



PATIENT

Gypsy Scott

SPECIES

Canine

BREED

Poodle mix

SEX

Female, spayed

AGE

13 Yrs.

WEIGHT

23.8 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Laura Klaassen

HOSPITAL NAME

Animal Care Group of
Lake Oswego

REFERRING VET

Dr. Juvenal

INVOICE

13381

DATE

11/25/25

PRESENTING CLINICAL SIGNS

History: - chronic intermittent diarrhea Abnormal PE/Chem/CBC/UA Results: BUN 61 creat 1.5

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is mildly to 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 (4.16 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. Mild to moderate pyelectasia is present (0.33 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter.

The right kidney is normal in size (5.47 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. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.84 cm at cranial pole) (0.83 cm at caudal pole) with slightly swollen peripheral contours. The glandular echogenicity and detail are unremarkable. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.99 cm at cranial pole) (0.63 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 subjectively normal in size 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 curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and slightly mottled in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of mobile echogenic to mineralized debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

Pancreas



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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.

Lymph nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

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

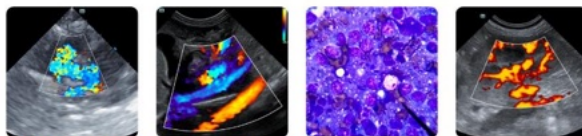
ULTRASONOGRAPHIC FINDINGS

- Mild bilateral age-related renal changes with pyelectasia. The pyelectasia may be secondary to pyelonephritis, parenchymal remodeling, PU/PD (if applicable) or some combination thereof.
- Minor geriatric hepatic parenchymal changes
- Gallbladder debris/sand, non-mucocele
- Mild left adrenomegaly

*An obvious cause for the patient's chronic intermittent diarrhea is not identified in this study. Considerations include a primary enteropathy (i.e., food allergy/intolerance, inflammatory bowel disease, infectious/parasitic disease), underlying metabolic issue, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- The following diagnostics/treatment recommendations can be considered:
 1. Texas GI panel including serum cobalamin, folate, PLI, TLI and resting cortisol level
 2. Fecal evaluation for ova/Giardia
 3. Prophylactic deworming with Fenbendazole.
 4. 3-4 week hypoallergenic or hydrolyzed protein diet trial (see below)
 5. Initiation of a probiotic with a high colony count +/- fiber supplement (i.e., psyllium).
 6. Depending on the results of the above diagnostics/therapeutics, endoscopic or surgical gastrointestinal biopsies may be warranted. Three-view thoracic radiographs should be performed prior to any anesthetic event.
- Regarding the azotemia, consider the following:
 1. Urinalysis with a culture and sensitivity
 2. UPC (if proteinuria is present in the absence of infection)
 3. Baseline blood pressure measurement
- Consider transitioning to a diet that addresses both the patient's renal and GI issues.



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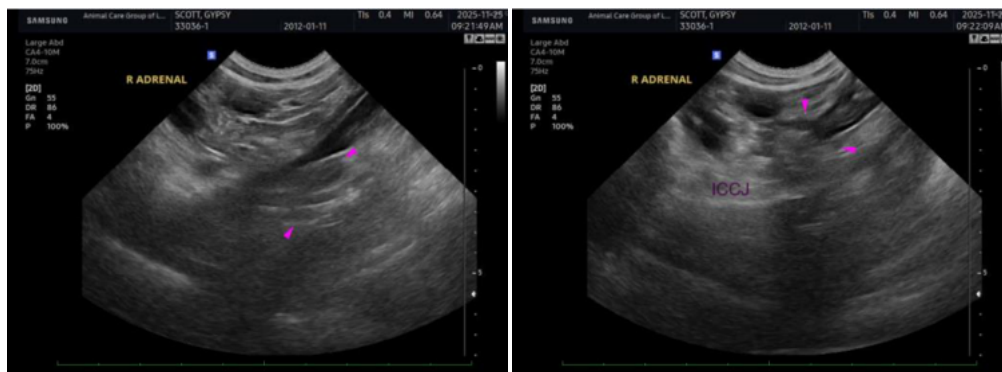
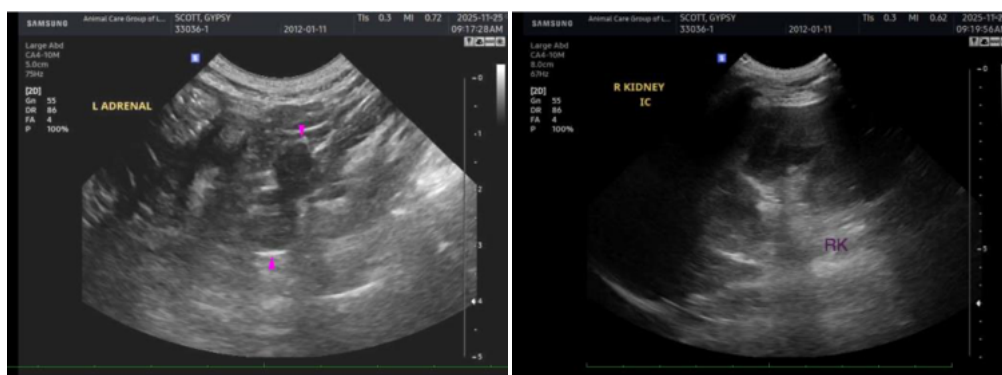
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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

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