



DATE PRESENTING CLINICAL SIGNS

.2025 **Patient History:** Anorexia x 1 wk. Vomiting and diarrhea

PATIENT

Charlotte Wright

Current Medications: IVF started 12/22, Cerenia started last week, unable to get doses in PO; re-started 12/22

Carafate PO started 12/19

Labwork Results: Diagnostics not attached, reported as: nothing obvious on rads or BW from last week updated BW pending

SPECIES

Canine

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Requested.

BREED

Mix

Imaging Performed by: Stephanie Warga RDCS, RVT.

SEX

Female Spayed

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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 and the proximal urethra, visible to a depth of 2 cm, are normal.

AGE

5/1/2018

The left kidney is normal in size (6.47 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

58.7lbs

The right kidney is normal in size (6.80 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.

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

Adrenal Glands

The left adrenal gland is normal in size (0.48 cm at cranial pole) (0.58 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.

HOSPITAL NAME

Chadwell AH

The right adrenal gland is normal in size (0.81 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.

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Spleen

The spleen is normal in size (1.99 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.

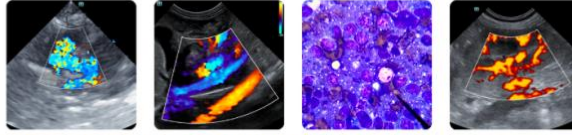
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22310

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 lumen is moderately distended. The wall is thin and smooth. A small amount of gravity-dependent hyperechoic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.



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Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not 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 thickness is normal. There is disruption in the normal 1:3 muscularis: mucosal ratio in several segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

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

At least one prominent lymph node is observed near the aortic trifurcation (one measuring 1.21 x 0.95 cm).

Free Abdomen

The mesentery effacing the serosal surface of the stomach is hyperechoic. There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Reactive mesentery adjacent to the stomach, representing focal peritonitis (likely sterile)
- The small intestine wall changes could be consistent with inflammatory bowel disease or may be a normal variant for this patient.
- The prominent caudal abdominal lymph node is likely reactive, with a lower possibility of emerging neoplasia.

Secondary Findings

- Minor bilateral age-related renal changes
- Gallbladder changes/sand, non-mucocele

*An obvious cause for the patient's clinical signs is not definitively identified in this study. Considerations include dietary indiscretion, toxicity, food allergy/intolerance, inflammatory bowel disease, infectious/parasitic disease, underlying metabolic issue, other

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The following diagnostics/treatment recommendations can be considered:

1. Texas GI panel including serum cobalamin, folate, PLI, TLI and resting cortisol level
2. A fecal evaluation for ova/Giardia
3. Prophylactic deworming with Fenbendazole.
4. A 3-4 week hypoallergenic or hydrolyzed protein diet trial
5. Also consider initiating a probiotic with a high colony count +/- fiber supplement (i.e., psyllium).

