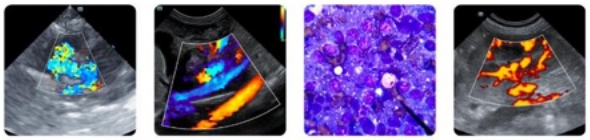


PATIENT

Olivia Yaeger

SPECIES

Canine

BREED

Chow Chow

SEX

Female, intact

AGE

7 Yrs. 8 months

WEIGHT

65.6 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Brandi Kurzowski

HOSPITAL NAME

Corfu VC

REFERRING VET

Dr. Kelver

INVOICE

13464

DATE

2/10/26

PRESENTING CLINICAL SIGNS

History: P presented 12/16/25 for vomiting as well as several days of diarrhea, p was just coming into heat at this time. Differentials at this time Open for vomiting- gastroenteritis, organ dysfunction, stomach neoplasia (familial history), secondary to starting heat cycle, intact female- could be pyometra, vs other. Radiograph showed some gas in the stomach. Recheck exam 12/26/25- p lethargic and decreased appetite, now having urinary signs. AFAST- Thickened bladder. No overt pyometra at this time, but possibly left ovary with cyst. P started on Amoxi/clav for suspect UTI. 1/3/26, p vomiting up bile daily, started on maropitant and omeprazole.

Abnormal PE/Chem/CBC/UA Results: 12/16/26 CBC- MCV 55.1 fL, MCH 18.7 pg , MCHC 18.7 g/dL, RETIC-HGB 21.5 pg, rest WNL Chem/lytes- WNL 12/26/25 CBC- MCV 54.8 fL, MCH 18.9 pg, PLT 94 K/uL (manual est 205k), MPV 14.5 fL, rest WNL Chem/lytes- ALKP 11 U/L, rest WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is mildly distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is subjectively normal in size with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is subjectively normal in size with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

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

Spleen

The spleen is normal in size (1.32 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.

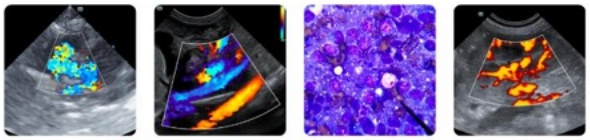
Liver

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 gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of gravity-dependent echogenic to mineralized debris/sand is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric 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



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layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

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

The abdominal lymph nodes are normal/not visible.

Free Abdomen

There is no obvious evidence of free fluid.

Other

In the left mid-abdomen, a lobulated fluid-filled structure is visualized.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The lobulated, fluid-filled structure in the left mid-abdomen may represent a fluid-filled left uterine horn, cystic ovary, other.

Secondary Findings:

- Bilateral age-related renal changes with dystrophic mineralization
- Gallbladder debris/sand, non-mucocele

*An obvious cause for the patient's GI signs is not identified in this study. Considerations include a microscopic enteropathy (i.e., food allergy/intolerance, inflammatory bowel disease, infectious/parasitic disease), underlying metabolic issue, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the GI signs, the following diagnostics/treatment recommendations can be considered:

  1. Texas GI panel including serum cobalamin, folate, PLI, TLI and resting cortisol level
  2. Fecal evaluation for ova/Giardia
  3. Prophylactic deworming with Fenbendazole.
  4. 3-4 week hypoallergenic or hydrolyzed protein diet trial
  5. Initiation of a probiotic with a high colony count +/- fiber supplement (i.e., psyllium).
  6. 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.
- Regarding the cystic structure in the left mid-abdomen, consider further evaluation to assess for pyometra which could include a vaginal cytology +/- additional sonographic images of this region.

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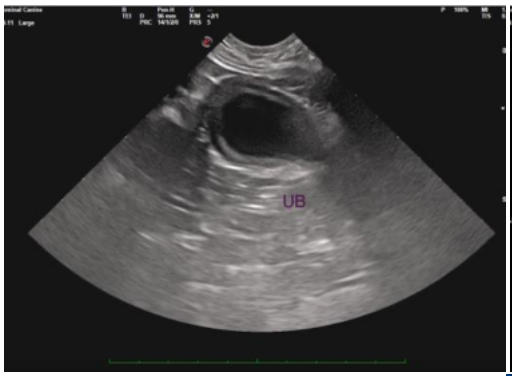

