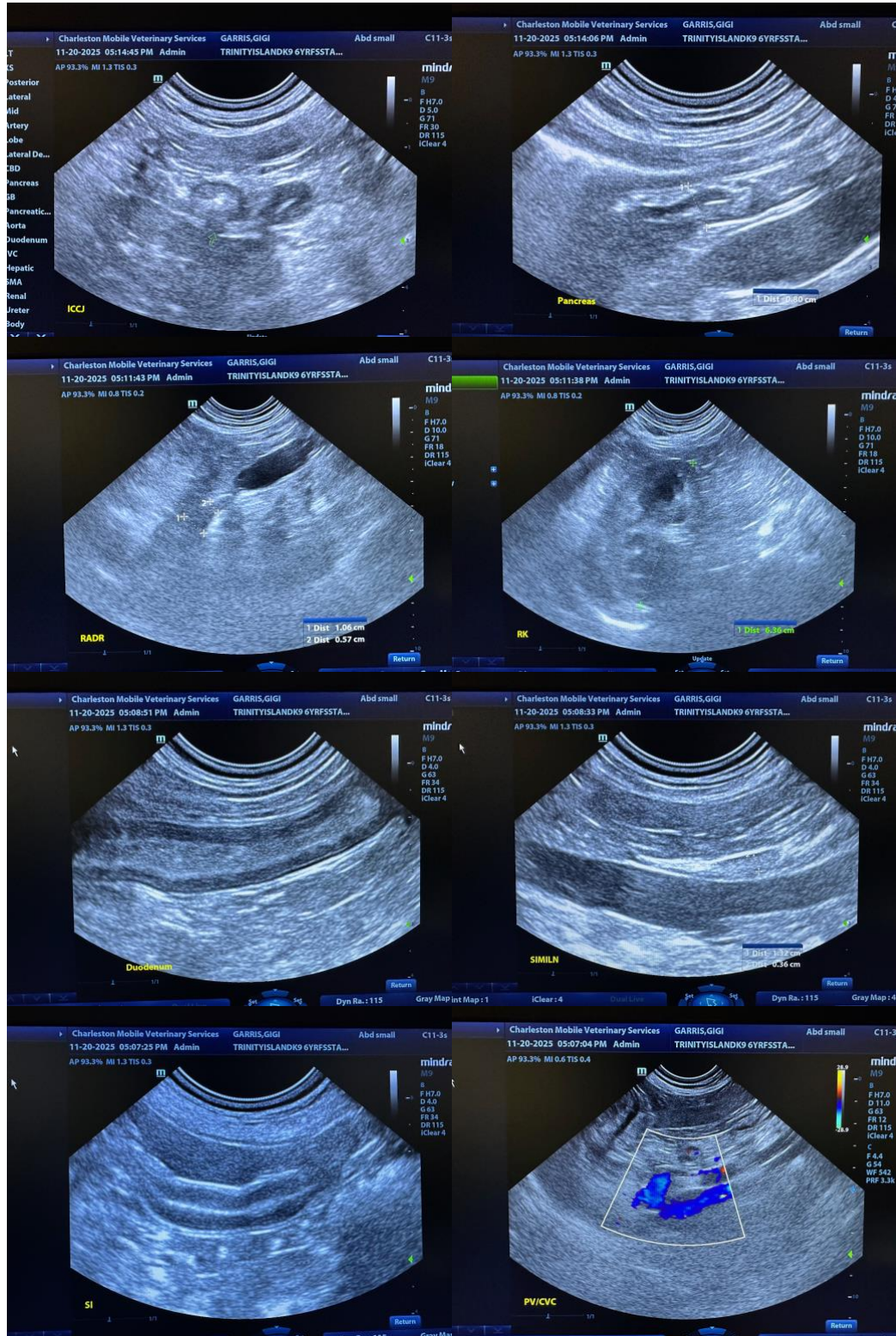
Dr Kristi Oldham

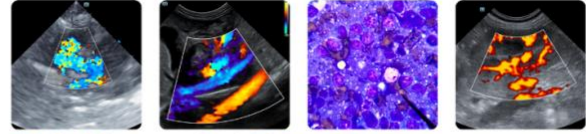
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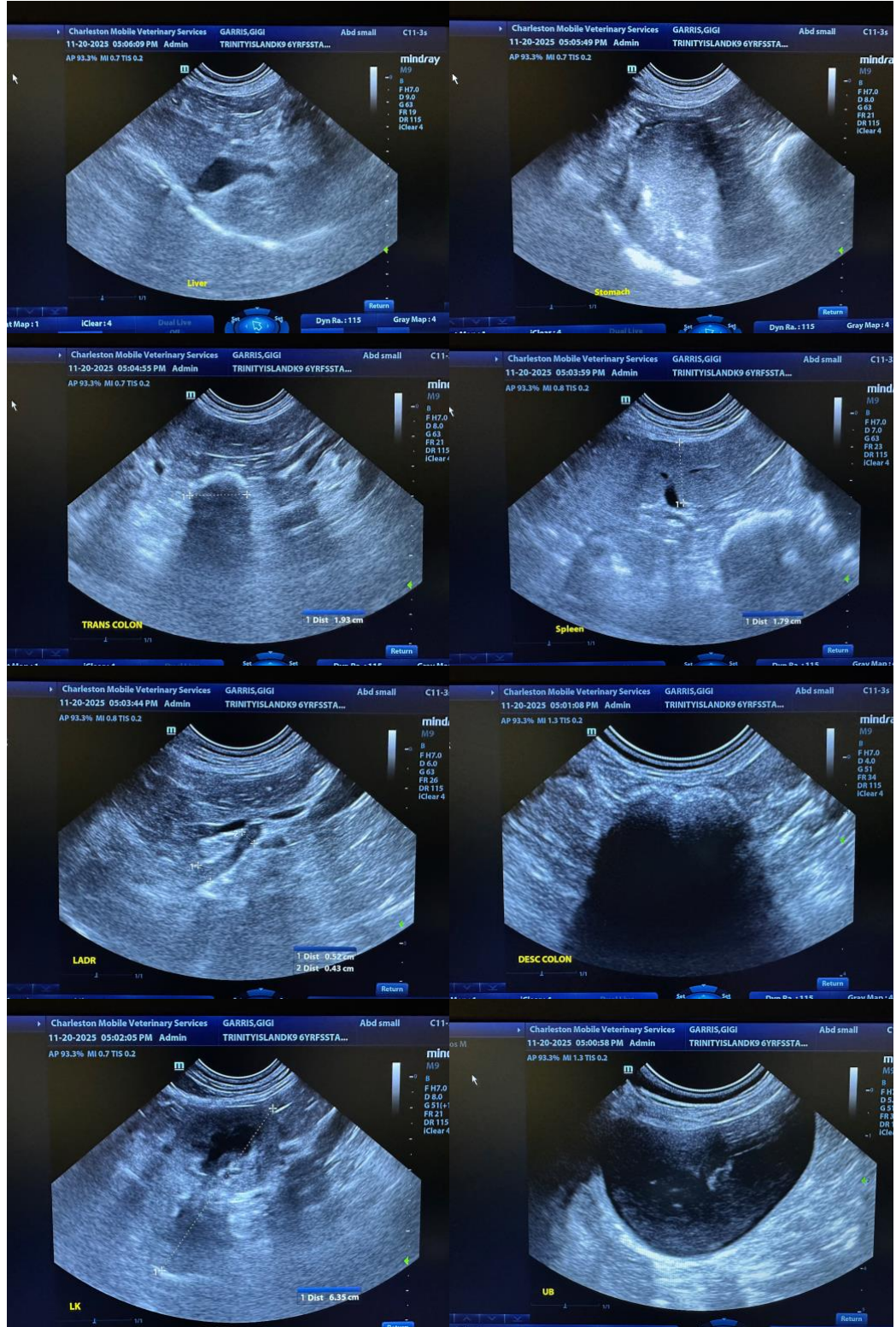
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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[info@SonoPath.com](mailto:info@SonoPath.com)

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