



PATIENT

Sadie Jones Joy

SPECIES

Canine

BREED

Terrier mix

SEX

Female, spayed

AGE

11 Yrs.

WEIGHT

45 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Tracy Eure

HOSPITAL NAME

Moyock AH

REFERRING VET

Dr. Tracy Eure

INVOICE

13308

DATE

11/4/25

PRESENTING CLINICAL SIGNS

History: Sadie presented for decreased appetite and vomiting for 24-36 hours. Sadie vomited up 2 socks and some cloth yesterday. She has had diarrhea for 4 days. **Abnormal PE/Chem/CBC/UA Results:** Temp 102.4, Abdomen palpates slight painful, Sadie's appetite is still decreased but she will eat small amounts today. She has not vomited in the past 12 hours. Abdominal radiographs reveal no obvious foreign material or blockage. There is one small piece of metal opacity in the stomach (likely a twist tie). There is one suspicious gas filled loop of small intestine mid abdomen (but not an obvious blockage). Bloodwork was unremarkable.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and 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 cm, are normal.

The left kidney is subjectively normal in size 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. Mild pyelectasia is present (0.22 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (6.55 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. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.54 cm at cranial pole) (0.52 cm at caudal pole) with a normal shape. A 0.46 x 0.33 cm ill-defined hyperechoic nodule is observed at the cranial pole. The glandular echogenicity and detail at the caudal pole are unremarkable. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is borderline enlarged (1.58 cm at cranial pole) (0.73 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.

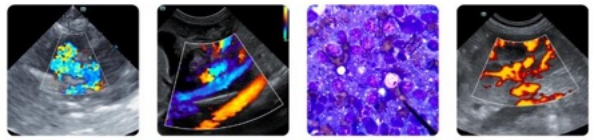
Spleen

The spleen is subjectively enlarged with swollen peripheral 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 gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of mostly gravity-dependent echogenic to mineralized debris/sand is observed within the lumen. The cystic and common bile ducts are normal/not seen.



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Gastrointestinal

The gastric lumen is mildly 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 colonic wall is normal. There is no evidence of an obstructive pattern.

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.

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

Primary Findings:

- Minor gastric fluid retention

Secondary Findings:

- Gallbladder debris/sand, non-mucocele
- Mild right adrenomegaly
- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a lower possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- The left adrenal nodule could be consistent with focal nodular hyperplasia, adenoma or less likely, emerging adenocarcinoma, pheochromocytoma, other.

*There is no obvious evidence of a gastrointestinal foreign body/obstruction in the available images.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Continued supportive care for dietary indiscretion is recommended. If clinical signs persist, further workup (i.e., repeat abdominal imaging (i.e., radiographs and/or ultrasound), GI panel, fecal evaluation +/- GI biopsies) may be indicated.
2. Given the presence of a fever, also consider three-view thoracic radiographs to assess for occult aspiration pneumonia.



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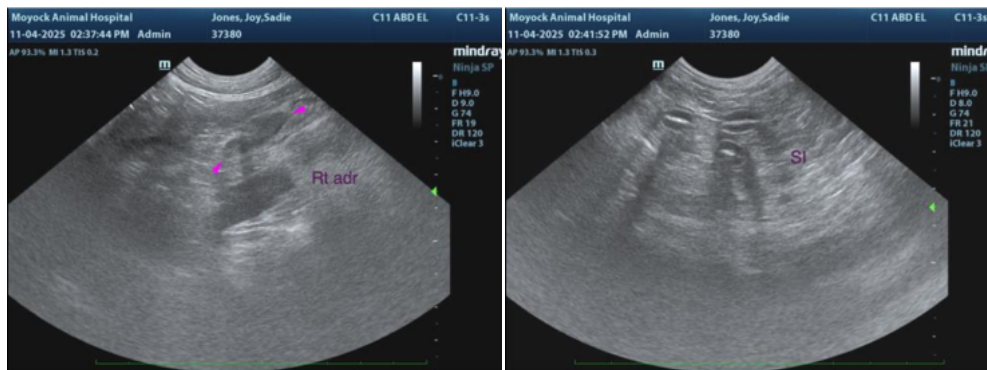
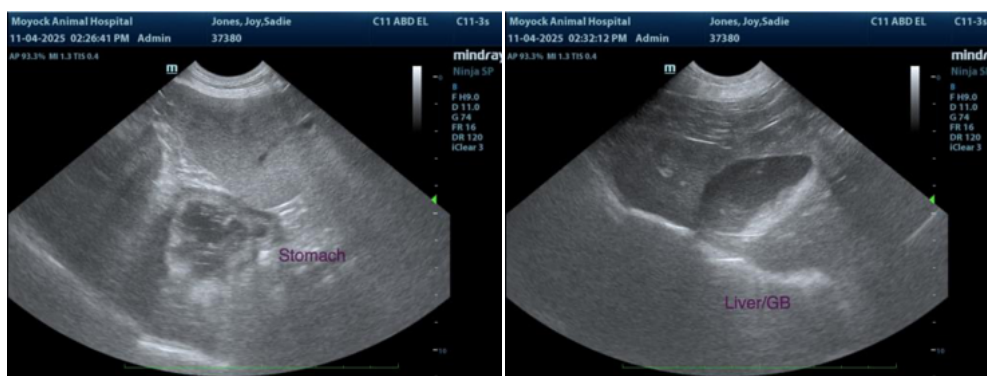
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3.



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