



PATIENT PRESENTING CLINICAL SIGNS

Denali Auriemma History: vomiting profusely, urinating around the house
Abnormal PE/Chem/CBC/UA Results: USG 1.032

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

Urinary System

BREED

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.

Frenchie

SEX

The region of the prostate is not visualized due to its pelvic location.

Neutered Male

The left kidney is normal-in-size (4.55 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.

AGE

6

The right kidney is normal in size (4.78 cm in length) 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

27

Adrenal Glands

INTERPRETED BY

The left adrenal gland is mildly enlarged (0.71 cm at cranial pole) (0.74 cm at caudal pole) with slightly swollen peripheral contours. 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
(Sm Animal Internal Med)

The right adrenal gland is mildly enlarged (1.39 cm at cranial pole) (0.76 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

Jenn

Spleen

HOSPITAL NAME

The spleen is normal in size (1.51 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.

Rockaway AH

Liver

REFERRING VET

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 Maniar

INVOICE

The gallbladder lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated, echogenic, partially dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

22313

DATE

Gastrointestinal

11-24-25

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.



PATIENT

Denali Auriemma

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

The abdominal lymph nodes are normal/not visible.

BREED

Frenchie

Free Abdomen

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

SEX

Neutered Male

ULTRASONOGRAPHIC FINDINGS

- The hypoechoic pancreas may be a normal variant for this patient or may represent mild pancreatitis. Correlation with the patient's clinical history is recommended.

AGE

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- Minor bilateral age-related renal changes

- Mild bilateral adrenomegaly

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

INTERPRETED BY

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Diplomate ACVIM
(Sm Animal Internal Med)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Fecal evaluation for internal parasites
- Three-view thoracic radiographs should also be considered to assess for occult aspiration pneumonia.
- Supportive care for gastroenteritis is recommended.
- If clinical signs persist despite medical management, further GI work-up (i.e., GI panel +/- GI biopsies) may be indicated.
- Regarding the dysuria, a urinalysis with a culture and sensitivity are recommended.

IMAGING PERFORMED BY

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HOSPITAL NAME

Rockaway AH

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SPECIES

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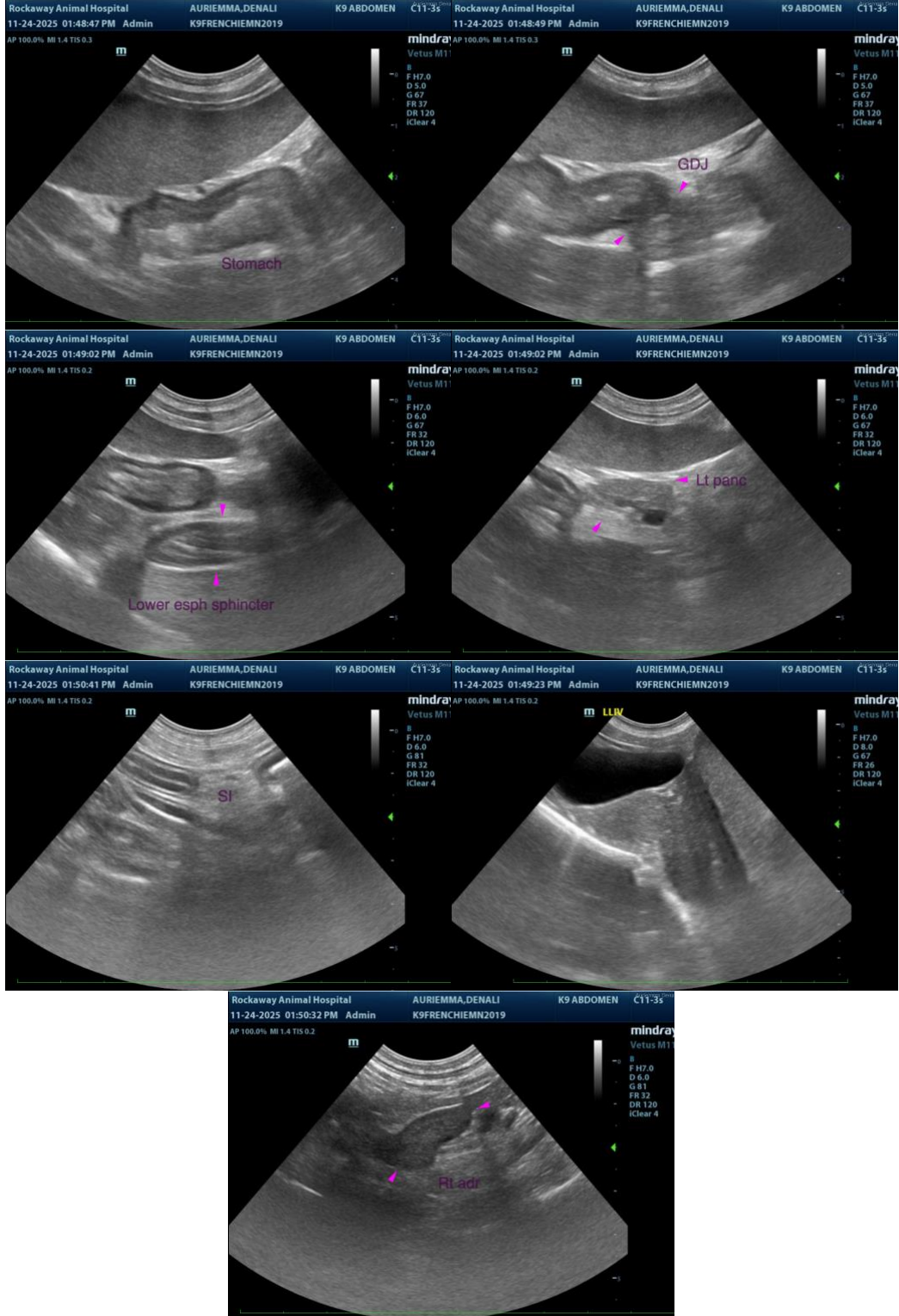
Dr Maniar

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PATIENT

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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.

SPECIES

Canine

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.

BREED

Frenchie

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info@SonoPath.com

SEX

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