



PATIENT

Poppy Byrd

SPECIES

Canine

BREED

Terrier Mix

SEX

Female Spayed

AGE

11/01/2023

WEIGHT

22.8

INTERPRETED BY

Andrea Nicastrò DVM
Diplomate ACVIM
(Sm Animal Internal Med)

**IMAGING
PERFORMED BY**

Andrea Nicastrò DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Sun Dog Cat Moon

REFERRING VET

Dr Abby Clayton

INVOICE

22285

DATE

12-18-25

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Recurrent, pink-tinged vomit. Started on 12/9 with multiple episodes of vomit, some red-tinged, and progressed to "strawberry milk" appearing on 12/10. Presented for exam on 12/10, mildly lethargic, tucked tail, decreased appetite. CBC/chem on 12/10 showed HCT 56.2, otherwise unremarkable. Abdominal rads on 12/10 unremarkable, most consistent with suspect gastroenteritis or pancreatitis. Treated with SQF, Cerenia SC, FastBalance GI probiotic paste. On 12/11 still not interested in eating, no further vomiting, but slight increase in energy. O elected to continue outpatient care, got more SQF, Cerenia SC, sent home GI low fat food. Was doing well after that, but then 12/18 decreased appetite again and pink tinge vomit.

Abnormal lab-work values: CBC/Chemistry: HCT 56.2, otherwise unremarkable

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. 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 (4.54 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 hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.90 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. A 0.39 cm cortical cyst is observed at the cranial pole. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is subjectively normal in length, with slight flattening at the poles (0.40 cm at cranial pole) (0.37 cm at caudal pole). Glandular echogenicity and detail are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.63 cm at cranial pole) (0.42 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 normal in size (1.91 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.

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.

The gallbladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.



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Gastrointestinal

The gastric lumen is mildly gas-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 segmentally dilated with gas and chyme (mild). The small intestinal wall is normal in thickness 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 obvious 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

One-to-two prominent mesenteric lymph nodes are visualized (one measuring 3.27 x 0.55 cm).

Free Abdomen

There is no obvious evidence of free fluid.

Other

A brief echocardiogram reveals no obvious evidence of right atrial or auricular mass. There is no obvious evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- The flattened left adrenal gland may be a normal variant for this patient or could be secondary to atrophy (i.e., resulting from hypoadrenocorticism).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A fecal evaluation for ova and Giardia is recommended, along with a resting cortisol level to screen for hypoadrenocorticism.
- While awaiting test results, symptomatic care (including empirical treatment for gastric ulceration) is recommended. If clinical signs persist despite medical management, further work-up (i.e., GI panel, upper GI endoscopy with biopsies) may be warranted.
- Three-view thoracic radiographs should also be considered to assess for occult pathology.



