



PATIENT PRESENTING CLINICAL SIGNS

Cannoli Miglino History: vomiting bloody diarrhea for few days
Abnormal PE/Chem/CBC/UA Results: CBC/chem pending

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

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 is normal.

BREED

Silky Terrier

SEX

Female Spayed

The left kidney is normal in size (3.39 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. At least one pinpoint mineralization is visualized. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

AGE

5

The right kidney is normal in size (3.72 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.

WEIGHT

9.6 lbs

Adrenal Glands

The region of the left adrenal gland is evaluated. No obvious pathology is observed in this region.

INTERPRETED BY

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

The right adrenal gland is normal in size (0.76 cm at cranial pole) (0.45 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

Jeremiah Gabriel

Spleen

The spleen is normal in size (1.11 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.

HOSPITAL NAME

Central Jersey AH

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.

REFERRING VET

Jeremiah Gabriel

The gallbladder 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.

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Gastrointestinal

The gastric lumen is moderately distended with ingesta. 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.

DATE

12-1-25



PATIENT *Pancreas*

Cannoli Miglino

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

SPECIES

Canine

Lymph Nodes

A few prominent mesenteric lymph nodes are visualized (one measuring 0.68 x 0.51 cm).

BREED

Silky Terrier

Free Abdomen

There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

SEX

Female Spayed

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

AGE

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- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

WEIGHT

9.6 lbs

- Minor, non-obstructive mineralized focus in the left kidney

*An obvious cause for the patient's clinical signs is not definitively identified in this study. Considerations include a microscopic enteropathy (i.e., dietary indiscretion, toxicity, food allergy/intolerance, infectious/parasitic disease, inflammatory bowel disease) vs underlying metabolic issue (i.e., hypoadrenocorticism, mild pancreatitis, other).

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A fecal evaluation for ova and Giardia is recommended, along with prophylactic deworming with fenbendazole.
- Supportive care for acute gastroenteritis is recommended (including a probiotic, fiber supplement, bland diet, and other symptomatic measures).
- If clinical signs persist despite medical management, consider further work-up (i.e., resting cortisol level, GI panel, +/- GI biopsies).

IMAGING PERFORMED BY

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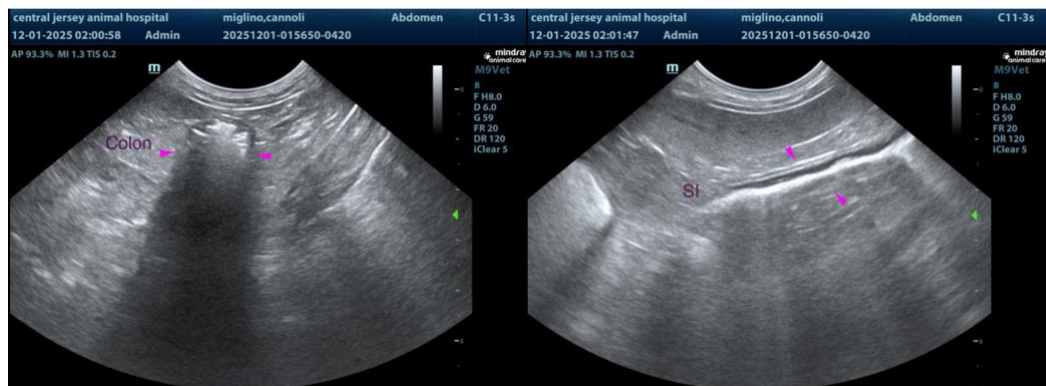
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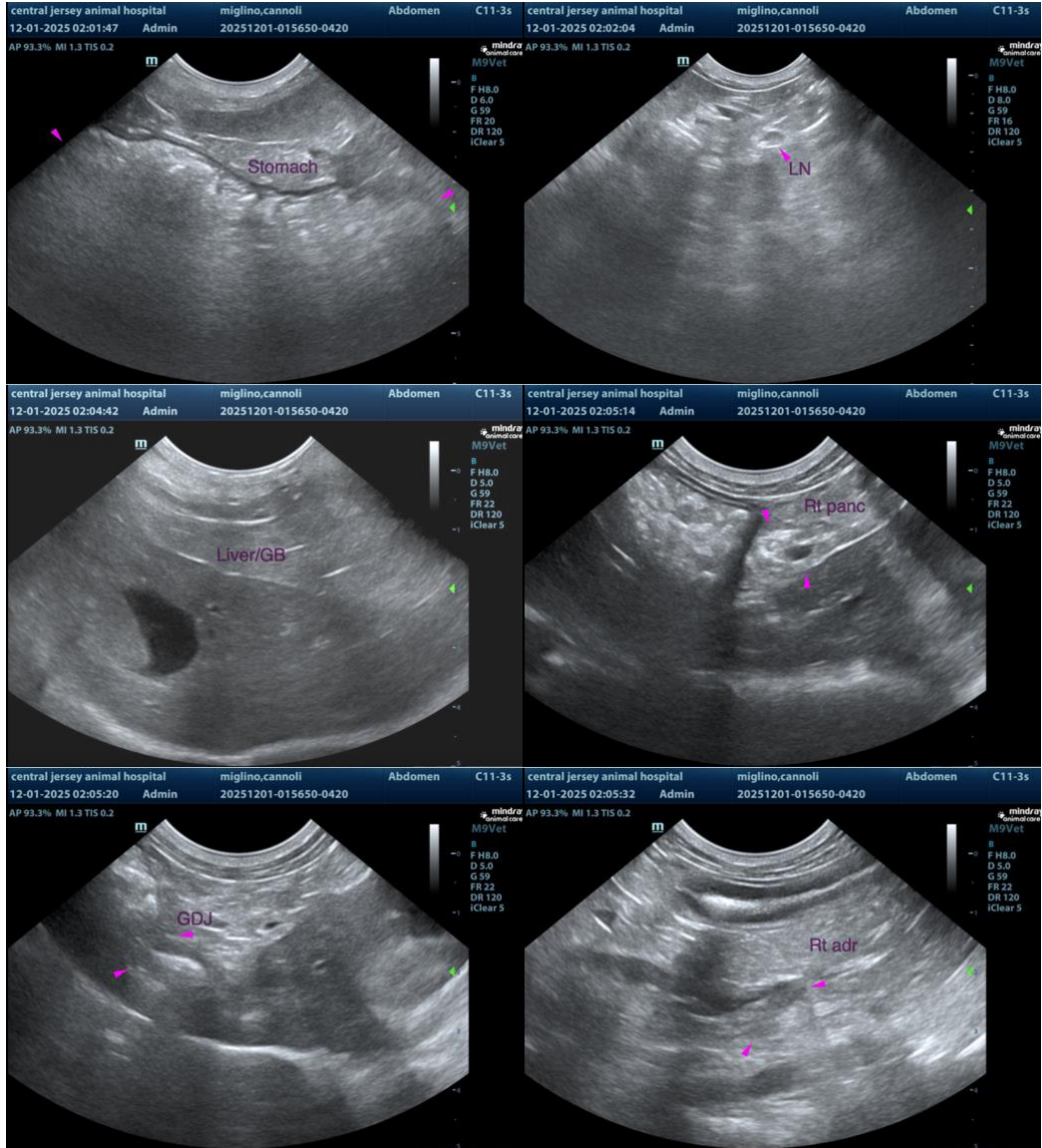
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@SonoPath.com



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