



**PATIENT PRESENTING CLINICAL SIGNS**

**Riley Fisher**  
Objective: Overall Health and Body score - 5/9, Mild lethargy Hydration: ~5% dehydration. Eyes -- Normal OU. No ocular discharge noted. Ears -- Normal AU. No discharge noted. Oral cavity -- mm: pink CRT < 2 seconds. Mild dental calculus (Grade 1/3). Integument-- Haircoat is smooth and shiny. No dermal lesions noted. No palpable masses or ectoparasites appreciated. Lymphatics -- Submandibular and popliteal lymph nodes are unremarkable. Prescapular, axillary or inguinal lymph nodes are not palpable. Cardiovascular -- Normal sinus rhythm. No murmur, no arrhythmia auscultated. Pulses are strong and synchronous. Respiratory -- No nasal discharge observed. Eupenic. Normal bronchovesicular sounds in all quadrants. Abdominal -- Soft and non-painful abdomen. No palpable masses or organomegaly. Urogenital – Normal. Rectal- Formed stool in rectum. No foreign body palpated. Musculoskeletal -- Ambulatory x 4. No apparent lameness. Neurologic -- No obvious neurological deficits. A full neuro exam was not performed. Pain Assessment (Ranked 0-4) – 0

**Canine**

**Yorshire Terrier**

**Neutered Male**

ASSESSMENT: Acute onset vomiting with anorexia

**AGE** Medical Hx: Anal sacculitis (July 2021)

**12/30/11** **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**WEIGHT** The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region and the proximal urethra, visible to a depth of 2-3 cm, are normal.

**12.2 Pounds**

**INTERPRETED BY**

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

The prostate is normal in size (0.58 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

**IMAGING PERFORMED BY**

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

The left kidney presented normal size (4.06 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**HOSPITAL NAME**

Flowertown AH

The right kidney presented normal size (4.17 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**Adrenal Glands**

**REFERRING VET**

Dr. Kline

The left adrenal gland is mildly enlarged (0.55 cm at cranial pole) (0.63 cm at caudal pole) (1.86 cm in length); 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.

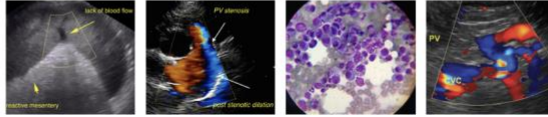
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The right adrenal gland is mildly enlarged (1.36 cm at cranial pole) (0.72 cm at caudal pole) (2.24 cm in length) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail

**DATE**

2/28/22



**PATIENT** are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Riley Fisher

**Spleen**

**SPECIES**

The spleen is normal in size (1.22 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.

Canine

**BREED**

**Liver**

Yorshire Terrier

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.

**SEX**

Neutered Male

**AGE**

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

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**Gastrointestinal**

**WEIGHT**

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are 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 colonic wall is normal. No obstructive or overt infiltrative disease is noted.

12.2 Pounds

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**Pancreas**

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

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.

**IMAGING PERFORMED BY**

**Free Abdomen**

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

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

**HOSPITAL NAME**

**Other**

Flowertown AH

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

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**ULTRASONOGRAPHIC FINDINGS**

Dr. Kline

- Mild bilateral adrenomegaly

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- The hepatic changes are consistent with age-related parenchymal remodeling and are not considered clinically significant at this time.

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**DATE**

\*There is no obvious evidence of a gastrointestinal foreign body/obstruction.

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Dr. Kline

**INVOICE**

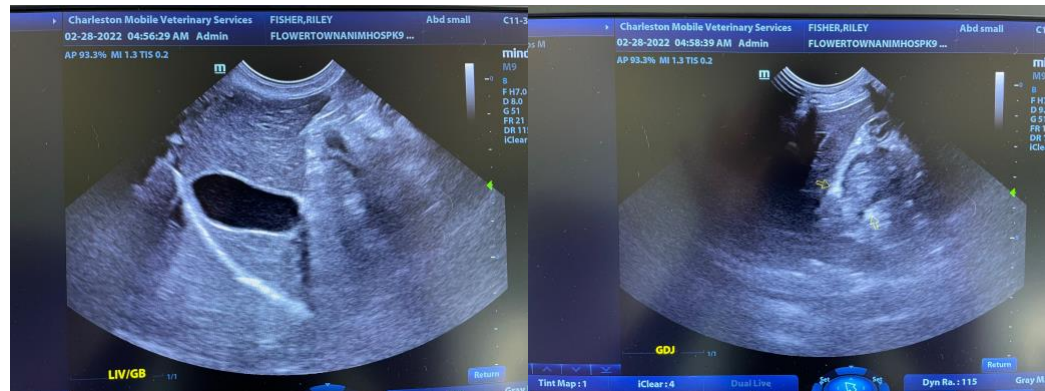
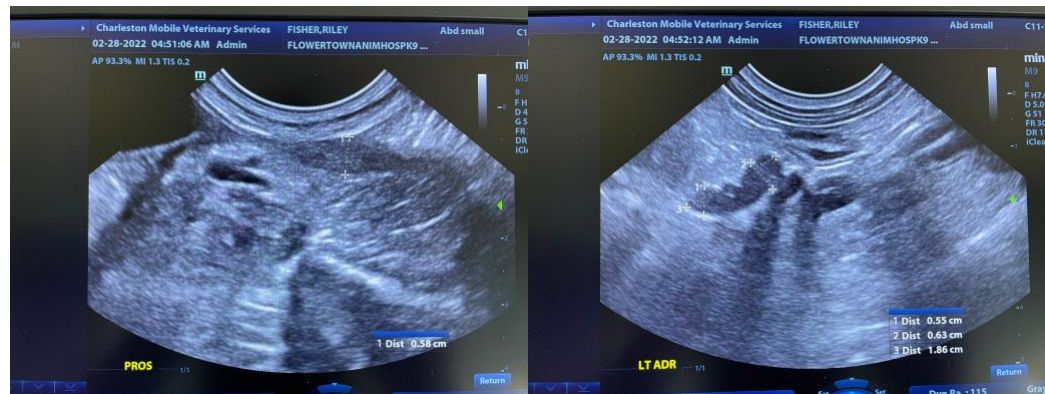
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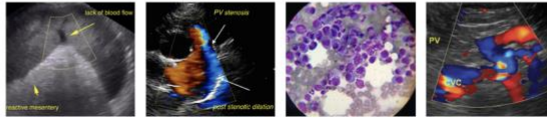
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Continued supportive care for acute gastroenteritis is recommended. If clinical signs do not improve within 24-72 hours of medical management, a more advanced GI work up may be warranted.
- Consider testing for hyperadrenocorticism with a low-dose dexamethasone suppression test or ACTH stimulation test if clinical signs (i.e., PU/PD) develop in the future.