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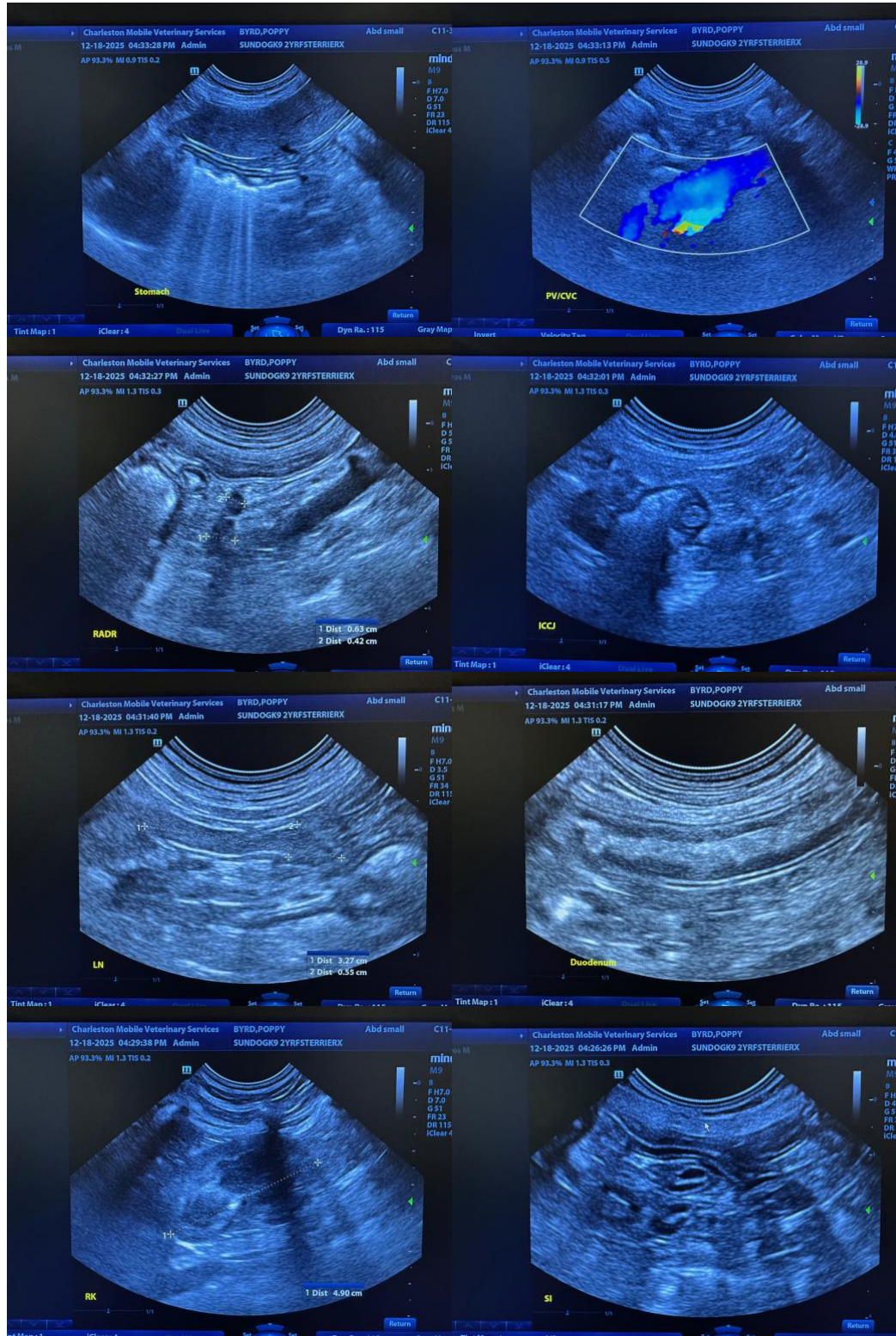
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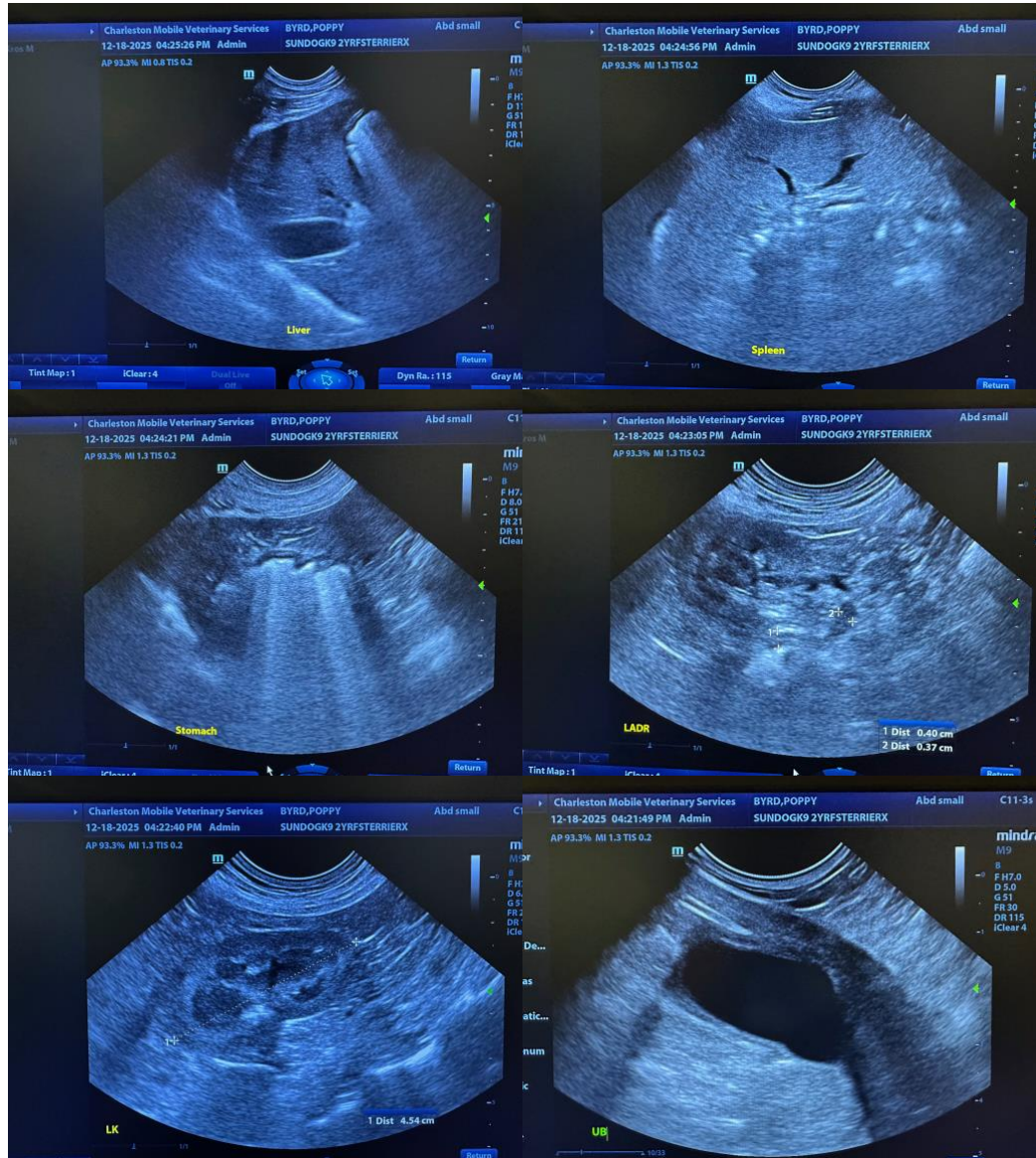
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 Nicastrò, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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