



PATIENT

Rifle Fedele

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

3

WEIGHT

37.8 kg

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

VCA Palmetto AH

REFERRING VET

Dr Vivian Ghiorzi

INVOICE

22334

DATE

12-26-25

PRESENTING CLINICAL SIGNS

Acute onset of vomiting and diarrhea. Concern for possible foreign body ingestion.

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.

The prostate is normal in size (1.13 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (6.89 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 (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 normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.48 cm at cranial pole) (0.55 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 (0.59 cm at cranial pole) (0.65 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 normal-in-size, 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.

Gastrointestinal

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 is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileoceocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.



PATIENT

Rifle Fedele

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

A 2.52 x 0.80 cm mesenteric lymph node is visualized.

BREED

Golden Retriever

Free Abdomen

There is no obvious evidence of free fluid.

SEX

Neutered Male

Other

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

ULTRASONOGRAPHIC FINDINGS

AGE

3

The prominent mesenteric lymph node is likely reactive, with a low possibility of emerging neoplasia.

WEIGHT

37.8 kg

*There is no obvious evidence of a gastrointestinal foreign body/obstruction on today's images. Possible causes for this patient's clinical signs include dietary indiscretion, toxicity, infectious/parasitic disease, food allergy/intolerance, inflammatory bowel disease, underlying metabolic issue, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Andrea Nicastrò DVM
Diplomate ACVIM
(Sm Animal Internal Med)

- A fecal evaluation for ova and Giardia is recommended, along with prophylactic deworming with fenbendazole.
- A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended.
- Initiation of empirical treatment for gastroenteritis is recommended. If clinical signs persist despite medical management, a more comprehensive GI work-up may be indicated