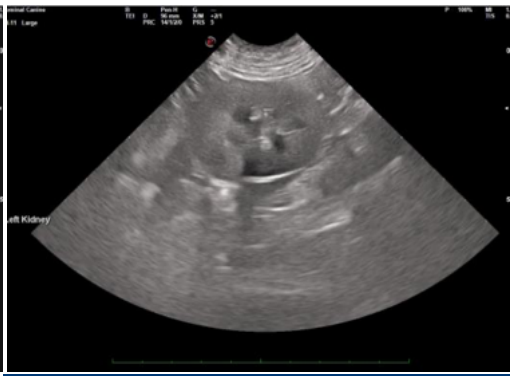

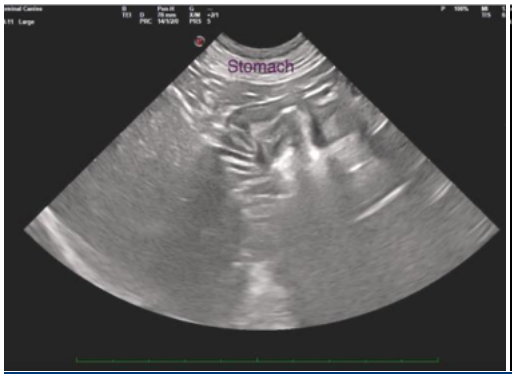

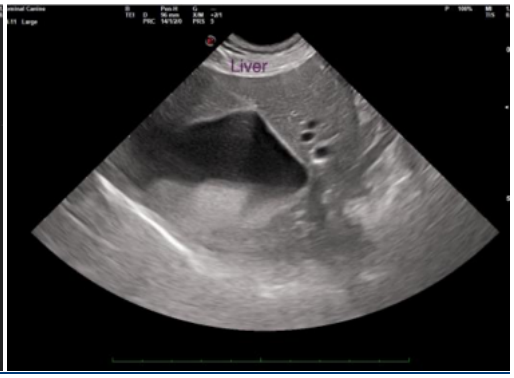

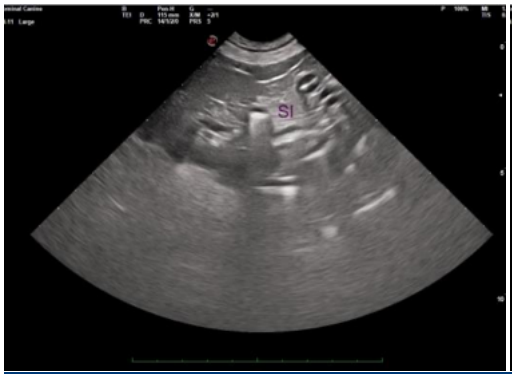

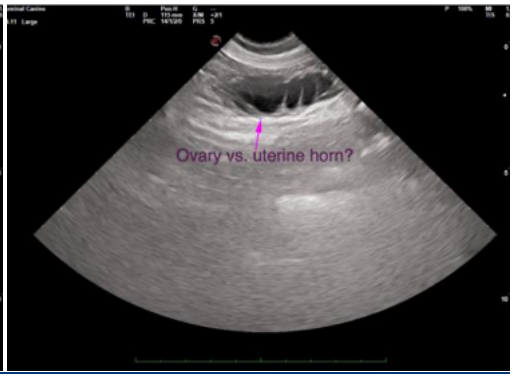

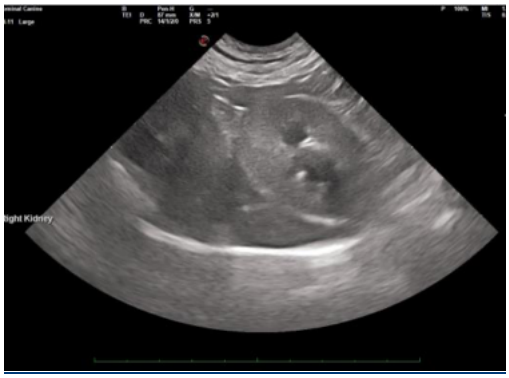

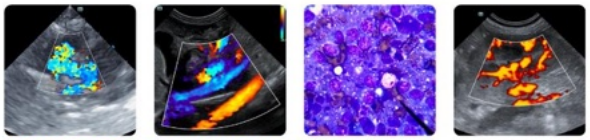

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com