Imaging performed by



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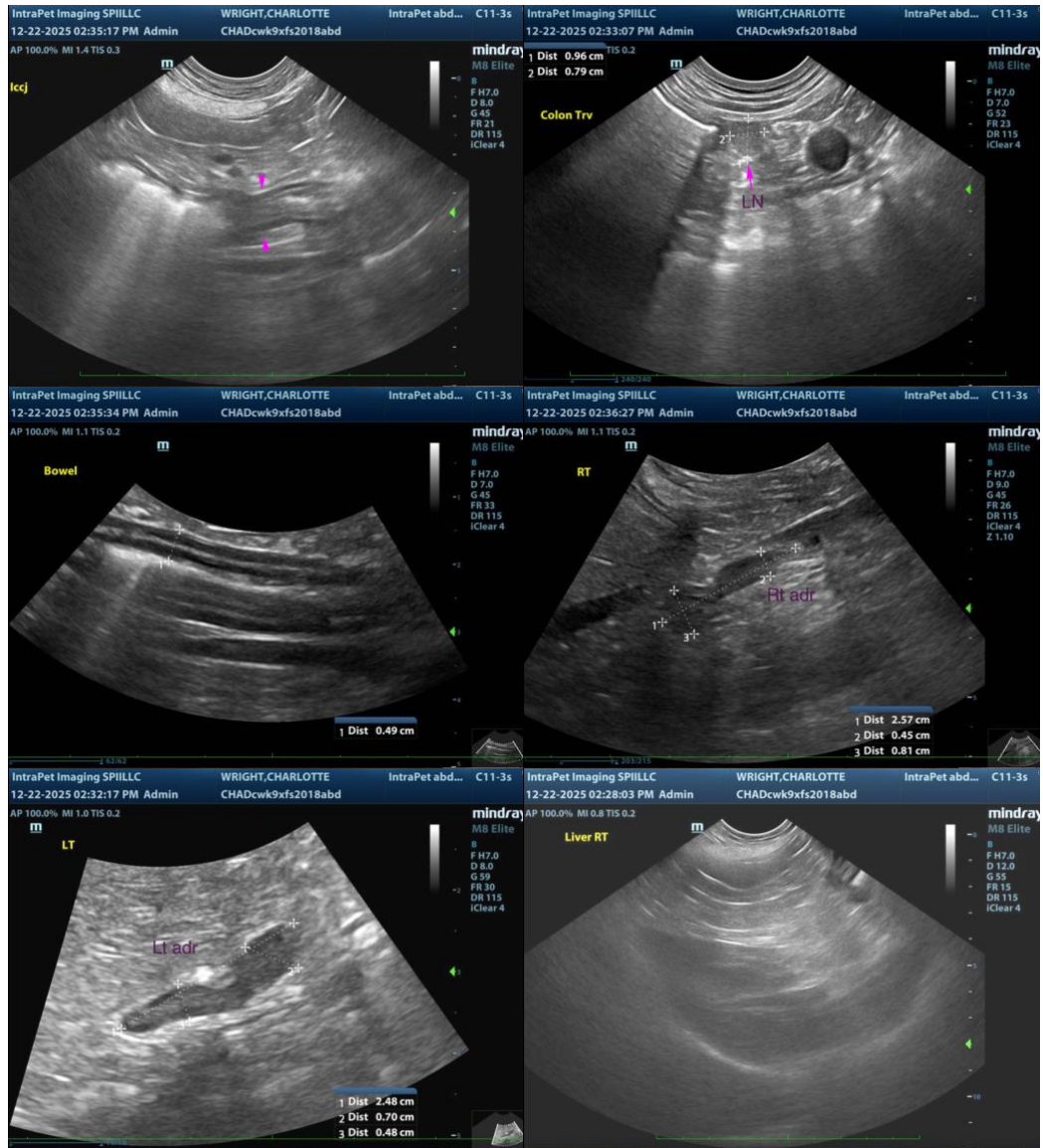
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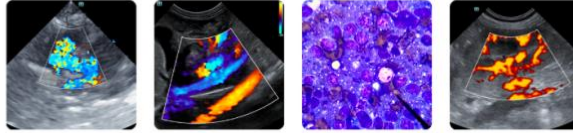
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- Depending on the results of the above diagnostics/therapeutics, endoscopic or surgical gastrointestinal biopsies may be warranted.
- Three-view thoracic radiographs should be performed prior to any anesthetic event.



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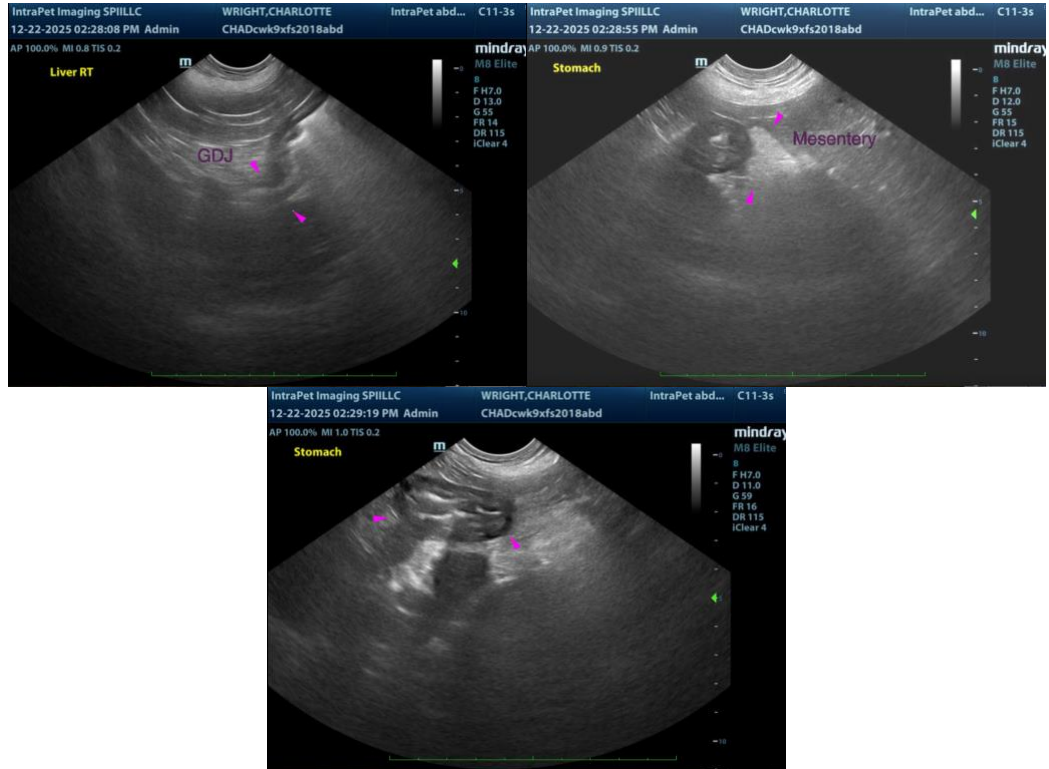
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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