

PATIENT

Roxy Rago

SPECIES

Canine

BREED

Boxer

SEX

Female, spayed

AGE

6 Yrs.

WEIGHT

68 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway

REFERRING VET

Dr. Maniar

INVOICE

13404

DATE

12/2/25

PRESENTING CLINICAL SIGNS

History: swollen eyes, gastritis, febrile Abnormal PE/Chem/CBC/UA Results: ALP 294

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal in size (6.75 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (5.12 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.61 cm at cranial pole) (0.67 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.

The right adrenal gland is normal in size (1.50 cm at cranial pole) (0.57 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 (1.88 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 gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

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 colonic wall is normal. There is no evidence of an obstructive pattern.



PATIENT

Roxy Rago

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.

SPECIES

Canine

Lymph nodes

The abdominal lymph nodes are normal/not visible.

BREED

Boxer

Free Abdomen

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

SEX

Female, spayed

ULTRASONOGRAPHIC FINDINGS

- Minor bilateral, nonspecific, age-related renal changes
- Gallbladder debris, non-mucocele

AGE

6 Yrs.

*An obvious cause for the patient's clinical signs is not definitively identified in this study. Broad considerations include infectious, inflammatory, immune mediated, allergic or neoplastic disease.

WEIGHT

68 lbs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Further evaluation of fever unknown origin could include the following:
 1. Urine culture and sensitivity
 2. cPLI
 3. Comprehensive tick panel
 4. 3-view thoracic radiographs
 5. Orthopedic and neurologic examinations
 6. Depending on the results of the above diagnostics, further workup may be indicated.

INTERPRETED BY

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

IMAGING

PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway

REFERRING VET

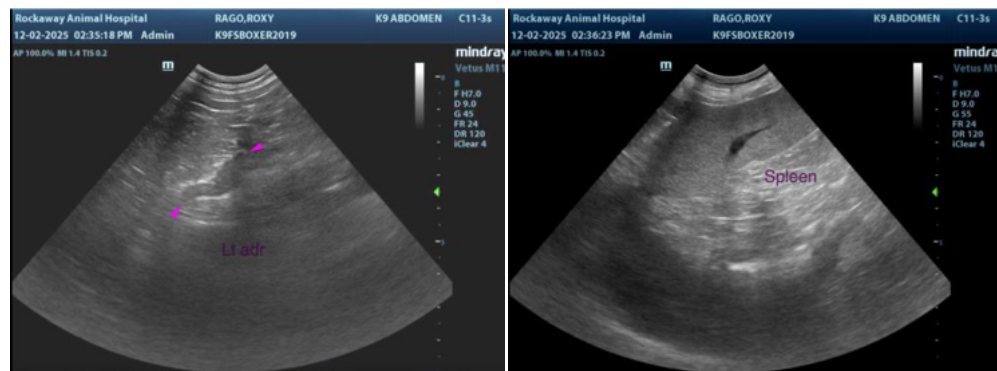
Dr. Maniar

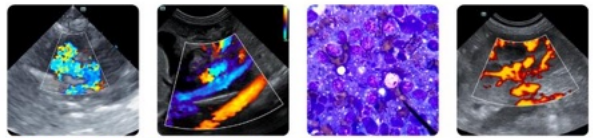
INVOICE

13404

DATE

12/2/25





PATIENT

Roxy Rago

SPECIES

Canine

BREED

Boxer

SEX

Female, spayed

AGE

6 Yrs.

WEIGHT

68 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway

REFERRING VET

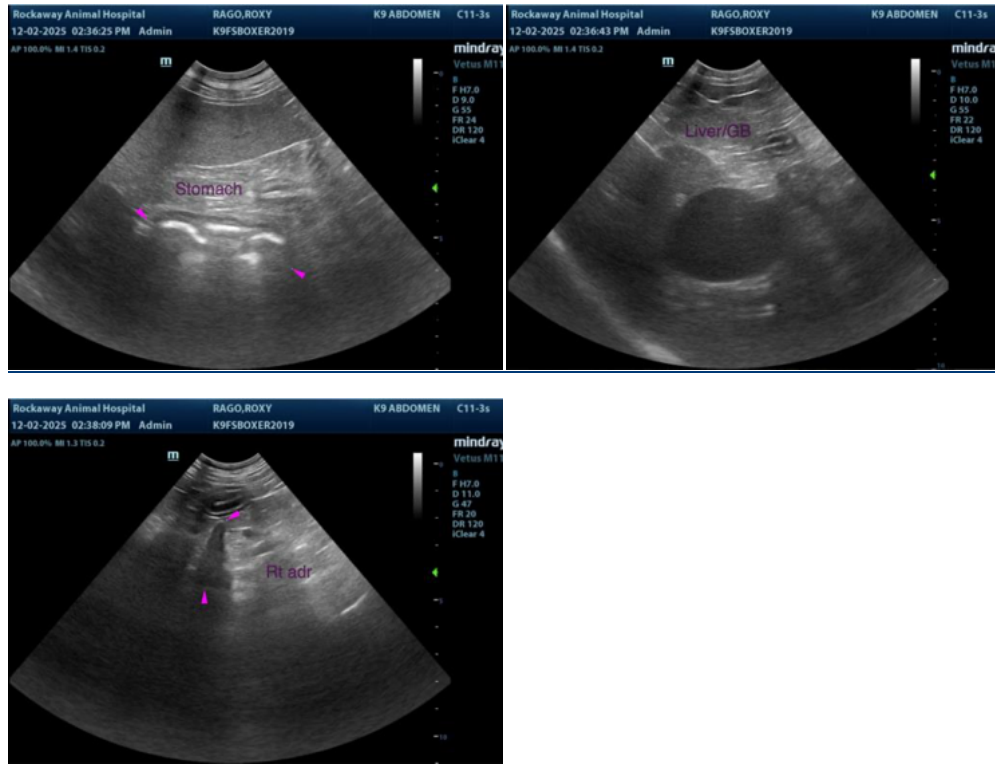
Dr. Maniar

INVOICE

13404

DATE

12/2/25



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