



PATIENT

Poppy Rescue

SPECIES

Canine

BREED

German shepherd mix

SEX

Female, spayed

AGE

10 Yrs.

WEIGHT

36.6 kg.

INTERPRETED BY

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

IMAGING PERFORMED BY

Melissa Randolph

HOSPITAL NAME

Shores Veterinary
Emergency Center

REFERRING VET

Dr. Kerr

INVOICE

13467

DATE

2/10/26

PRESENTING CLINICAL SIGNS

History: Pt vomited 7 times on Saturday (2/7). O fasted for 24 hours and she seemed better. She ate yesterday 2/8. Tonight (2/9) she vomited about 7 times (bile). She went upstairs and laid in O's bed and was shaking, panting, drooling. P vomited a french fry that she had eaten the night before. P has vomited several other times over the last 4 weeks. There is a new rescue canine in home, P has had increased anxiety/stress. Owner has been feeding a variety of treats/food to P. history of seizures, arthritis, and anxiety. medications: Phenobarb 60 mg SID (between 8-10 pm), joint supplement, O gave 8 mg of Zofran and 300mg Gabapentin tonight (2/9). admitted for supportive care: iv fluids, buprenorphine, cerenia, sucralfate. NPO overnight. has not vomited since admitted. Concern for pancreatitis, gastroenteritis, other

Abnormal PE/Chem/CBC/UA Results: PE: pain 2/4, soft on abdominal palpation CBC: WBC 24.27(H), Neutros 21.28(H) Chem: Glob 4.4(H), cholesterol 318(H), ALT 158(H), ALP 763(H), amylase 2004(H), Lipase >1000(H) EPOC: NR except pH 7.477(H) vcheck cPL: >2000 (abnormal) rads: mild aerophagia, some ingesta (looks frothy/ not solid); no intestinal dilation/ foreign material. Sedated with Dexdomitor for this study.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

The left kidney is normal in size (7.73 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. Renal vasculature is normal.

The right kidney is normal in size (7.84 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. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is subjectively normal in size (0.64 cm at cranial pole) (0.52 cm at caudal pole) with a slightly flattened contour. The glandular echogenicity and detail are unremarkable. The phrenicoabdominal vein and surrounding vasculature are normal.

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

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 curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.



PATIENT

Poppy Rescue

SPECIES

Canine

BREED

German shepherd mix

SEX

Female, spayed

AGE

10 Yrs.

WEIGHT

36.6 kg.

INTERPRETED BY

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

IMAGING PERFORMED BY

Melissa Randolph

HOSPITAL NAME

Shores Veterinary
Emergency Center

REFERRING VET

Dr. Kerr

INVOICE

13467

DATE

2/10/26

The gall bladder lumen is moderately distended. The wall is thin and smooth. A scant amount of echogenic debris 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 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 colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas

The left limb is enlarged with irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated. Surrounding mesentery is hyperechoic.

Lymph nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The pancreatic changes in the left limb are most consistent with moderate pancreatitis. Pancreatic neoplasia is possible but considered less likely. Adjacent peritonitis is present.

Secondary Findings:

- The hepatic parenchymal changes are most consistent with benign, age-related parenchymal remodeling. However, a microscopic hepatopathy cannot be completely excluded.
- The flattened left adrenal gland may be a normal variant for this patient or could be secondary to atrophy (i.e., resulting from hypoadrenocorticism). Correlation with the patient's clinical history is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Supportive care for acute pancreatitis is recommended with serial sonographic monitoring of the pancreas to assess progression of disease.
2. Also consider fine needle aspiration of the pancreas to assess for neoplasia (assuming normal clotting status). A 25-gauge needle should be used.



