



PATIENT PRESENTING CLINICAL SIGNS

Vance Bruce History: vomited 7 times , not eating for 2 days fever 103 F
Abnormal PE/Chem/CBC/UA Results: leukocytosis otherwise WNL

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 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.

BREED

Golden Retriever

SEX

The left kidney is normal in size (6.63 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.

Male

AGE

The right kidney is normal in size (7.04 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.

6 mos

WEIGHT

Adrenal Glands

The caudal pole of the left adrenal gland is normal in size (0.48 cm in width) with a normal shape, glandular echogenicity and detail. Surrounding vasculature is normal.

48 lbs

INTERPRETED BY

The right adrenal gland is normal in size (1.43 cm at cranial pole) (0.47 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.

Andrea Nicastro, DVM,
Diplomate ACVIM
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Medicine)

IMAGING
PERFORMED BY

Spleen

The spleen is normal in size (1.58 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.

Jeremiah Gabriel

HOSPITAL NAME

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.

Central Jersey AH

REFERRING VET

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.

Jeremiah Gabriel

Gastrointestinal

The gastric lumen is mildly to moderately distended with fluid, ingesta, and irregular shadowing material. The gastric wall is normal in thickness with retention of normal layering. The pyloric outflow tract is patent. One-to-two small intestinal segments are mildly fluid-distended. In one small intestinal segment, there is slight plication. In one segment, which may be ileum, there is a small amount of shadowing material. 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.

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12-26-25



PATIENT *Pancreas*

Vance Bruce

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 *Lymph Nodes*

Canine

The abdominal lymph nodes are normal/not visible.

Free Abdomen

BREED

There is no obvious evidence of free fluid.

Golden Retriever

ULTRASONOGRAPHIC FINDINGS

SEX

The gastric and small intestinal shadowing material may represent foreign material and/or normal ingesta. There is no overt evidence of obstruction. However, an intermittent mechanical pyloric outflow tract obstruction cannot be excluded.

Male

AGE

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

6 mos

If an aggressive approach is desired, consider an upper GI endoscopy or an abdominal exploratory to assess for and remove any foreign material. An abdominal exploratory is preferred so that all portions of the intestine can be evaluated. Three-view thoracic radiographs are recommended prior to anesthesia to assess for occult aspiration pneumonia. Baseline lab work should also be performed. If further procedures are not pursued at this time, close sonograph monitoring of the GI tract is recommended to assess for movement of the gastrointestinal shadowing material.

WEIGHT

48 lbs

INTERPRETED BY

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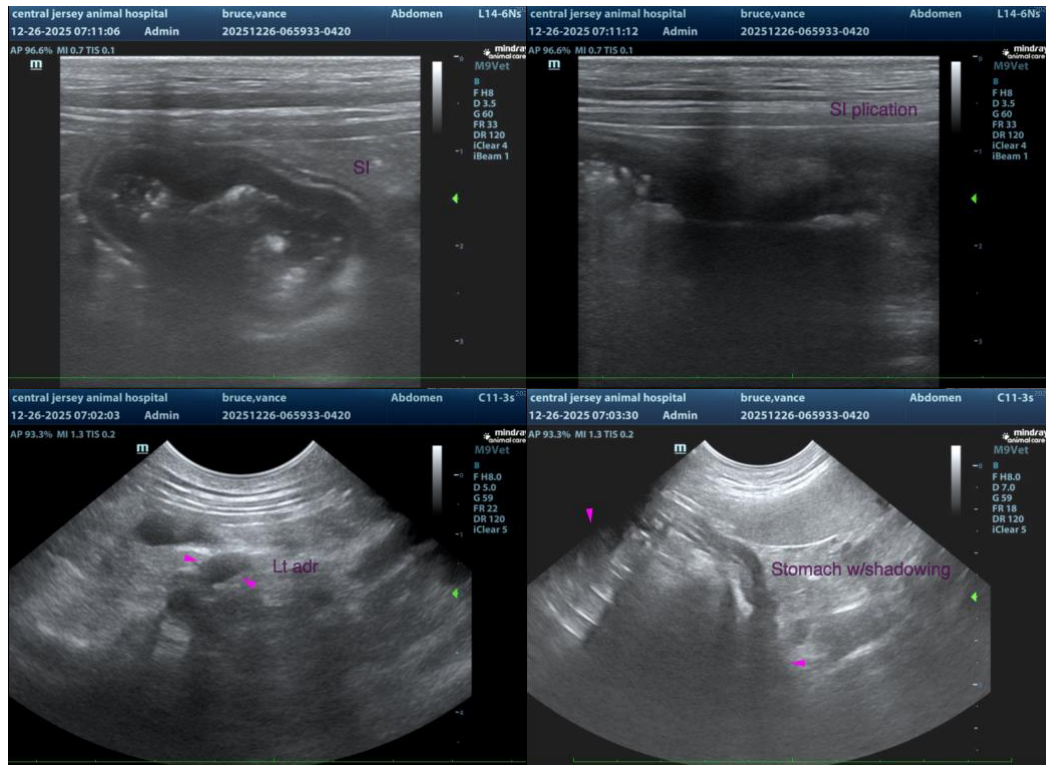
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SPECIES

