



PATIENT

Cassie Dolan

SPECIES

Caniine

BREED

Shih Tzu

SEX

Female, spayed

AGE

9 Yrs.

WEIGHT

18.94 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Christina CVT

HOSPITAL NAME

Animal Health VC

REFERRING VET

Dr. Collazos

INVOICE

13305

DATE

11/4/25

PRESENTING CLINICAL SIGNS

History: - P presented today for vomiting and inappetence last 2 days, mucus diarrhea started this AM
- P very painful on abdominal palpation - P is on Rimadyl and Gabapentin Abnormal PE/Chem/CBC/UA
Results: 10/22/25 - ALKP - 725, Potassium - 5.9, Triglycerides - 1938 AlkP was 2487 on 1/2025

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended. The wall is of appropriate thickness for the level of repletion. The mucosal surface in the region of the apex is slightly irregular. Mineralized sand along with some cystic calculi are observed within the lumen. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal in size (4.43 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Mild to moderate pyelectasia is present (0.33 cm in the longitudinal plane). Small non-obstructive nephroliths are visualized. There is no evidence of infarcts or hydroureter.

The right kidney is normal in size (4.85 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Mild pyelectasia is present (0.19 cm in the longitudinal plane). Small non-obstructive nephroliths are visualized. There is no evidence of infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is borderline enlarged (0.55 cm at cranial pole) (0.54 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.

No images of the right adrenal gland provided.

Spleen

A small portion of the cranial portion of the spleen is visualized. No abnormalities are noted in this region.

Liver

The liver is normal to prominent in size with smooth 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. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen. The duodenal papilla is normal in size (0.37 cm in width).

Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The proximal duodenum is slightly plicated. The small intestinal lumen is empty. 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 obvious evidence of an obstructive pattern.

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Pancreas

The pancreas is diffusely enlarged with irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and mottled in appearance with small ill-defined cystic area in the left limb. Surrounding mesentery is hyperechoic. There is evidence of peripancreatic effusion.

Lymph nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

The mesentery in the cranial abdomen is hyperechoic. Trace free fluid is observed.

ULTRASONOGRAPHIC FINDINGS**Primary Findings:**

- Moderate to severe pancreatitis with adjacent peritonitis. Concurrent infiltrative neoplasia is possible but considered less likely.
- The plication of the proximal duodenum is likely secondary to inflammation from the adjacent pancreatitis.
- Urinary bladder sand with small cystic calculi

Secondary Findings:

- Bilateral nonspecific age-related renal changes with non-obstructive nephrolithiasis. The bilateral pyelectasia may be secondary to parenchymal remodeling, pyelonephritis, PU/PD (if applicable), fluid therapy (if applicable) or some combination thereof.
- Mild left adrenomegaly
- The hepatic parenchymal changes are nonspecific and could be secondary to age-related parenchymal remodeling, regenerative nodular hyperplasia, inflammatory disease, hepatotoxicosis (i.e., copper), infiltrative neoplasia (less likely) and/or other hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Supportive care for pancreatitis is recommended including IV fluid therapy, gastric protectants, antiemetics, pain medication as needed, +/- fresh frozen plasma +/- fuzapladib. Nutritional support (i.e., trickle feeding) should also be initiated as soon as the patient will tolerate it as it will help to improve enterocyte health.
2. Serial sonographic monitoring (i.e., daily) of the pancreas is recommended to assess for progression of disease. Consider three-view thoracic radiographs to assess cardiopulmonary status, as pancreatitis can have systemic effects which affect the thoracic cavity.
3. Close monitoring of the patient's organ function is also recommended.
4. Regarding the cystic calculi, a cystotomy with stone removal, analysis and culture should be considered once the patient's current clinical condition has stabilized. If a cystotomy is not pursued, an attempt at medical dissolution can be attempted.



