



PATIENT PRESENTING CLINICAL SIGNS

Pheobe Stewart History: distended abd beige stool
Abnormal PE/Chem/CBC/UA Results: TP 8.8 Alb 4.2 ALT 227 T bili

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

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 3 cm, are normal.

BREED

Cairn Terrier

SEX

Female Spayed

The left kidney is normal in size (5.09 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.

AGE

7

The right kidney is normal in size (5.22 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 hydroureter. Renal vasculature is normal.

WEIGHT

23.6

Adrenal Glands

The left adrenal gland is normal size (0.50 cm length; 0.56 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

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

Spleen

The spleen is normal in size (1.17 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

Jenn

Liver

The liver is subjectively normal- to prominent-in-size, with normal peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion.

HOSPITAL NAME

Rockaway AH

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/not seen.

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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

2-9-26

Lymph nodes

The abdominal lymph nodes are normal/not visible.



PATIENT

Pheobe Stewart

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

The hepatic parenchymal changes could be consistent with vacuolar hepatopathy, inflammatory disease (i.e., chronic hepatitis, bacterial cholangiohepatitis), hepatotoxicosis, emerging neoplasia (less likely), reactive hepatopathy, Leptospirosis, other.

BREED

Cairn Terrier

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Female Spayed

- Consider Leptospirosis testing (i.e., blood and urine PCR, serology), particularly if clinical suspicion for disease is high.
- Pre- and postprandial serum bile acids can also be considered to assess hepatic function.
- Depending on the results of the above diagnostics, further work-up (i.e., hepatic tissue sampling) may be indicated.

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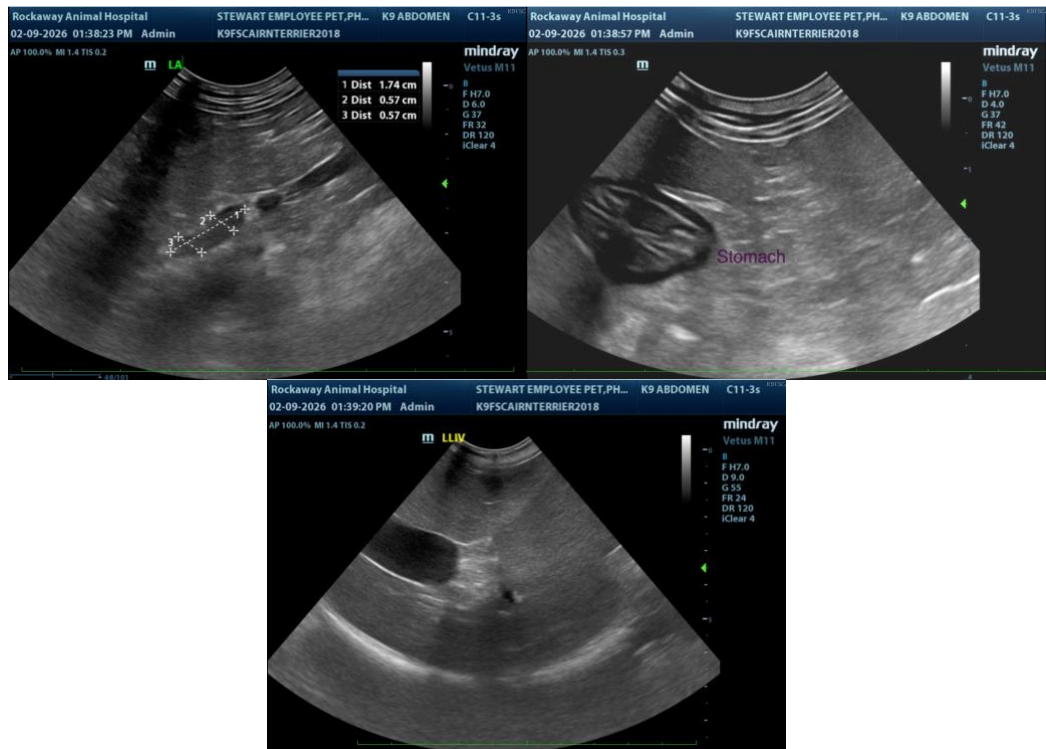
Dr Maniar

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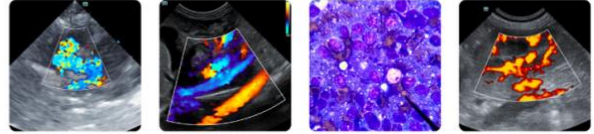
DATE

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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.



PATIENT

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