



PATIENT PRESENTING CLINICAL SIGNS

Princess Adobe Phan

History: Acute vomiting episode mid/late Nov - has since resolved. Raw food fed canine. Mild weight loss (4 lbs in 2025)

SPECIES

Abnormal PE/Chem/CBC/UA Results: Muscle tone 2/3; BCS 4/9, she is on the leaner side. Labwork run today, in-hospital: normal CBC/Chem17/T4/lytes. Normal CPL (40)

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

Labrador Retr

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 visible portion of the proximal urethra are normal.

SEX

Female Spayed

The left kidney is normal in size (6.96 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 hydroureter.

AGE

11

The right kidney is normal in size (6.61 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 hydroureter.

WEIGHT

56 lbs

Adrenal Glands

The region of the adrenal glands is evaluated. No obvious pathology is observed in this region.

INTERPRETED BY

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

Spleen

The spleen is normal in size (1.56 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.

IMAGING PERFORMED BY

Ashley McCaughan

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.

HOSPITAL NAME

Marina Village
Vet & Integr Care

The gallbladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The 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.

REFERRING VET

Ashley McCaughan

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.

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Lymph Nodes

DATE

The abdominal lymph nodes are normal/not visible.

12-3-25



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Free Abdomen

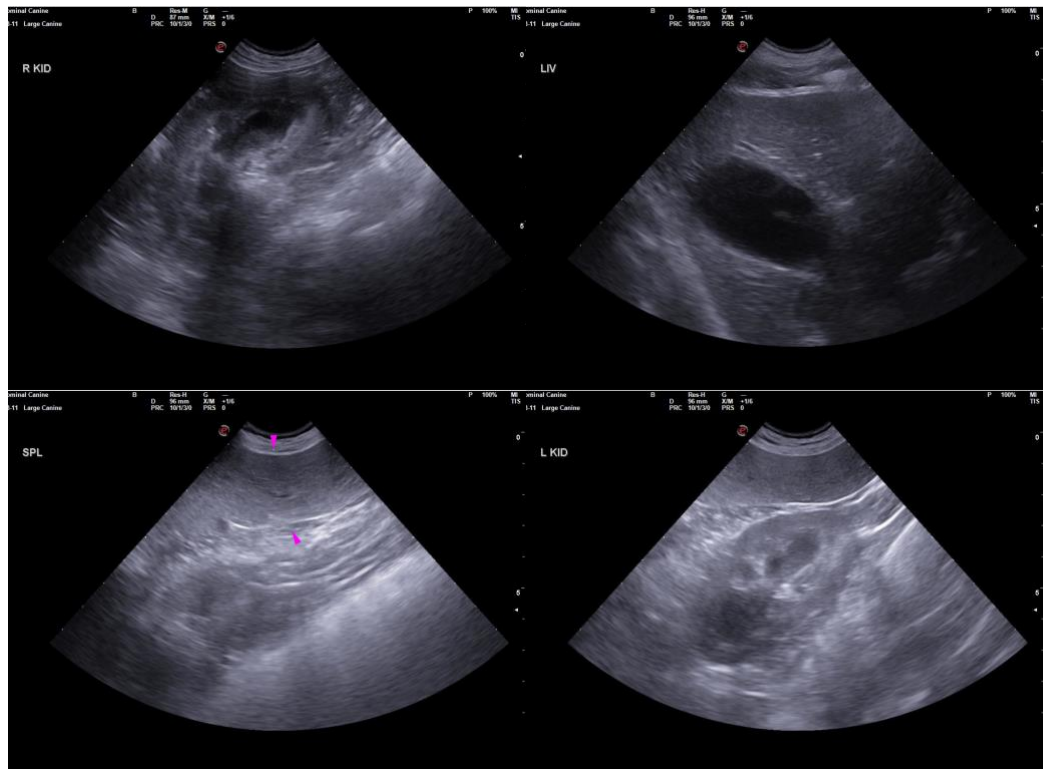
The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

ULTRASONOGRAPHIC FINDINGS

Structurally unremarkable abdomen. An obvious cause for the patient's weight loss is not definitively identified in this study. Considerations include sarcopenia, maldigestion/malabsorption, underlying metabolic issue, orthopedic or neurologic disease, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Calculation of the patient's caloric intake is recommended to determine if it is appropriate for the patient's ideal weight.
- Orthopedic and neurologic examinations are recommended.
- Consider three-view thoracic radiographs to assess for occult pathology in the chest.
- A fecal evaluation for ova and Giardia, as well as a GI panel including serum cobalamin and folate, TLI, PLI and resting cortisol level are recommended.
- Depending on the results of the above diagnostics, further work-up may be indicated.





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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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