IMAGING PERFORMED BY

Andrea Nicastrò DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

VCA Palmetto AH

REFERRING VET

Dr Vivian Ghorzi

INVOICE

22334

DATE

12-26-25





PATIENT

Rifle Fedele

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

3

WEIGHT

37.8 kg

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

VCA Palmetto AH

REFERRING VET

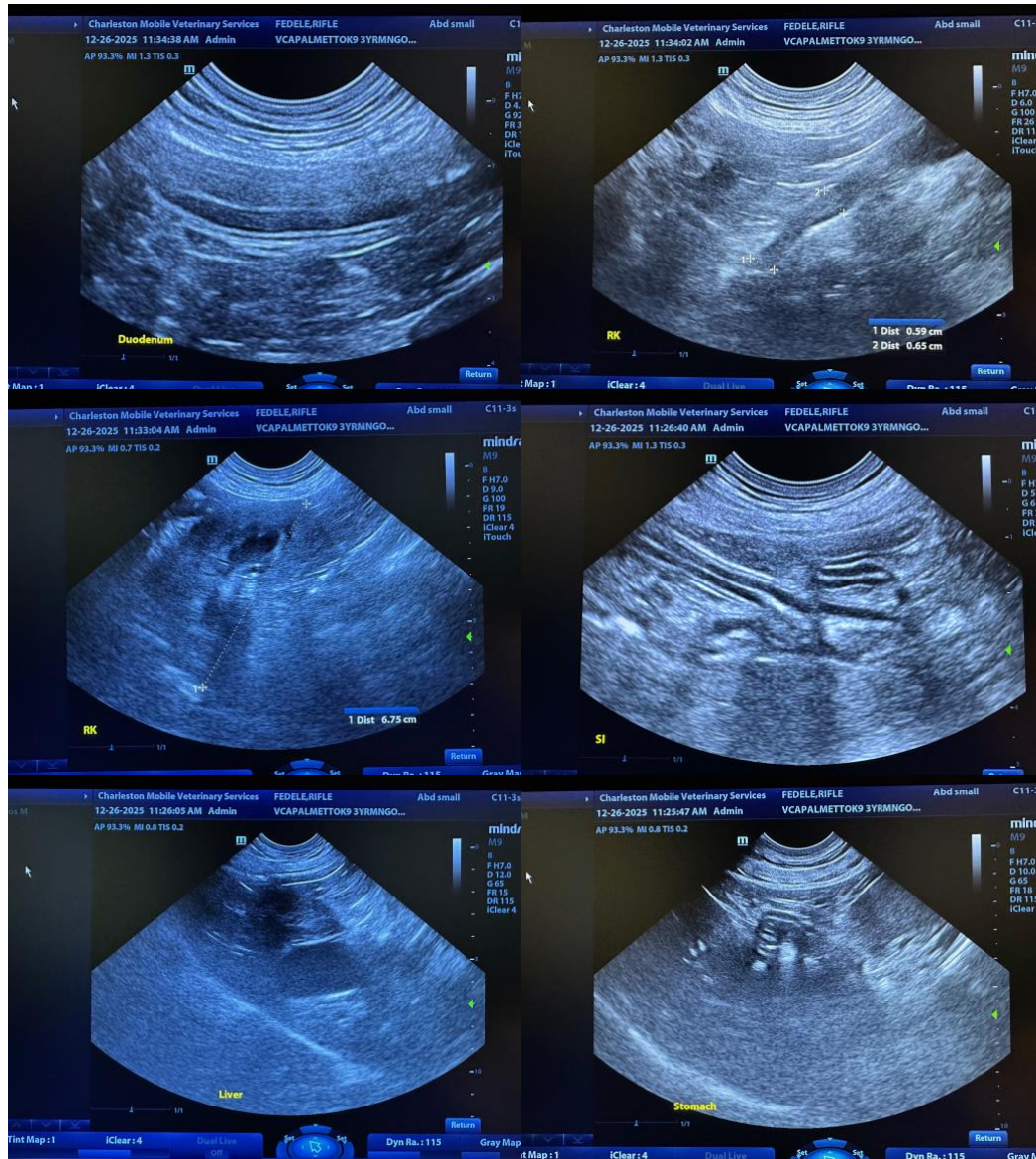
Dr Vivian Ghorzi

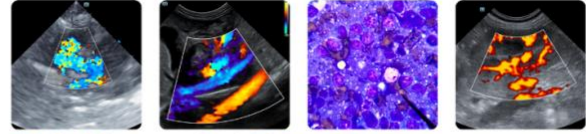
INVOICE

22334

DATE

12-26-25





PATIENT

Rifle Fedele

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

3

WEIGHT

37.8 kg

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

VCA Palmetto AH

REFERRING VET

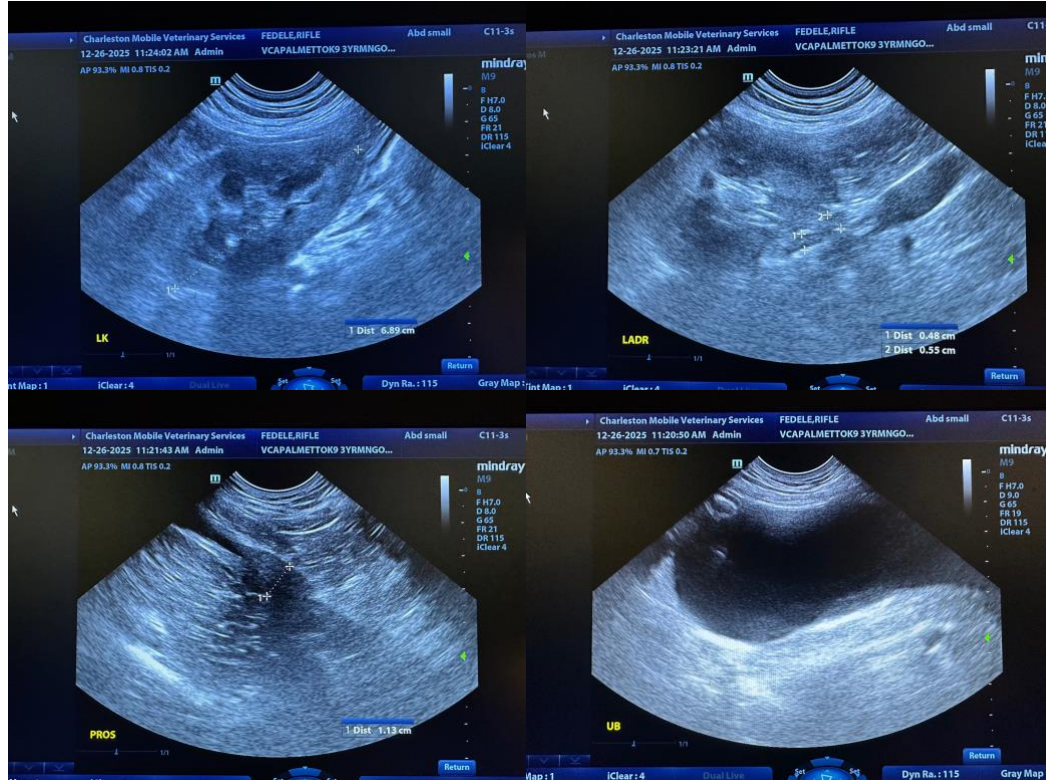
Dr Vivian Ghorzi

INVOICE

22334

DATE

12-26-25



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 Nicastrò, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com