



DATE PRESENTING CLINICAL SIGNS

2/9/26

Patient History: Owner reports Leia stopped eating this morning. Her last meal was Saturday night. She has been drinking water. She had normal brown diarrhea this morning. This afternoon, she had bloody diarrhea for the first time. After a couple of hours of being calm, she had 2-3 more episodes of bloody diarrhea this evening around 8-9 PM. She started vomiting this evening and has vomited 2-3 times or more. The earlier vomit was described as bile-like. The most recent vomit was clear fluid, which occurred about 15 minutes after she drank half a bowl of water. No current medications. Date: 02-09-2026 Notes: Had additional large bout of bloody gelatinous diarrhea in lobby.

PATIENT

Leia Orvis

SPECIES

Canine

Current Medications: Buprenorphine, Cerenia, Ondansetron, Metronidazole.

Labwork Results: CBC unremarkable. ALP 241, potassium 3.2.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed by: Rachel Brillhart, RDMS.

BREED

Terrier mix

SEX

Female, spayed

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 4 cm, are normal.

AGE

4/20/2016

The left kidney is normal in size (6.03 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 loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

53.6 lbs.

The right kidney is normal in size (5.92 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 loss of 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
Medicine)

HOSPITAL NAME

Animal Emergency
Hospital

Adrenal Glands

The left adrenal gland is normal in size (0.49 cm at cranial pole) (0.51 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.

REFERRING VET

Dr. Ruby

The right adrenal gland is normal in size (0.93 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.

Spleen

The spleen is overall normal in size (1.72 cm in width at the level of the hilus). There is appropriate echogenicity and echotexture. A 3.8 x 3.7 cm isoechoic expansile swelling is observed approximately mid-body. Splenic vasculature is normal.

INVOICE

13457

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 is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is mildly fluid distended. The gastric wall is normal to moderately thickened (up to 0.75 cm) with retention of the normal layering pattern. The pyloric outflow tract is patent. Several small intestinal segments are mildly to moderately 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. There is no obvious evidence of an obstructive pattern.

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.

Lymph nodes

A 1.15 x 0.48 cm sublumbar lymph node is visualized. In addition, a few prominent mesenteric lymph nodes are visualized with one measuring 2.03 x 0.46 cm. Surrounding mesentery is hyperechoic.

Free Abdomen

There is no obvious evidence of free fluid.

Other

A brief echocardiogram reveals no obvious evidence of pericardial or pleural effusion in the visible window. There is no obvious evidence of intracardiac masses.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The gastrointestinal changes are most consistent with gastroenteritis. The gastric wall changes are most consistent with gastritis with a lower possibility of emerging neoplasia.
- The splenic swelling seen mid-body could be consistent with an emerging tumor (i.e., round cell, sarcoma) or benign focus (i.e., lymphoid hyperplasia or similar).
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

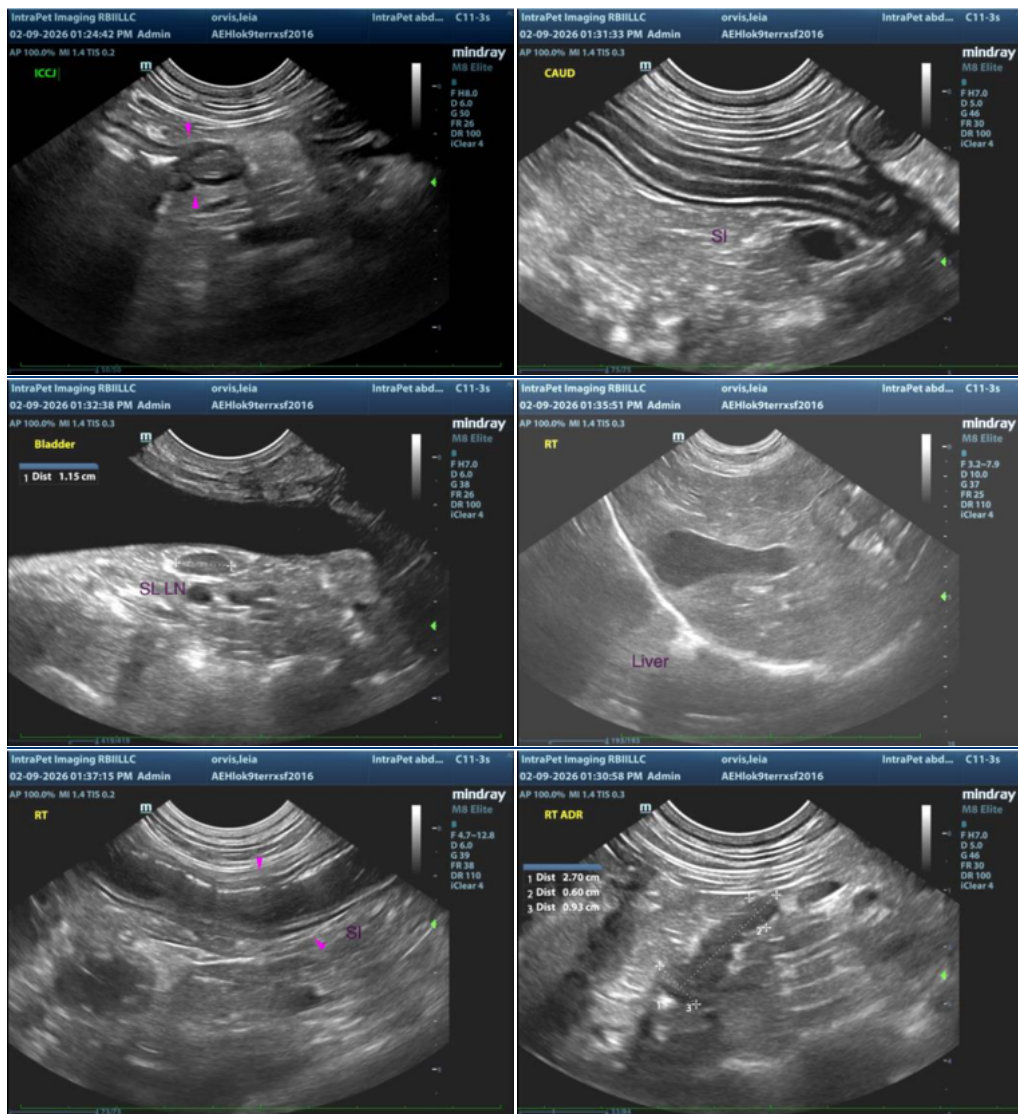
Secondary Findings:

