



## PATIENT PRESENTING CLINICAL SIGNS

**Winnie Dumont** History: acute onset vomiting about 48hrs ago, diarrhea started yesterday, inappetence >48hrs, hx pancreatitis treated outpatient April 2025, since maintained low fat diet.

## SPECIES

Abnormal PE/Chem/CBC/UA Results: Mildly elevated ALP (424), febrile today, weight loss

Canine

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

## BREED

### Urinary System

Mini Poodle

The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. A scant amount of echogenic debris is observed.

## SEX

Female Spayed

The left 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 minimal-to-mild corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

## AGE

5

The right kidney is normal in size (3.97 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.

## WEIGHT

4 kg

### Adrenal Glands

The left adrenal gland is normal in size (0.42 cm at cranial pole) (0.36 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

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No images provided of the right adrenal gland.

### Spleen

The spleen is normal in size (1.31 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

Nicole DeFalco

### 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.

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Westborough

The gallbladder 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.

## REFERRING VET

Dr Evgenia  
Hadjinicolaou

### Gastrointestinal

The gastric lumen is mildly distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. Several small intestinal segments are mildly fluid-distended. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. The lumen of the descending colon contains some liquid-appearing fecal material.

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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*

Winnie Dumont

At least one prominent mesenteric lymph node is visualized (measuring 2.48 x 0.57 cm).

**SPECIES** *Free Abdomen*

There is no obvious evidence of free fluid.

**BREED** *Canine*

Mini Poodle

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- The gastrointestinal changes are most consistent with gastroenteritis/colitis. There is no obvious evidence of a foreign body/obstruction. However, a partial obstruction cannot be completely excluded

**SEX** *Female Spayed*

Female Spayed

**Secondary Findings**

- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

**AGE**

5

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

4 kg

The following diagnostics/treatment recommendations can be considered:

- Texas GI panel including serum cobalamin, folate, PLI, TLI and resting cortisol level
- A fecal evaluation for ova/Giardia
- Prophylactic deworming with Fenbendazole.
- A 3-4-week hypoallergenic or hydrolyzed protein diet trial
- Also consider initiating a probiotic with a high colony count +/- fiber supplement (i.e., psyllium).
- Depending on the results of the above diagnostics/therapeutics, endoscopic or surgical gastrointestinal biopsies may be warranted.
- Given the history of vomiting and fever, three-view thoracic radiographs are recommended to assess for occult aspiration pneumonia.

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**REFERRING VET**

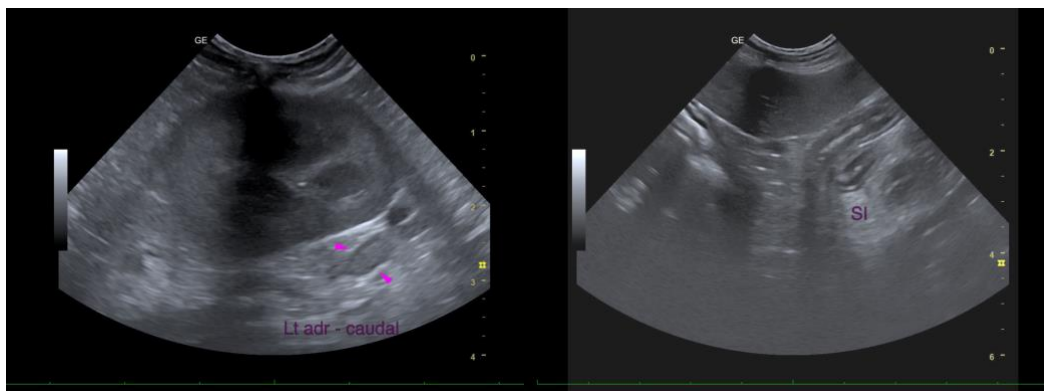
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**DATE**

