



PATIENT PRESENTING CLINICAL SIGNS

Shayna Bruce History: vomiting blood bloody diarrhea anorexia
 Abnormal PE/Chem/CBC/UA Results: Amylase >2,500 Lipase 5,685 Catalyst Pancreatic Lipase 1,707

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 mildly distended. Luminal contents are mostly anechoic. No cystic calculi are observed. The region of the trigone is normal.

BREED

Yorkshire Terrier

SEX

Female Spayed

The left kidney is normal in size (2.83 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 hydronephrosis. Renal vasculature is normal.

AGE

8

The right kidney is normal in size (3.13 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 hydronephrosis. Renal vasculature is normal.

WEIGHT

4.8 lbs

Adrenal Glands

The left adrenal gland is normal in size (0.54 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.

INTERPRETED BY

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

The right adrenal gland is normal in size (0.59 cm at cranial pole) (0.50 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 (0.92 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.

REFERRING VET

Jeremiah Gabriel

The gallbladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of aggregated, echogenic-to-mineralized, partially dependent, sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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Gastrointestinal

The gastric lumen is mildly fluid-distended. The gastric wall is borderline-thickened (up to 0.33 cm) with retention of the 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

12-26-25



PATIENT

Shayna Bruce

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

Yorkshire Terrier

Free Abdomen

There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

SEX

Female Spayed

Primary Findings

- The gastric wall changes could be consistent with gastritis or may be a normal variant for this patient for this patient. There is minor gastric fluid retention.

AGE

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Secondary Findings

- Minor, bilateral age-related renal changes
- Gall bladder sludge. Considerations include cholestasis, fasting, or less likely, an emerging mucocele.

WEIGHT

4.8 lbs

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

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Medicine)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A fecal evaluation for ova and Giardia, along with a fecal PCR infectious disease panel is recommended.
- Prophylactic deworming with fenbendazole should also be considered.
- Supportive care for acute gastroenteritis/colitis should be initiated.
- If clinical signs persist despite medical management, further work-up may be indicated,

IMAGING PERFORMED BY

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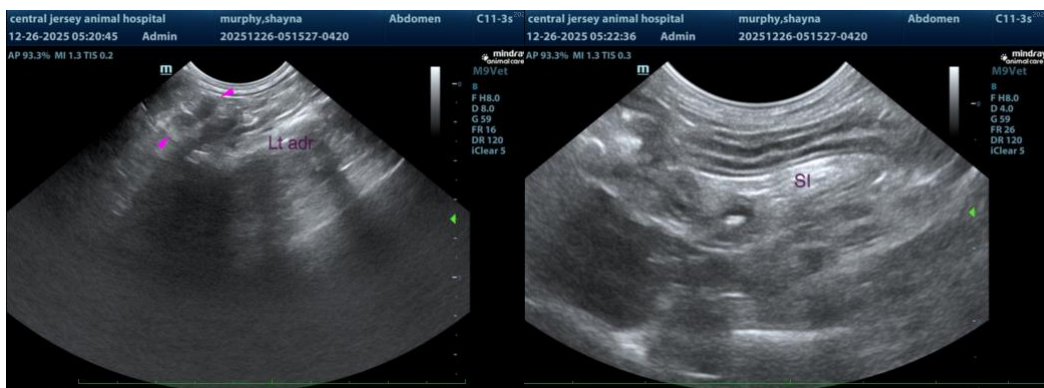
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PATIENT

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SPECIES

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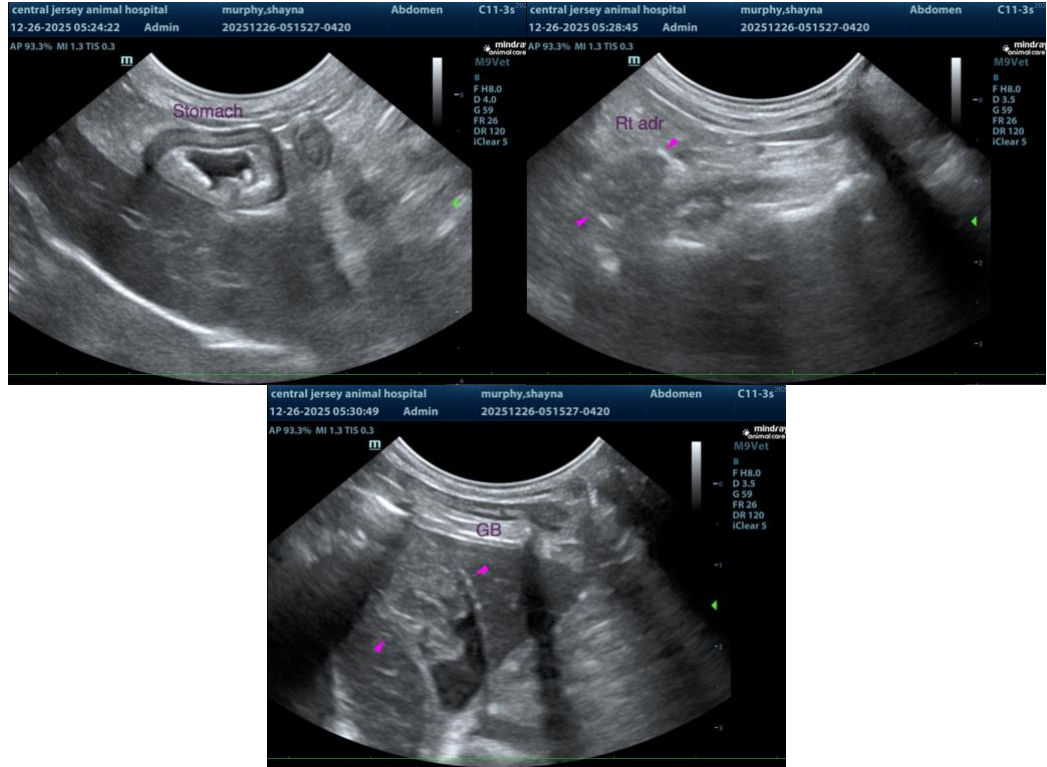
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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