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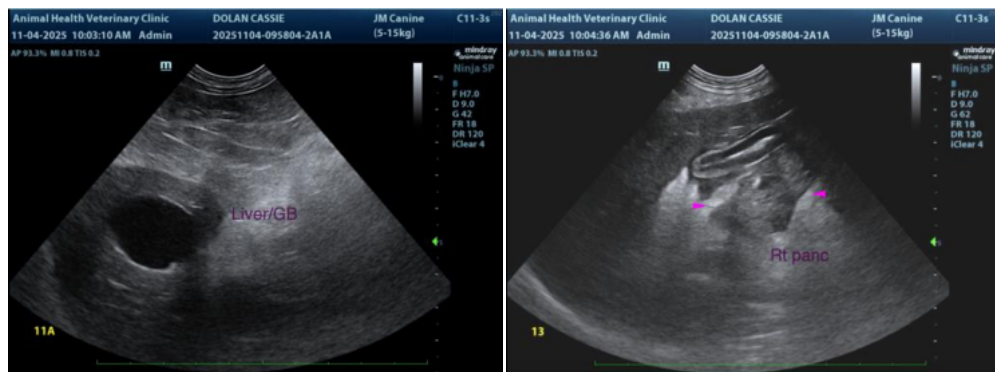
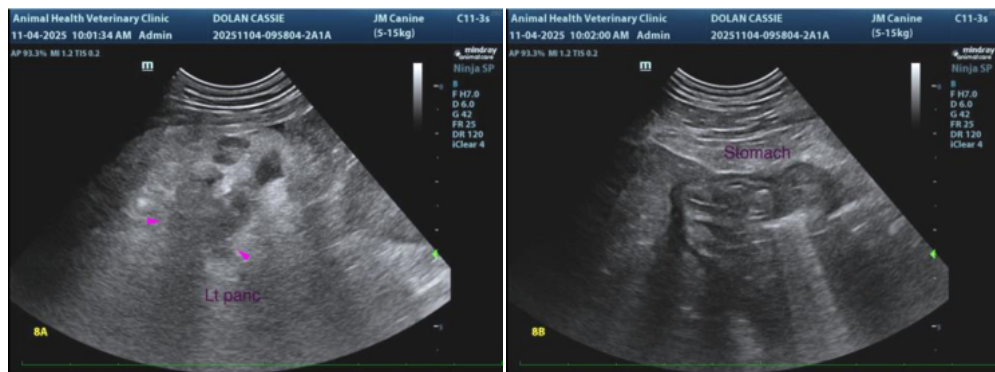
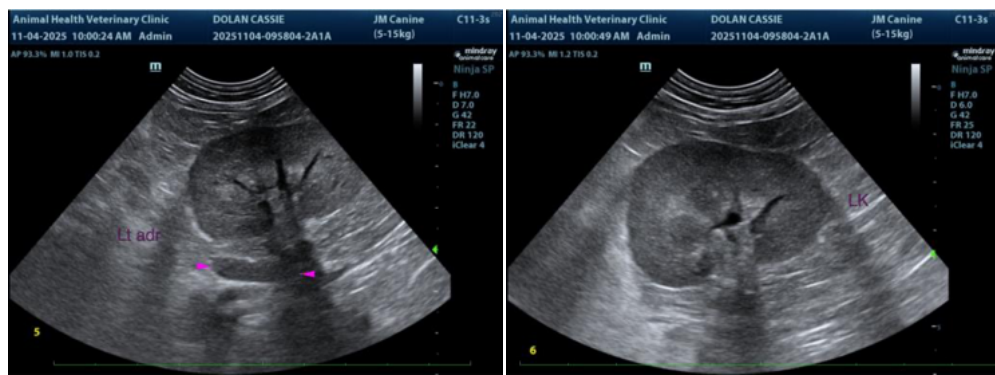
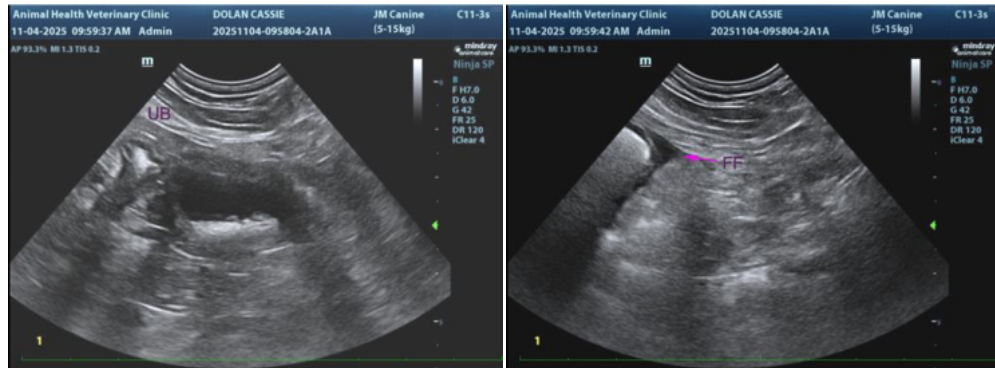
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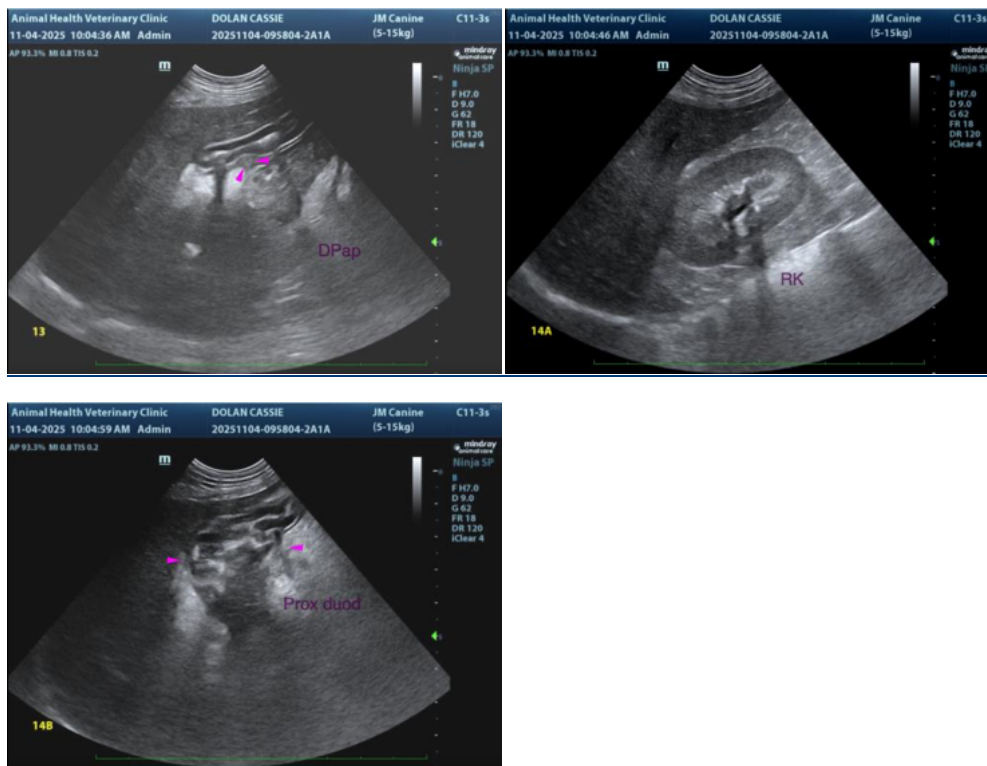
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com