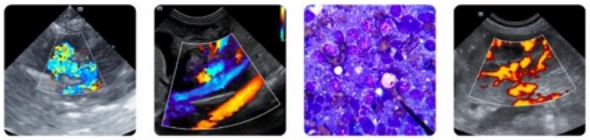

PATIENT

Joni Crowley

SPECIES

Canine

BREED

Poodle

SEX

Female, spayed

AGE

10 Yrs.

WEIGHT

63 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway

REFERRING VET

Dr. Maniar

INVOICE

13609

DATE

3/17/2026

PRESENTING CLINICAL SIGNS

History:

- decreased appetite , vomiting

Abnormal PE/Chem/CBC/UA Results: ALP > 10

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 is normal.

The left kidney is normal in size (8.10 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.

The right kidney is difficult to visualize. In the visualized portion, there appears to be a normal 1:3 cortex: medulla ratio with mild loss of corticomedullary distinction. There is no obvious evidence of pyelectasia, nephroliths or hydroureter.

Adrenal Glands

The left adrenal gland is normal in size (0.51 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.

No images of the right adrenal gland provided.

Spleen

The spleen is normal in size (2.09 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. 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 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

A small amount of ingesta and irregular shadowing material is observed within the gastric lumen. 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 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.

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.

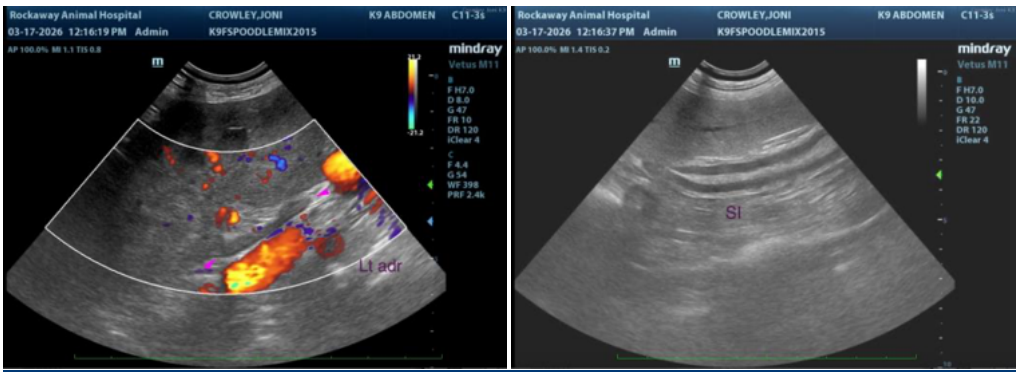
ULTRASONOGRAPHIC FINDINGS

- The gallbladder distention may be secondary to fasting or less likely, obstruction of the common bile duct.
- Mild bilateral nonspecific, age-related renal changes
- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a lower possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- The shadowing material within the gastric lumen may represent normal ingesta and/or foreign material. It appears non-obstructive at the time of this study.

*An obvious cause for the patient's clinical signs is not definitively identified in this study. Broad considerations include a primary enteropathy (i.e., food allergy/intolerance, dietary indiscretion, inflammatory bowel disease, infectious/parasitic disease), underlying metabolic issue, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Given the patient's clinical history, consider the following:
    - Three-view thoracic radiographs to assess for occult esophageal disease.
    - Fecal evaluation for ova and Giardia
    - If the patient's clinical signs are chronic in nature, a GI panel including serum cobalamin, folate, TLI, PLI and resting cortisol level should also be considered.
    - Depending on the results of the above diagnostics, further workup may be indicated. In the meantime, symptomatic care is recommended.



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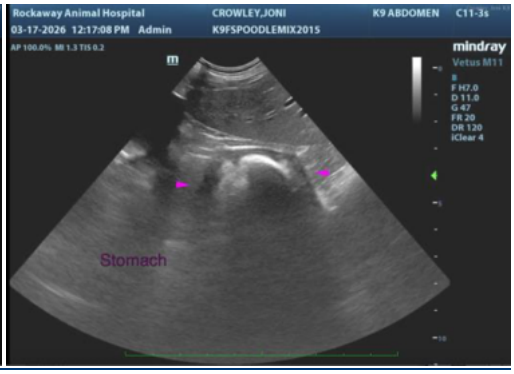

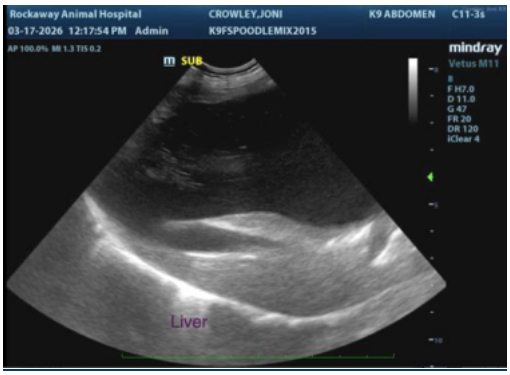

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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