



## PATIENT PRESENTING CLINICAL SIGNS

**Odin Carrion** History: P started having loose stool yesterday started with diarrhea, vomiting this AM. P was dry heaving then vomited more bile this afternoon. No blood in the stool. Decreased appetite today. No known foreign body ingestion, but possible. O did give p a collagen stick on Monday.

## SPECIES

Canine Abnormal PE/Chem/CBC/UA Results: No labs Parvo test- negative

## BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Mastiff Mix **Urinary System**

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.

## SEX

Intact Male The region of the prostate is not visualized due to its pelvic location.

## AGE

15 weeks The left kidney is normal in size (6.13 cm in length) with a normal shape, architecture and 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.

## WEIGHT

39.4 lbs The right kidney is subjectively normal-in-size with a normal shape, architecture and 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.

## INTERPRETED BY

Andrea Nicastro, DVM,  
Diplomate ACVIM  
(Small Animal Internal  
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### Adrenal Glands

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

### Spleen

The spleen is normal in size (1.02 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.

## IMAGING PERFORMED BY

Brandi Kurzowski

### 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.

## HOSPITAL NAME

Corfu VC The gallbladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

## REFERRING VET

Dr. Brooke Beatty

### 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.

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### 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.

## DATE

2-5-26



## PATIENT

### *Lymph Nodes*

A few prominent mesenteric lymph nodes are visualized (one measuring 3.65 x 0.92 cm).

Odin Carrion

## SPECIES

Canine

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### *Free Abdomen*

There is no obvious evidence of free fluid.

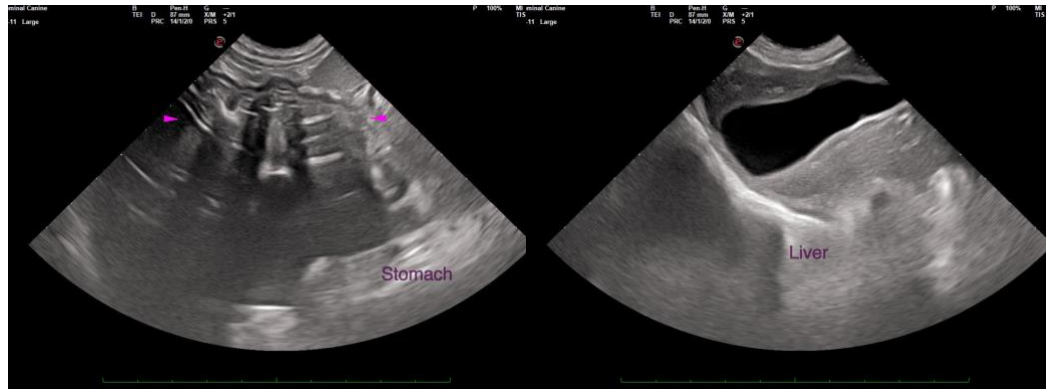
## ULTRASONOGRAPHIC FINDINGS

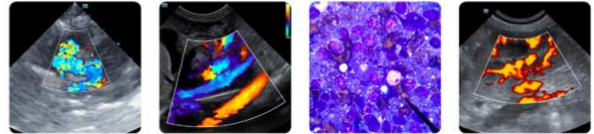
The abdominal lymphadenopathy could be consistent with immunologic immaturity, reactive lymphadenitis or lymphoid hyperplasia. Infiltrative neoplasia is possible but considered unlikely.

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

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A fecal evaluation for ova and Giardia is recommended, along with prophylactic deworming with fenbendazole.
- Consider a minimum database (including a CBC, chemistry panel, urinalysis, and T4).
- Supportive care for acute gastroenteritis is recommended.
- If clinical signs persist despite medical management, and the above diagnostics are inconclusive, further work-up (i.e., resting cortisol level, GI panel, +/- GI biopsies) may be indicated.





**PATIENT**

Odin Carrion

**SPECIES**

Canine

**BREED**

Mastiff Mix

**SEX**

Intact Male

**AGE**

15 weeks

**WEIGHT**

39.4 lbs

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**IMAGING  
PERFORMED BY**

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**HOSPITAL NAME**

Corfu VC

**REFERRING VET**

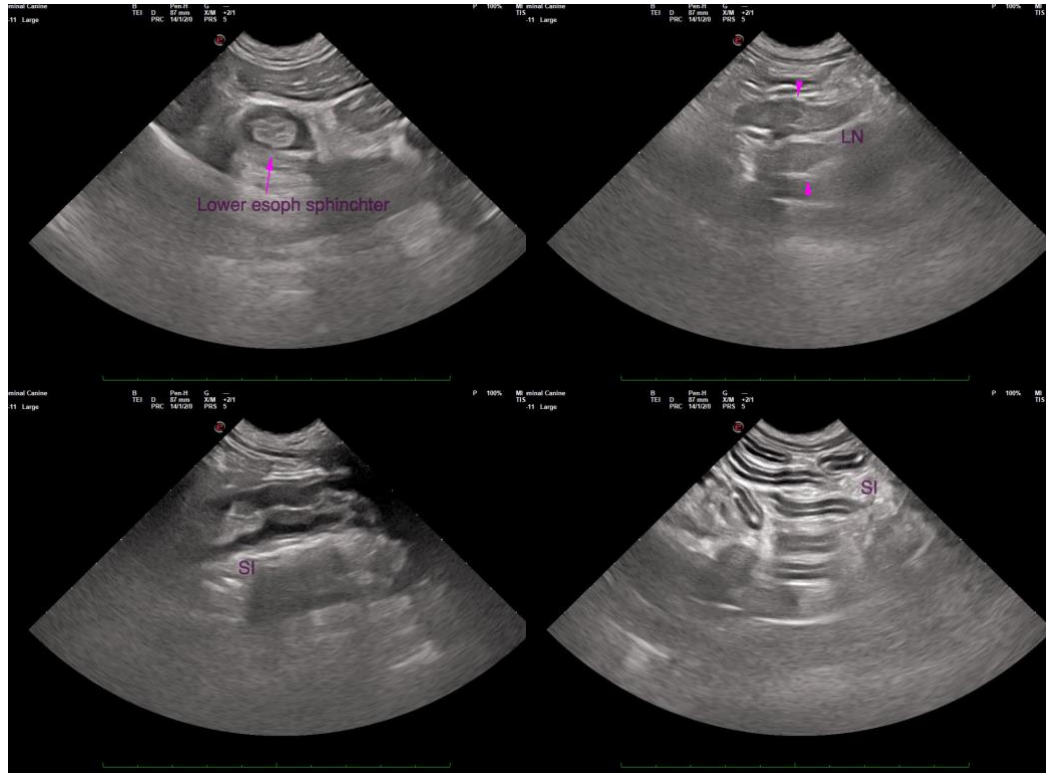
Dr. Brooke Beatty

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**DATE**

2-5-26



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.

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