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## PATIENT

Winnie Dumont

## SPECIES

Canine

## BREED

Mini Poodle

## SEX

Female Spayed

## AGE

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## WEIGHT

4 kg

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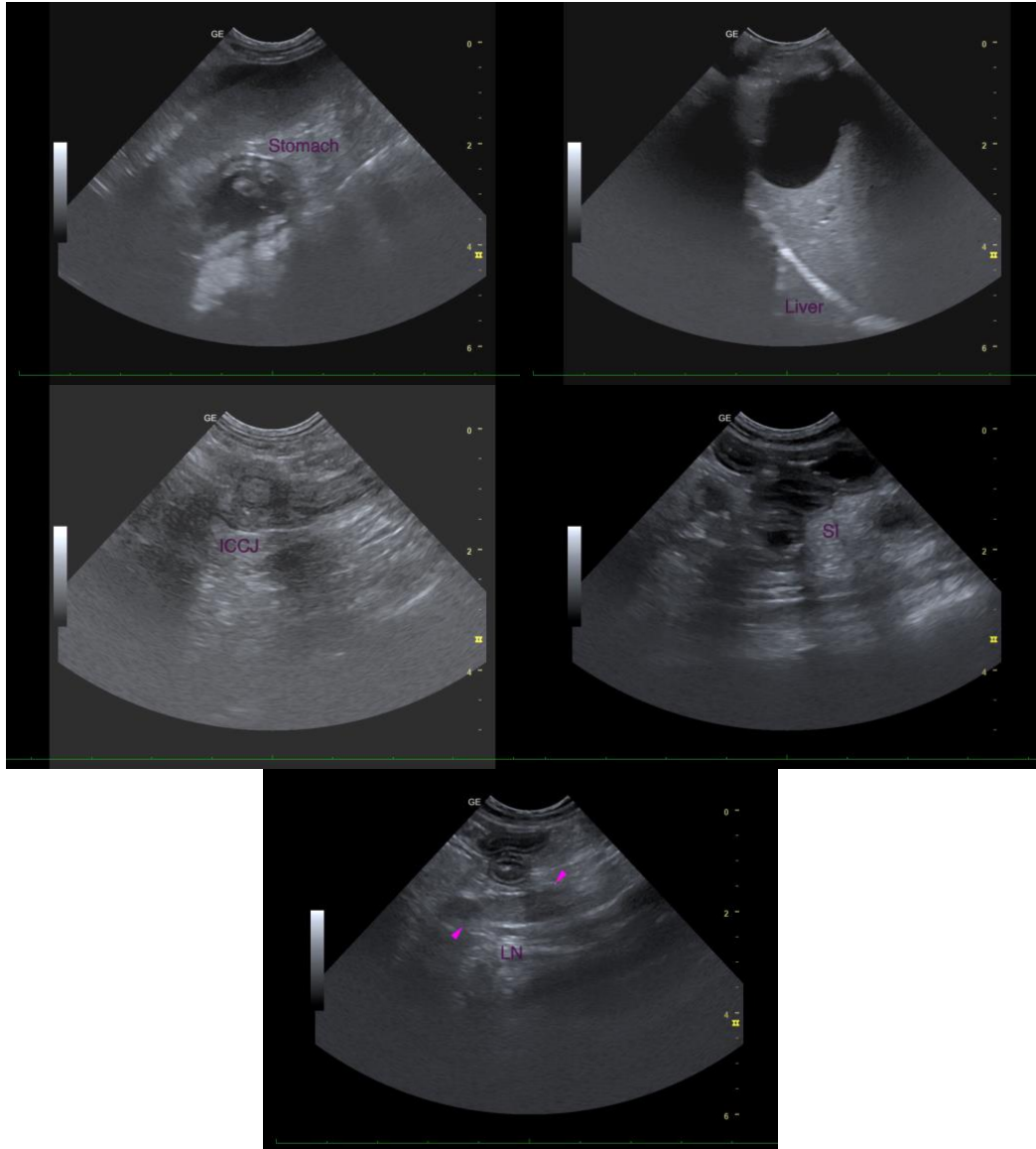
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## DATE

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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.

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