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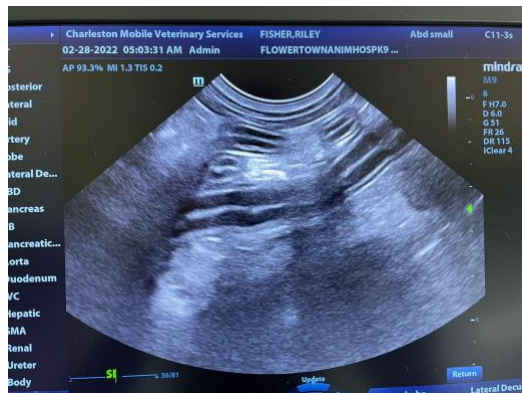
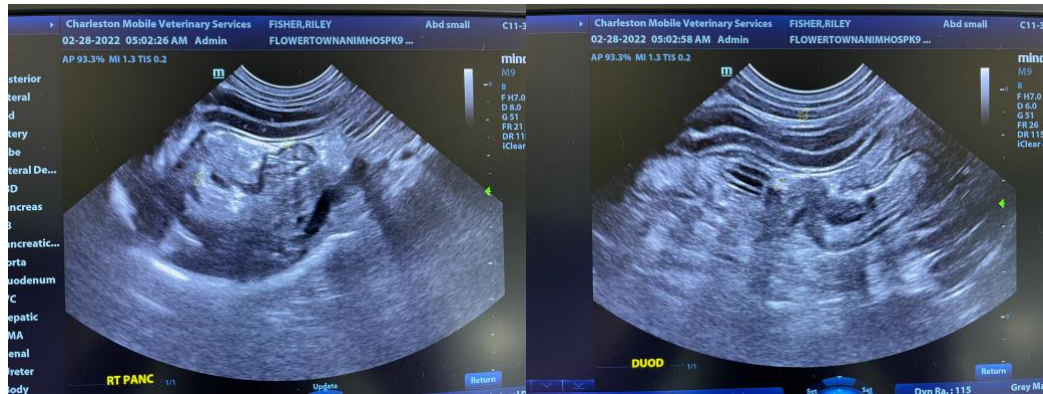
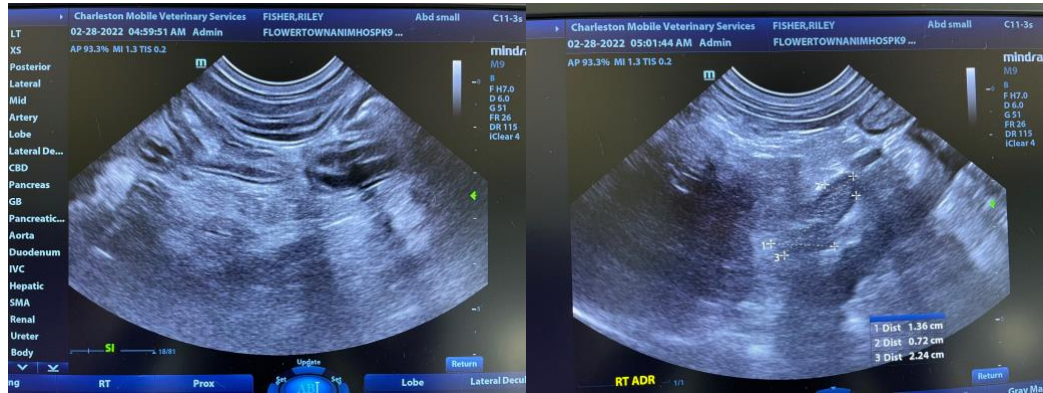
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Diplomate ACVIM (Small Animal Internal Medicine)

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