Canine

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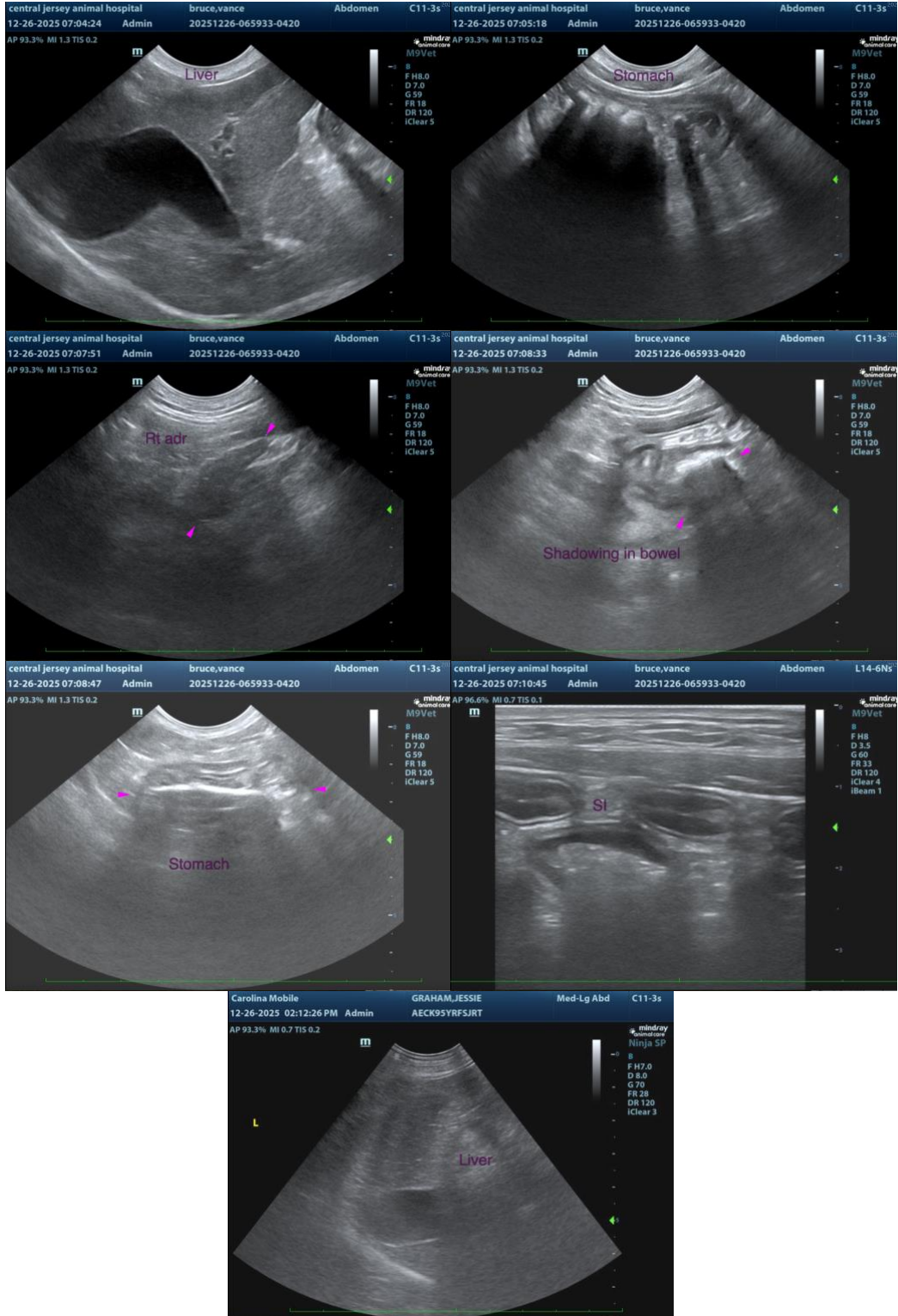
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PATIENT

Vance Bruce

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.

SPECIES

Canine

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.

BREED

Golden Retriever

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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SEX

Male

AGE

6 mos

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48 lbs

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