



PATIENT

Spoo Mucciarone

SPECIES

Canine

BREED

Standard Poodle

SEX

Female Spayed

AGE

8

WEIGHT

Not Provided

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

Dr Devin Soileau

REFERRING VET

Dunes VC

INVOICE

22296

DATE

11-21-25

PRESENTING CLINICAL SIGNS

Patient has had a chronic history of regurgitation and burping. Has been on Prilosec but is still having regurgitation. Has vomited at least once. Bloodwork and ACTH stimulation test normal. Thoracic radiographs did not reveal evidence of megaesophagus.

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 visible portion of the proximal urethra are normal.

The left kidney is normal in size (6.38 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 (6.93 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.

Adrenal Glands

The left adrenal gland is normal in size (0.52 cm at cranial pole) (0.56 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 (0.69 cm at cranial pole) (0.46 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 (1.74 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 distended with ingesta. 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. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileoceocolic junction and colonic wall are normal. The colonic lumen contains shadowing fecal material. 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

The abdominal lymph nodes are normal/not visible.

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Free Abdomen

There is no obvious evidence of free fluid.

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Other

A brief echocardiogram reveals no obvious evidence of pericardial or pleural effusion in the visible window.

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ULTRASONOGRAPHIC FINDINGS

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

WEIGHT

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*An obvious cause for the patient's regurgitation is not definitively identified in this study. Considerations include esophageal dysfunction/primary motility disorder, food allergy/intolerance, inflammatory bowel disease, infectious/parasitic disease (i.e., *Helicobacter pylori*), neurologic disease (i.e., myasthenia gravis), other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Consider a barium esophagram, preferably via fluoroscopy, to assess for esophageal dysfunction. Depending on the results, an upper GI endoscopy with GI biopsies may be indicated.
- Other considerations include the following:
 1. 3-4-week limited antigen or hydrolyzed protein diet trial
 2. Empirical treatment with metoclopramide (pro-motility agent). If no improvement is observed within 5-7 days of initiating therapy, the medication should be discontinued.

