



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Rita Nelson
SPECIES Canine
BREED Springer Spaniel
SEX Female Spayed

History from 1/31: V+ starting on 1/28, 1/29 am into afternoon pt V+ bile a couple more times. still went to grooming appt and did well (no V there). 1/29-1/30 pt V a large amount of food. Owner did not visually see any foreign material in the V. Decreased appetite (very very abnormal for pt). O's are unsure if she ate anything but pt will hide if doing something. seen at Shores on 1/31; blood work and rads done. outpatient treatment sq fluids, famotidine inj., Cerenia inj; rx'd sucralfate, otc omeprazole. to return if concerns. Prior history in 2023 of FB surgery and prior UTI. represented 2/2 having hematochezia, hyporexia, no vomiting, and lethargic. admitted for supportive care: iv fluids w/ KCl, Cerenia, buprenorphine, Unasyn, ondansetron, metronidazole. Concern for hge, gastritis, gi fb?, regurgitation, other

Abnormal PE/Chem/CBC/UA Results: PE: subtle pain; Non-reactive to abdominal palpation, gassy bowel; rads 1/31: very thickened stomach lining and gas in the colon, ingesta in the small bowel associated with some gas distension and hairpin turn 1/31: cbc wnl; chem calcium 8.8 L, TP 5.2 L; epoc K+ 3.4 L, cPL 113 normal 2/2 epoc: K+ 3.3

AGE ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

5 *Urinary System*

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. A moderate amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal in size (6.24 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (5.89 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 hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The caudal pole of the left adrenal gland is visualized, and is normal in size (0.62 cm in width) with a normal shape, glandular echogenicity and detail. Surrounding vasculature appears normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The caudal pole of the right adrenal gland is visualized, and is normal in size (0.53 cm in width) with a normal shape, glandular echogenicity and detail. Surrounding vasculature appears normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.80 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 gallbladder lumen is moderately distended. The wall is thin and smooth. A small amount of suspended

INTERPRETED BY

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

IMAGING PERFORMED BY

Melissa Randolph

HOSPITAL NAME

Shores VEC

REFERRING VET

Lisa Miller

INVOICE

22489

DATE

2-2-26



PATIENT echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Rita Nelson

Gastrointestinal

The gastric lumen is moderately fluid-distended, and hypomotile. The gastric wall is normal in thickness with a normal layering pattern. . The small intestinal lumen is segmentally dilated with fluid and chyme. 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.

SPECIES

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Pancreas

Springer Spaniel

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.

SEX

Lymph Nodes

The abdominal lymph nodes are normal/not visible.

Female Spayed

Free Abdomen

There is no obvious evidence of free fluid.

AGE

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ULTRASONOGRAPHIC FINDINGS

WEIGHT

17.4 kg

Primary Findings

Gastrointestinal ileus. There is no obvious evidence of a gastrointestinal foreign body/obstruction. However, a small or partial obstruction cannot be completely excluded.

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Secondary Findings

Urinary bladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

Melissa Randolph

- A fecal evaluation for ova and Giardia is recommended.
- Also consider a GI panel including serum cobalamin and folate, TLI, PLI and resting cortisol level.
- Supportive care for acute gastroenteritis/colitis is recommended.
- If clinical signs persist despite medical management, consider a repeat fasted abdominal ultrasound +/- endoscopic or surgical GI biopsies.
- Given the history of vomiting, three-view thoracic radiographs are recommended to assess for occult aspiration pneumonia.

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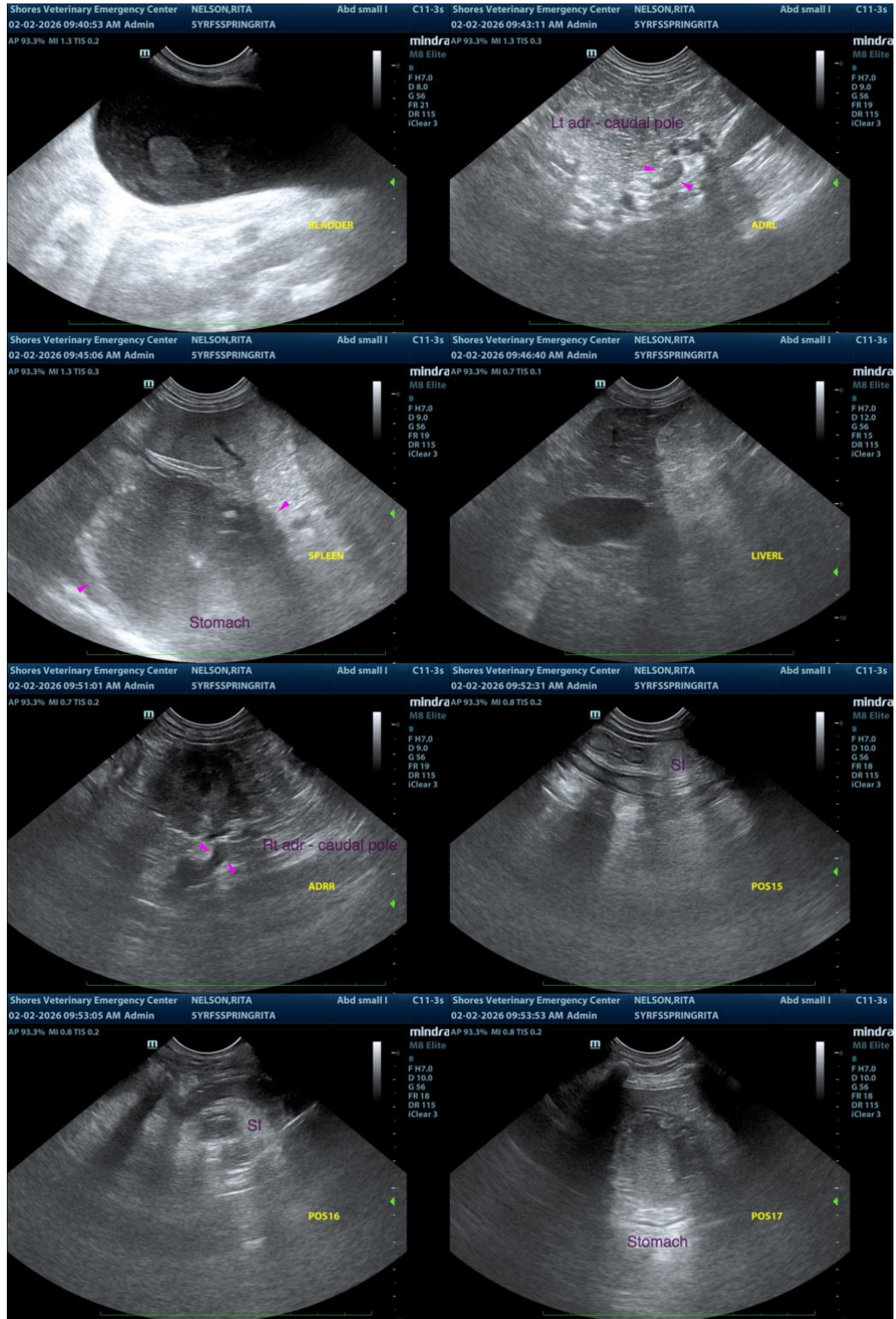
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PATIENT

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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.

SPECIES

Canine

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.

BREED

Springer Spaniel

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