PATIENT

Poppy Rescue

SPECIES

Canine

BREED

German shepherd mix

SEX

Female, spayed

AGE

10 Yrs.

WEIGHT

36.6 kg.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Melissa Randolph

HOSPITAL NAME

Shores Veterinary
Emergency Center

REFERRING VET

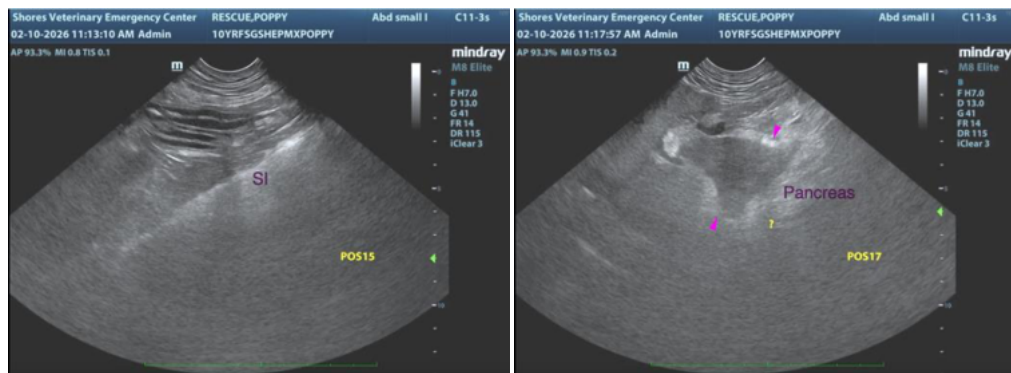
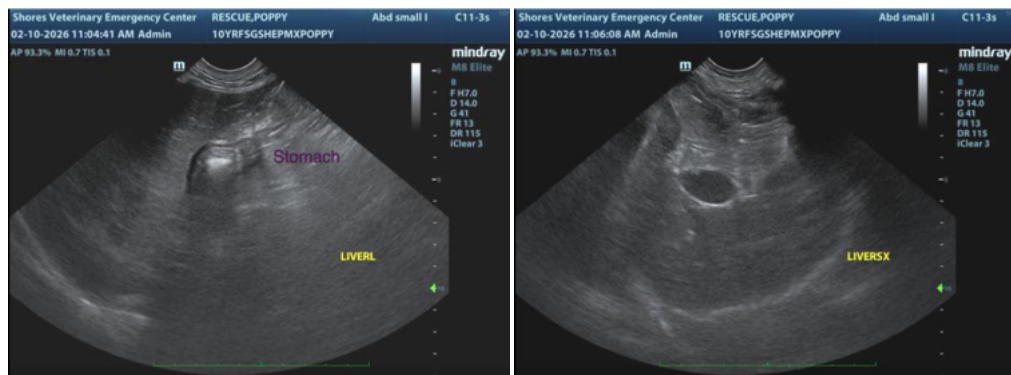
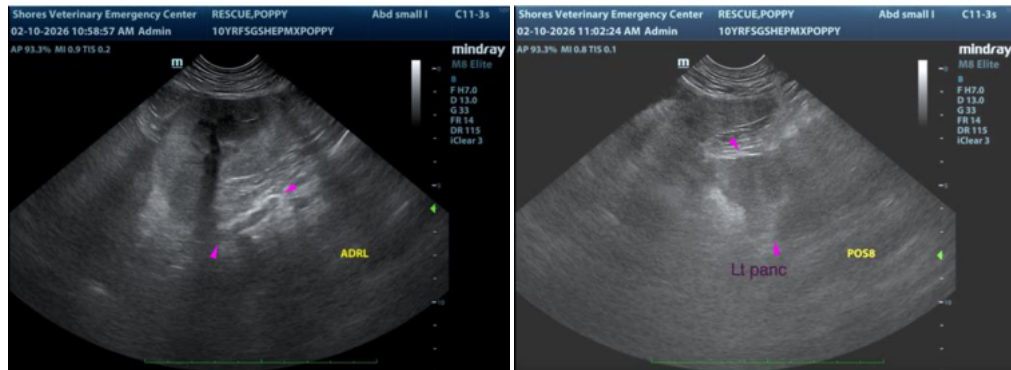
Dr. Kerr

INVOICE

13467

DATE

2/10/26



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