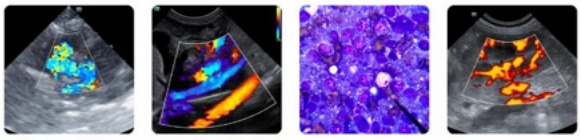


DATE

2/2/26

PATIENT

Annie Schultz

SPECIES

Canine

BREED

Lab

SEX

Female, spayed

AGE

1/1/2016

WEIGHT

72.5 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Fullerton AH

REFERRING VET

Dr. Unger

INVOICE

13442

PRESENTING CLINICAL SIGNS

Patient History: Presents for intermittent vomiting of 2 weeks duration. Historical elevation of ALT and splenic nodules that have been monitored previously. Patient is vomiting every few days one time in the middle of the night or early mornings before breakfast. Vomitus brown liquid. No history of dietary indiscretion and patient is acting normal other than seeming more hungry. Exam unremarkable.

Current Medications: None.
Labwork Results: Most recent bloodwork reveals ALT of 165
Date of Previous IntraPet Ultrasound: 6/5/25, 7/17/25, 9/25/25. See attached.
Sedation: IV Torb.
Stat Report: Not requested.
Imaging Performed by: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

No images of the urinary bladder provided.

The left kidney is normal in size (7.07 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 hydroureter. Renal vasculature is normal.

The right kidney is normal in size (7.24 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 hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.81 cm at cranial pole) (0.70 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.

The right adrenal gland is normal in size (1.00 cm at cranial pole) (0.66 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.

Spleen

The spleen is normal in size (1.99 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. A 2.4 x 1.9 cm hyperechoic to heterogeneous nodule is visualized at the cranial lateral aspect. In addition, a few ill-defined hyperechoic areas are also visualized approximately mid-body. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. A 1.5 cm cyst is observed adjacent to the diaphragm. There is an increase in hepatic portal markings. Hepatic vasculature is of normal volume with no evidence of congestion.

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

Pancreas
The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

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 splenic lesions are similar to the previous sonogram and are most consistent with meylolipomas with a lower possibility of more insidious pathology. The diffuse splenic parenchymal changes are nonspecific and could be secondary to lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, antigenic stimulation, or less likely, emerging neoplasia.
- The hepatic changes are nonspecific and could be secondary to inflammatory disease (i.e., cholangiohepatitis, chronic hepatitis), Leptospirosis, hepatotoxicosis, infiltrative neoplasia (i.e., lymphoma), vacuolar hepatopathy, regenerative nodular hyperplasia, other hepatopathy, or some combination thereof. Changes are similar to the previous sonogram. The hepatic cyst likely represents a benign incidental finding.

Secondary Findings:

- Mild bilateral nonspecific, age-related renal changes

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

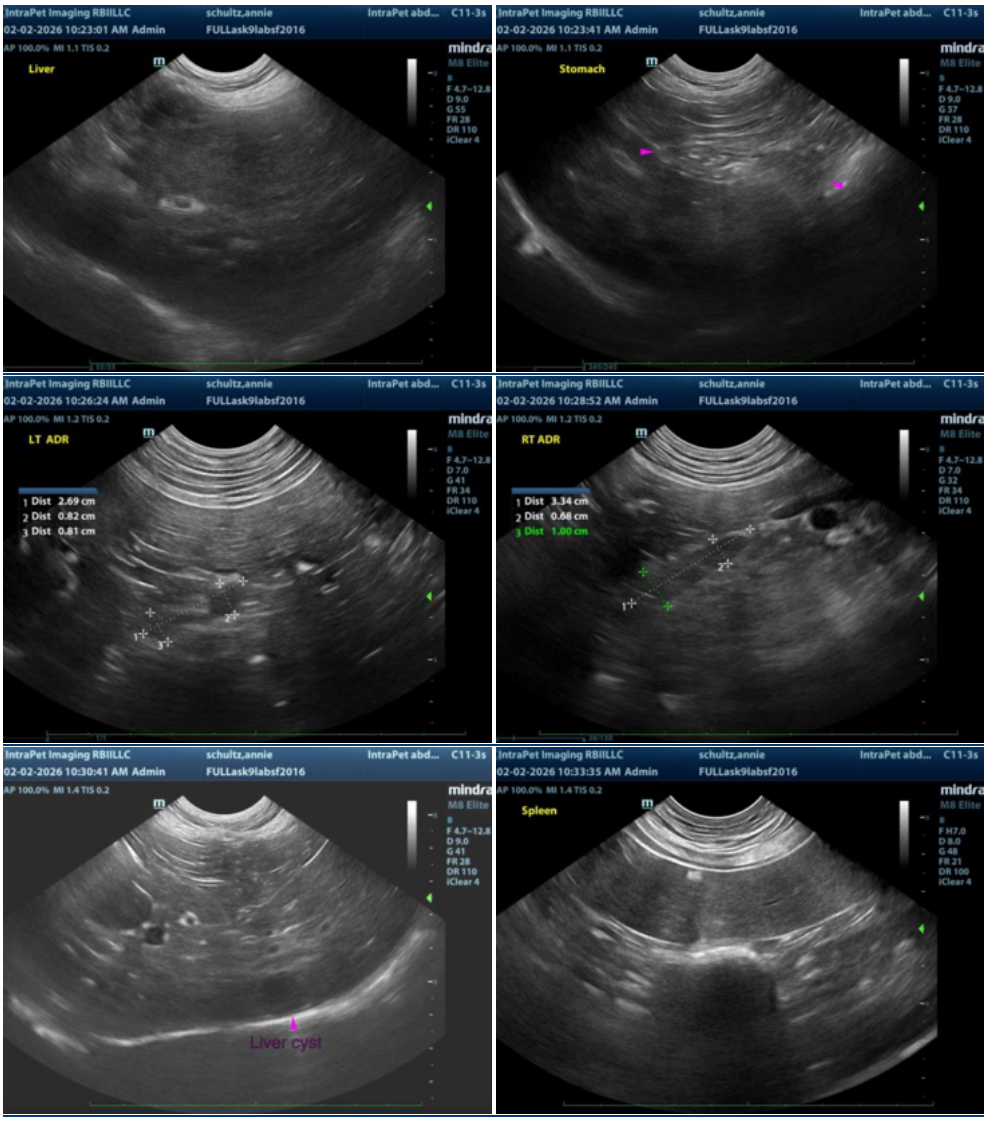
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

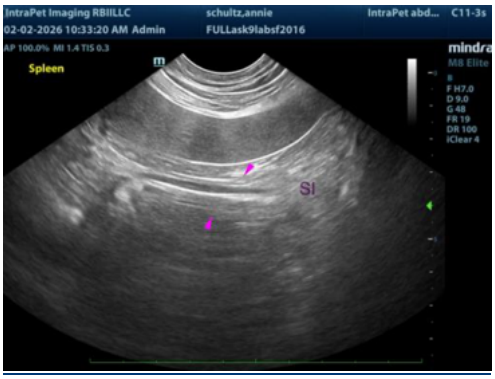
- The following diagnostics/treatment recommendations can be considered:

    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 hepatic and splenic changes, see prior reports for recommendations.





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