



PATIENT PRESENTING CLINICAL SIGNS

Reese McCarthy History: Had dental last week now blood vomit anorexia since Sat, lethargy
Abnormal PE/Chem/CBC/UA Results: WBC 20.42v BUN 34 Ca 7.6 TP 4.6 Glob 2.4 Alb 20

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

Urinary System

BREED

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 is normal.

Scottie

SEX

The left kidney is normal in size (3.40 cm in length) 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.

Female Spayed

AGE

The right kidney is normal in size (3.54 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 corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

11

WEIGHT

9

Adrenal Glands

The left adrenal gland is normal in size (0.56 cm at cranial pole) (0.45 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.

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

The right adrenal gland is normal in size (0.50 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.

IMAGING PERFORMED BY

Jenn

Spleen

The spleen is normal in size (1.01 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.

HOSPITAL NAME

Rockaway AH

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.

REFERRING VET

Dr Maniar

The gallbladder lumen is moderately distended. The wall is thin and smooth. A small amount of gravity-dependent, echogenic-to mineralized debris is observed within the lumen, along with a few, nonobstructive choleliths (one measuring 0.55 cm in its longest dimension). The cystic and common bile ducts are normal/not seen.

INVOICE

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DATE

Gastrointestinal

The gastric lumen is mildly distended with ingesta and a small amount of soft, shadowing material. 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

2-2-26



PATIENT normal. There is no evidence of an obstructive pattern.

Reese McCarthy

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.

SPECIES

Canine

Lymph Nodes

The abdominal lymph nodes are normal/not visible.

BREED

Scottie

Free Abdomen

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

SEX

Female Spayed

ULTRASONOGRAPHIC FINDINGS

Primary Findings

AGE

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- Minor retained gastric ingesta. The soft, shadowing material within the gastric lumen may represent normal ingesta and/or foreign material. It appears nonobstructive at the time of this study.

Secondary Findings

WEIGHT

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- Minor bilateral age-related renal changes
- Nonobstructive choleliths with gallbladder debris/sand

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*An obvious cause for the patient's clinical signs is not definitively identified in this study. Considerations include gastric ulceration, infectious/parasitic disease (i.e., helicobacter), food allergy/intolerance, inflammatory bowel disease, dietary indiscretion, toxicity, underlying metabolic issue, other.

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

- Given the patient's clinical history, consider the following:

1. Fecal evaluation for ova and Giardia
2. A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended.
3. GI panel including serum cobalamin and folate, TLI and PLI
4. +/- endoscopic or surgical GI biopsies

REFERRING VET

Dr Maniar

- Given the hypoalbuminemia, also consider the following:

1. UPC (if proteinuria is present in the absence of infection)
2. Pre- and postprandial serum bile acids to assess hepatic function

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REFERRING VET

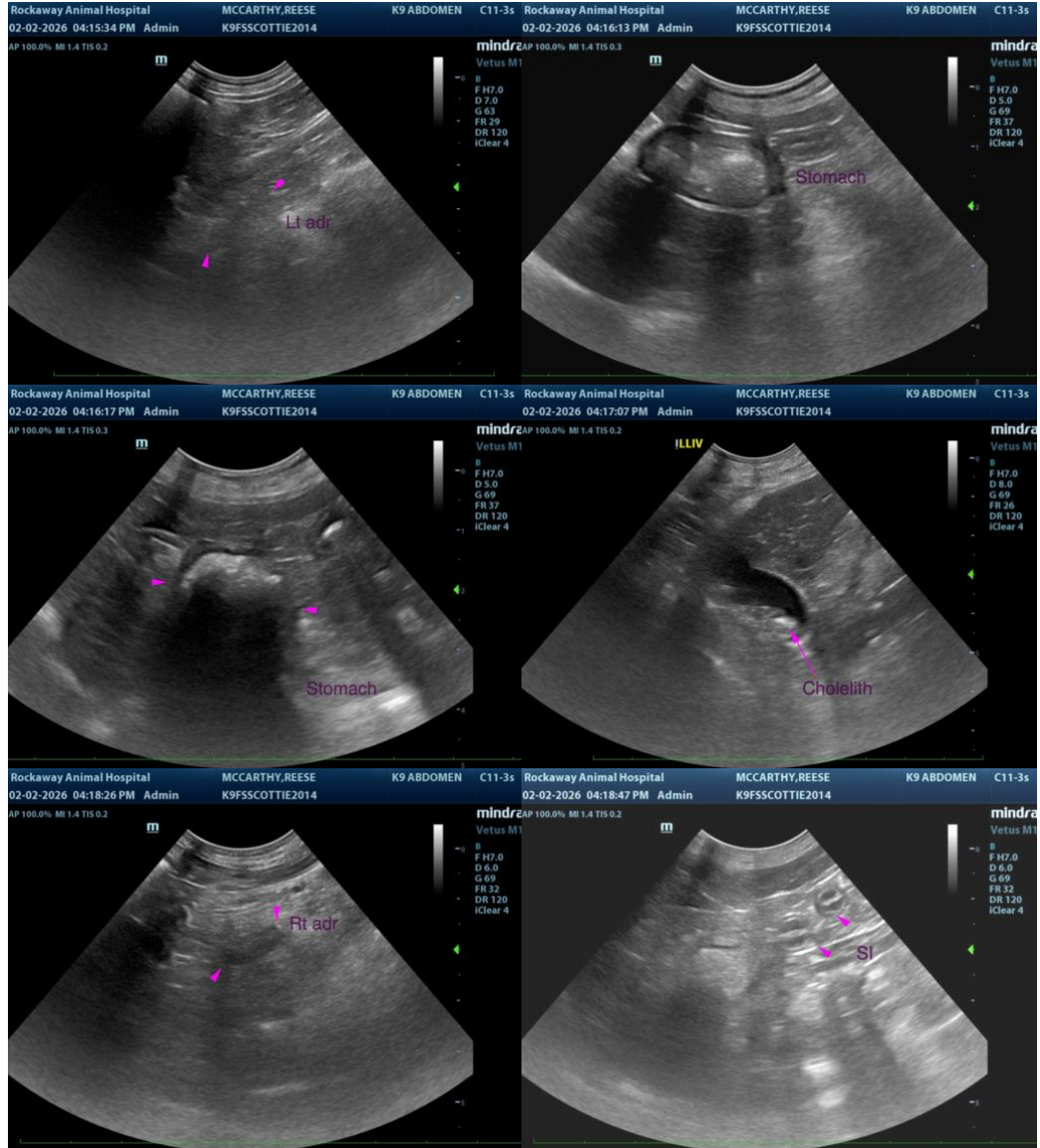
Dr Maniar

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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