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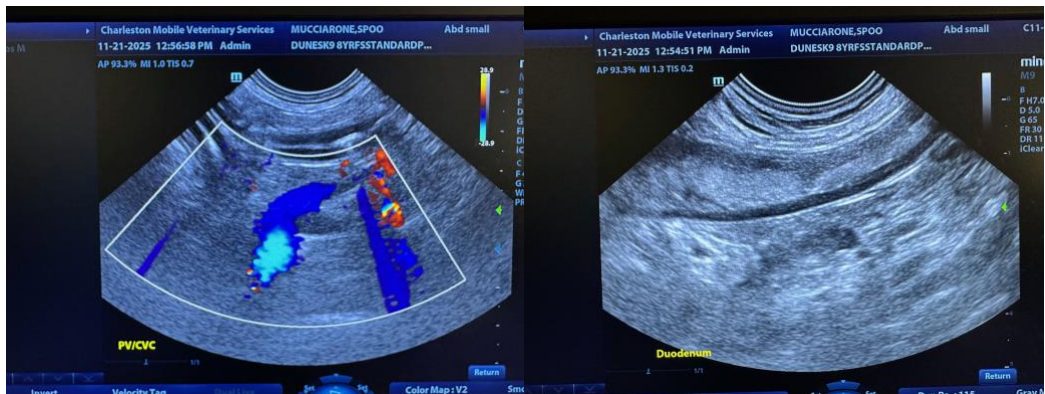
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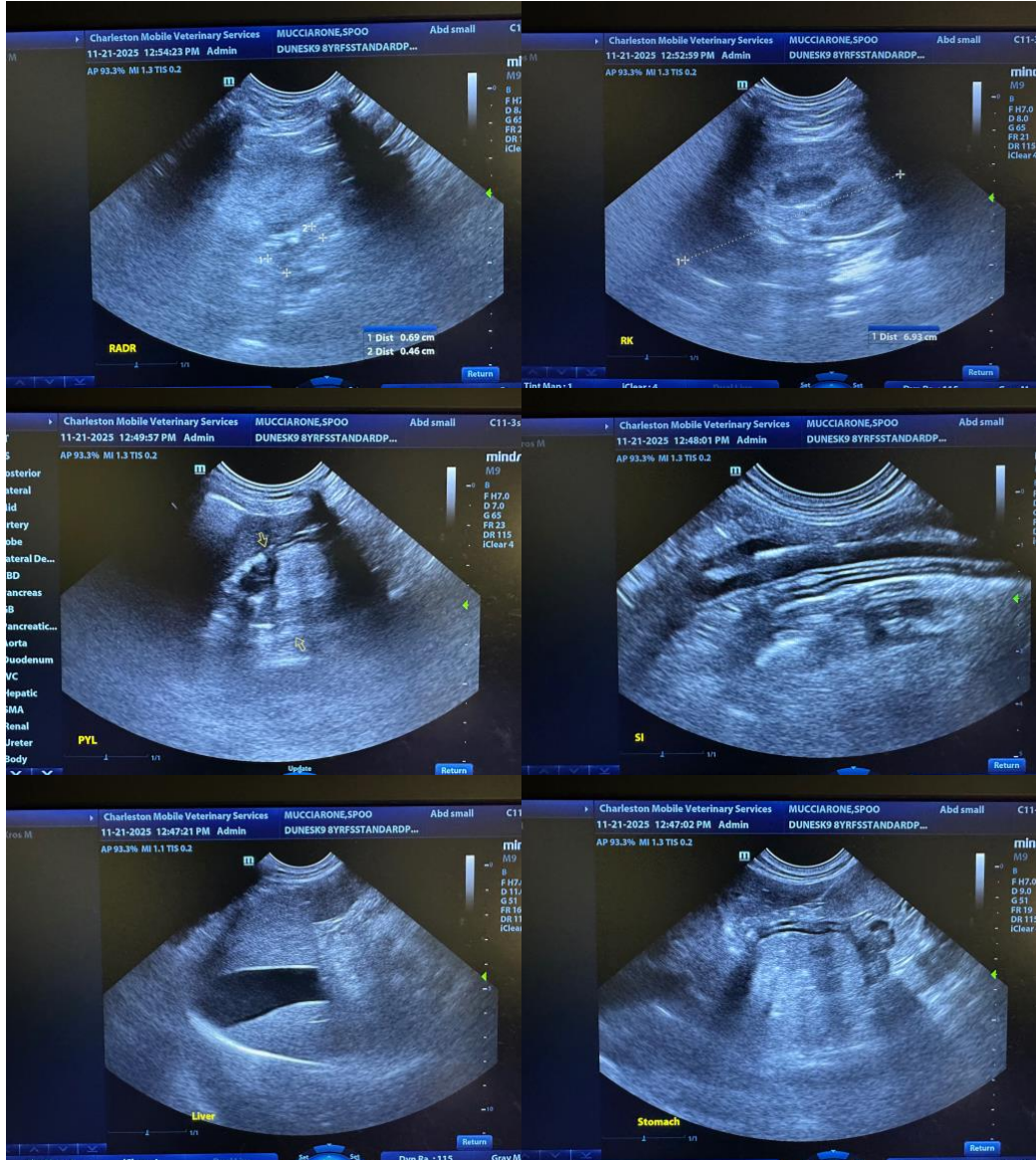
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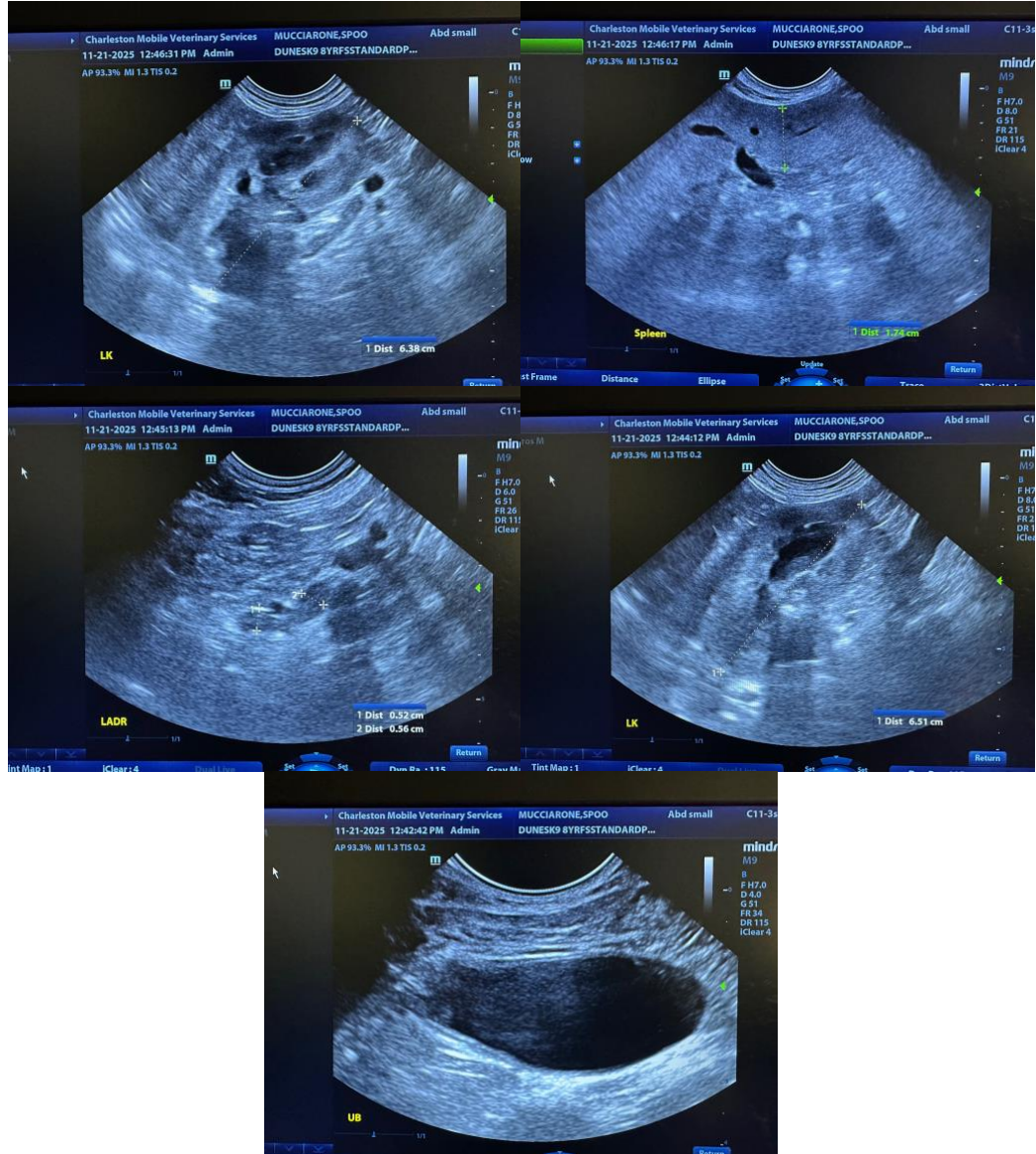
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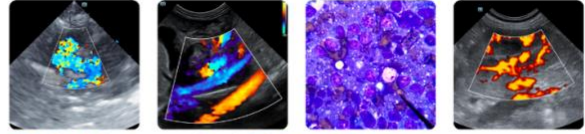
The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 Nicastr0, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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