



PATIENT

Luna Pizzamiglio

SPECIES

Canine

BREED

Havanese

SEX

Female, spayed

AGE

6 Yrs.

WEIGHT

7.2 kg.

INTERPRETED BY

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

IMAGING PERFORMED BY

Natalia Franco

HOSPITAL NAME

Eagleson VC

REFERRING VET

Dr. Maher

INVOICE

13594

DATE

3/10/26

PRESENTING CLINICAL SIGNS

- Presented for shaking, painful abdomen. 2 days ago. Has been eating normally, no GI symptoms. Hx of arrest during spay Sx 5 years ago.
 - AUS recommended to further evaluate bladder stone, bladder wall, and other abdominal structures. Patient fasted for over 12 hours.
- Abnormal PE/Chem/CBC/UA Results: PE: Tense abdomen, arched back, no pain on back palpation. Bloodwork: Within normal limits Pancreatic lipase: Normal Abdominal radiographs: Bladder stone noted Urinalysis: Within normal limits

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 visible portion of the proximal urethra are normal.

The left kidney is normal in size (3.55 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.

The right kidney is normal in size (3.92 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

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

The right adrenal gland is normal in size (0.99 cm at cranial pole) (0.45 cm at caudal pole) with a normal shape. There is a possible 0.87 x 0.84 cm hyperechoic nodule at the cranial pole in one video clip. The glandular echogenicity and detail at the caudal pole are unremarkable. Surrounding vasculature is normal.

Spleen

The spleen is normal in size (1.54 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.

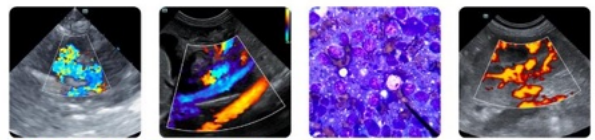
Liver

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 gall bladder 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.

Gastrointestinal

The gastric lumen is not distended. The gastric wall is 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



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layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no 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

The abdominal lymph nodes are normal/not visible.

Free Abdomen

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

Other

A uterine stump is visible measuring 0.35 cm in width. No obvious pathology is seen.

ULTRASONOGRAPHIC FINDINGS

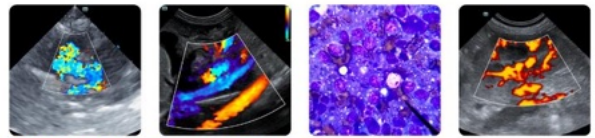
- Questionable right adrenal nodule. The abdomen is otherwise structurally unremarkable.

*An obvious cause for the patient's discomfort is not identified in this study. Considerations include referred orthopedic or neurologic pain, occult urinary tract infection, mild pancreatitis, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Consider spinal radiographs to further assess for a source of pain.
2. A urinalysis +/- a culture and sensitivity along with a cPLI can also be considered to assess for a urinary tract infection and pancreatitis, respectively.
3. Depending on the results of the above diagnostics, further workup may be indicated.
4. Regarding the questionable right adrenal nodule, consider a recheck ultrasound in 1-2 months to assess for persistence.





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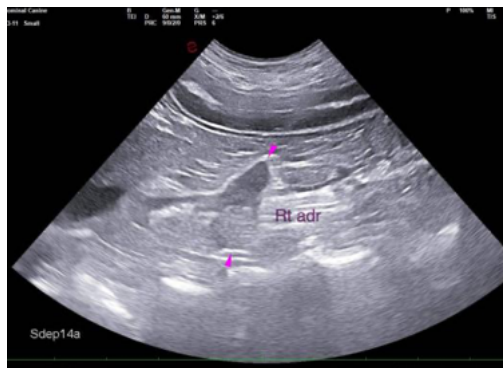
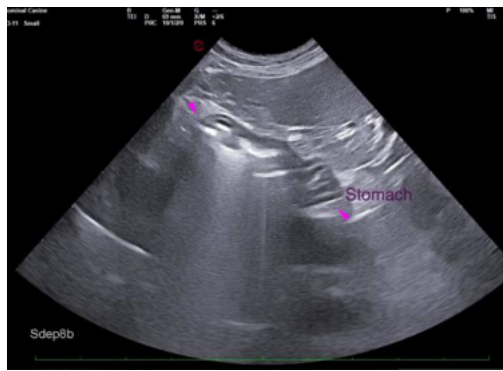
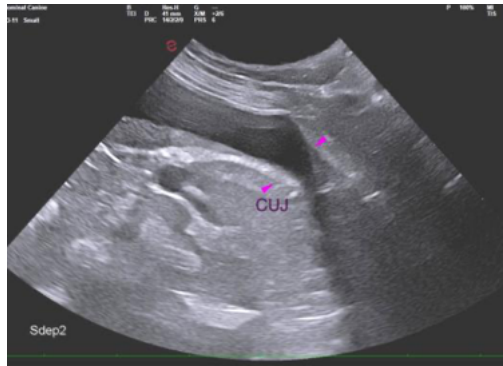
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com