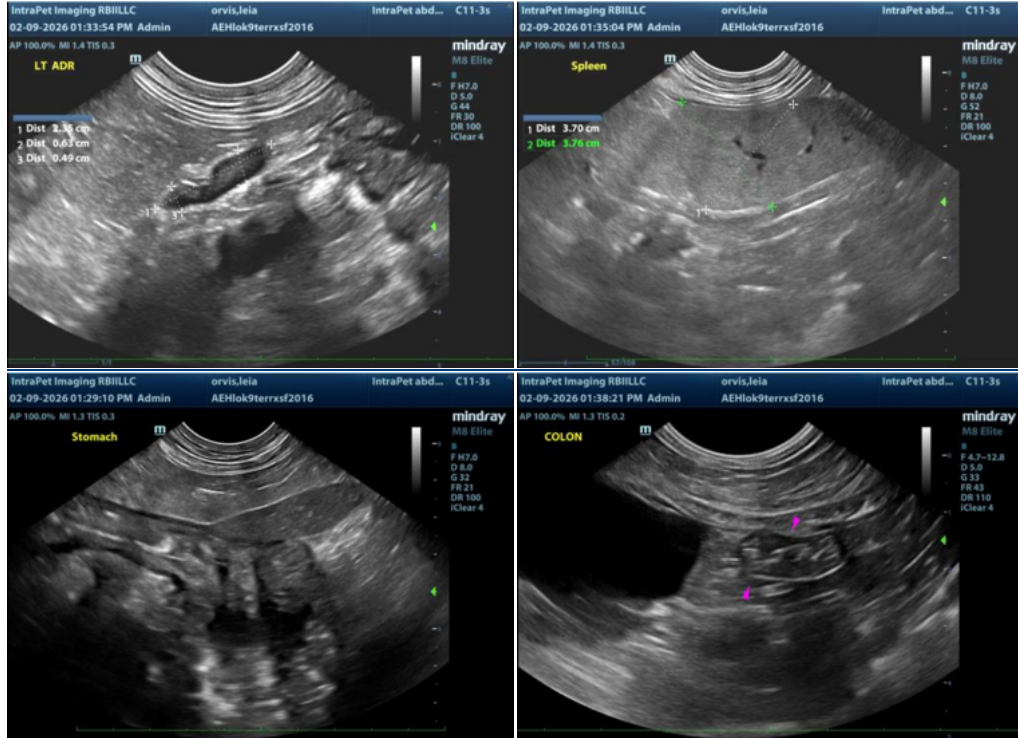
- Mild bilateral nonspecific, age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A fecal evaluation for ova and Giardia is recommended along with prophylactic deworming with fenbendazole.

- A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended
- Supportive care for acute gastroenteritis is recommended if clinical signs persist despite medical management. Further GI workup may be indicated.
- Regarding the splenic swelling, consider the following:
 1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
 2. Fine needle aspiration (assuming normal clotting status). A 25-gauge needle should be used.





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