

PATIENT PRESENTING CLINICAL SIGNS

- Maverick Piper**
- Chronic vomiting that has been going on for years but recently getting worse to multiple times a day. Always fluid, rarely food.
- SPECIES**
- No improvement with famotidine, omeprazole, and some improvement for a few days with metoclopramide but now back to as it was.
- Canine**
- Has been on multiple different diets. Current diet seemed to suit patient best (raw diet).
 - Abnormal PE/Chem/CBC/UA Results: No recent lab results

BREED

Pug

SEX

Neutered Male

AGE

12.5

WEIGHT

24.5 lbs

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are mostly anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is normal in size (0.72 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (4.36 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. An ill-defined hyperechoic medullary band is observed at the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal in size (4.60 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. An ill-defined hyperechoic medullary band is observed at the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

One still image is available for interpretation. The left adrenal gland is normal in size (0.46 cm at cranial pole) (0.48 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.

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

Spleen

The spleen is normal in size (1.30 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 gallbladder lumen is moderately distended. The wall is thin and smooth. A small amount of mobile echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal

INTERPRETED BY

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Diplomate ACVIM
(Small Animal Internal
Medicine)

IMAGING PERFORMED BY

Emily Kirk

HOSPITAL NAME

Shiloh AH

REFERRING VET

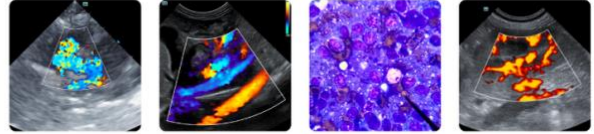
Alesha Diniz

INVOICE

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DATE

3-16-26



PATIENT

Maverick Piper

layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with retention of the normal layering pattern. There is evidence of mucosal speckling and striations in several segments. Discreet masses are not identified. The colonic wall is normal. There is no obvious evidence of an obstructive pattern.

SPECIES

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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.

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Pug

Lymph Nodes

A 2.01 x 0.42 cm medial iliac lymph node is visualized.

SEX

Neutered Male

Free Abdomen

There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

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Primary Findings

- The small intestinal wall changes could be consistent with inflammatory bowel disease, lymphangiectasia, infectious/parasitic disease, emerging neoplasia (i.e., lymphoma), and/or other enteropathy.

WEIGHT

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Secondary Findings

- Mild bilateral nonspecific age-related renal changes
- The prominent medial iliac lymph node is likely reactive with a lower possibility of emerging neoplasia.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- A minimum database (including a CBC, chemistry panel, urinalysis, and T4) is recommended to assess overall metabolic function.
- Other considerations include the following:

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1. Fecal evaluation for ova and Giardia
2. GI panel including serum cobalamin and folate, TLI, PLI and resting cortisol level
3. Limited antigen or hydrolyzed protein diet trial (if not already performed)
4. Ultimately, endoscopic or surgical GI biopsies may be necessary to get a definitive diagnosis.
5. Three-view thoracic radiographs are recommended prior to any anesthetic event.

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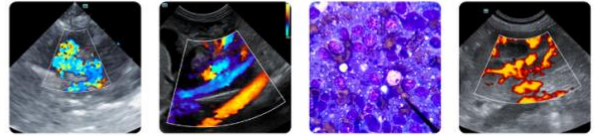
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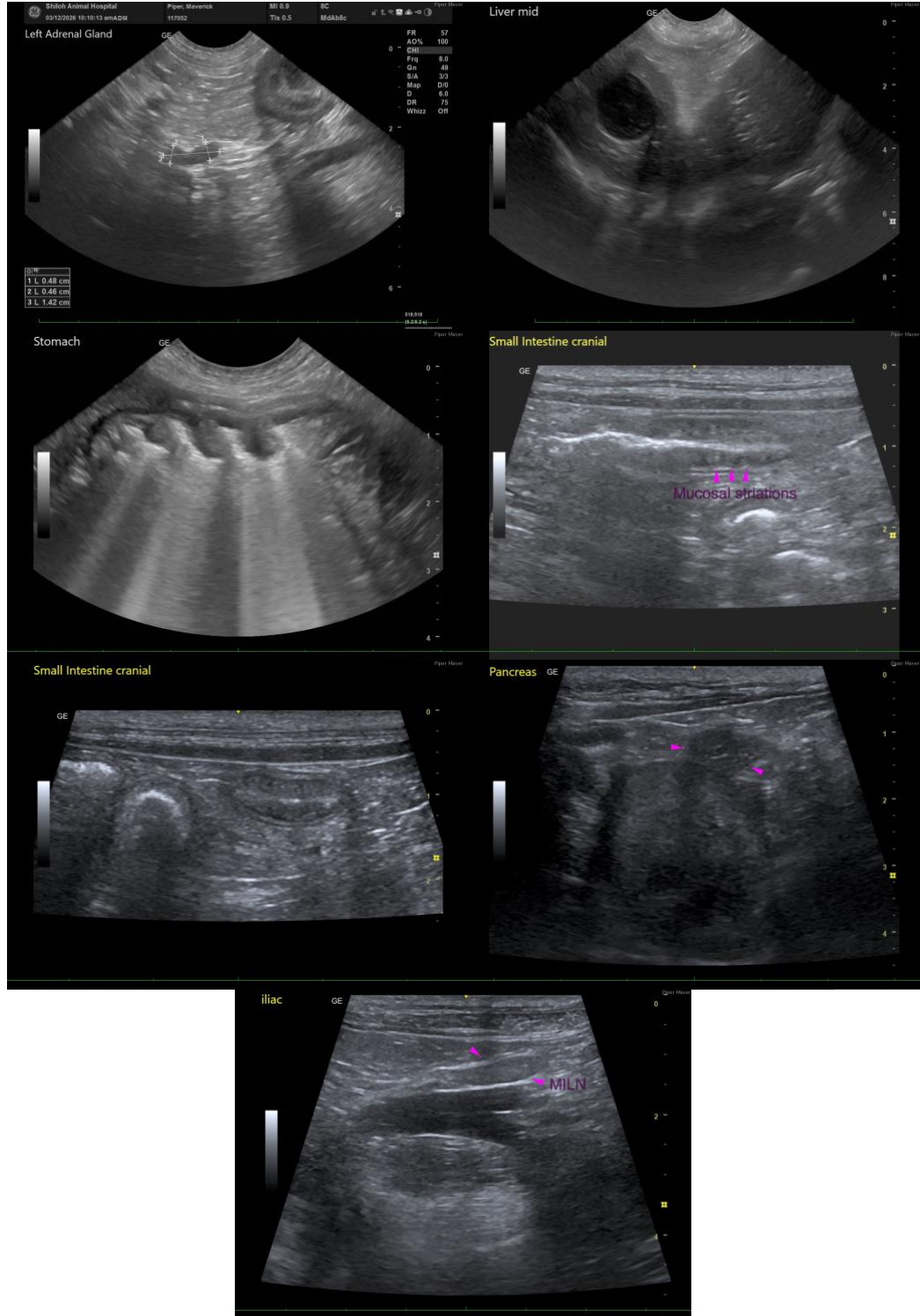
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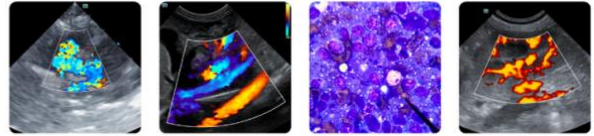
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in



PATIENT the image/video clips provided.

Maverick Piper

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.

SPECIES

Canine

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