



PATIENT

Millie Wustenberg

SPECIES

Canine

BREED

Terrier mix

SEX

Female, spayed

AGE

8 Yrs.

WEIGHT

25.7 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Kaitlyn Rudie

HOSPITAL NAME

Sherwood Family PC

REFERRING VET

Dr. Wustenberg

INVOICE

13630

DATE

3/24/26

PRESENTING CLINICAL SIGNS

History:

- Millie has not eaten in the last 24 hours
- She has been having vomiting and severe diarrhea
- ADR, lethargic, gums hyperemic

Abnormal PE/Chem/CBC/UA Results: Severe partially hemorrhagic diarrhea Splenomegaly and microhepatica on abdominal radiographs CBC WNL aside from elevated PCV this morning (64%) ALT slightly elevated 127, chloride slightly low 104. Otherwise Chem 17w/lytes was normal. cPL negative.

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 (4.38 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 normal in size (4.67 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.

Adrenal Glands

The left adrenal gland is normal in size (0.73 cm at cranial pole) (0.66 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 right adrenal gland is normal in size (0.76 cm at cranial pole) (0.63 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 normal in size (1.63 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.



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The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of gravity-dependent aggregated, echogenic to mineralized debris +/- distinct choleliths are observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is moderately fluid distended and hypomotile. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. Several small intestinal segments are mildly to moderately fluid distended. A few segments are plicated. 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.

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

Trace free fluid is observed.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

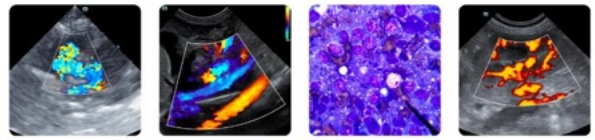
- The gastrointestinal changes are most consistent with gastroenteritis and gastric ileus. There is no obvious evidence of a mechanical obstruction in the available images. However, a partial obstruction cannot be completely excluded.
- Trace ascites

Secondary Findings:

- Mild bilateral nonspecific, age-related renal changes
- Gallbladder debris/sand +/- distinct choleliths. These changes are likely a benign incidental finding. There is no evidence of a mucocele.
- 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).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. A fecal evaluation for ova and Giardia +/- fecal PCR infectious disease panel are recommended along with prophylactic deworming with fenbendazole.
2. A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended
3. Aggressive supportive care for acute hemorrhagic gastroenteritis is recommended including a probiotic, fiber supplement, fluid therapy and other symptomatic measures.



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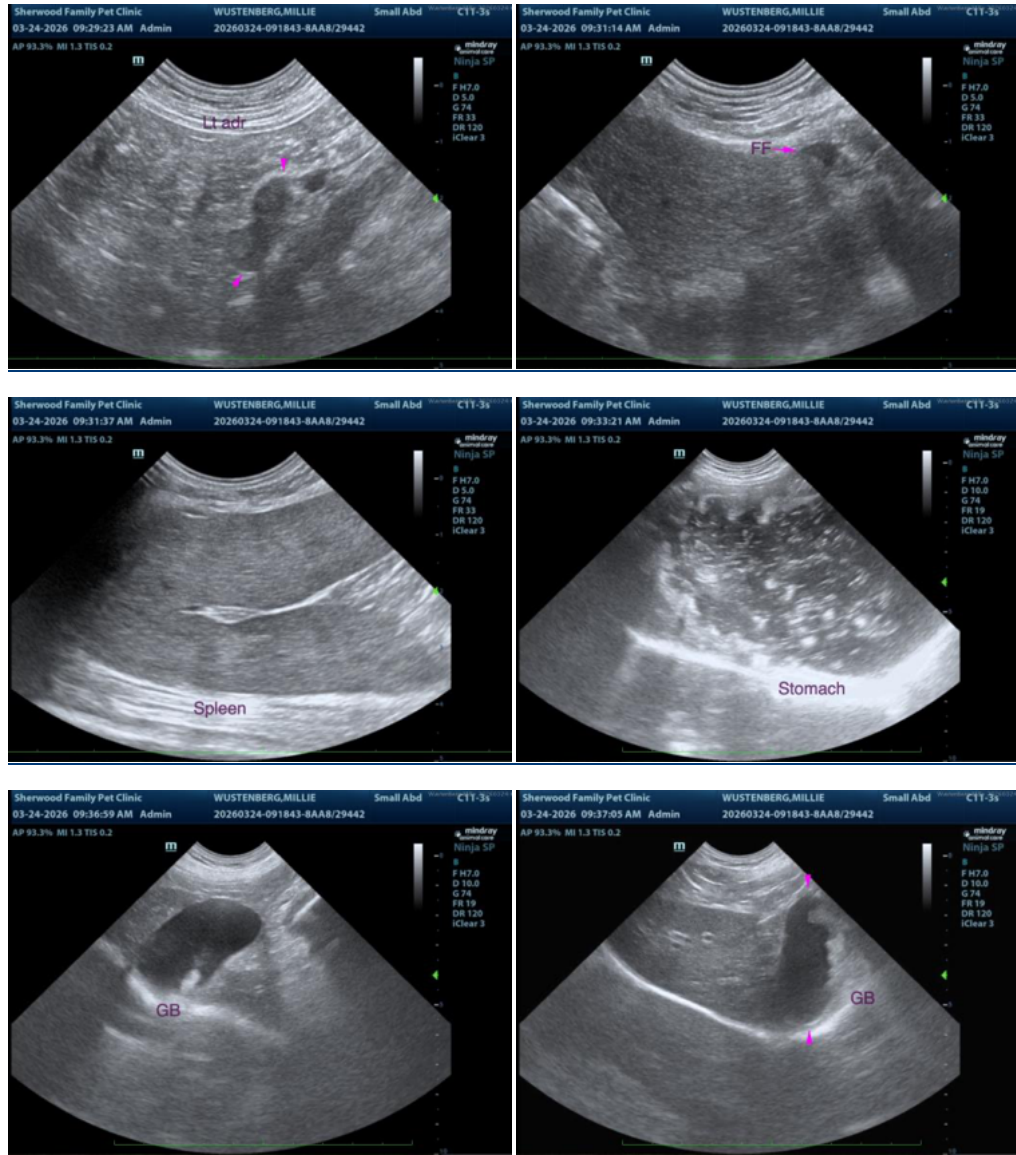
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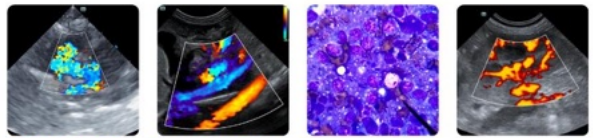
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- If clinical signs persist despite medical management, further GI workup (i.e., GI panel +/- GI biopsies) may be indicated.





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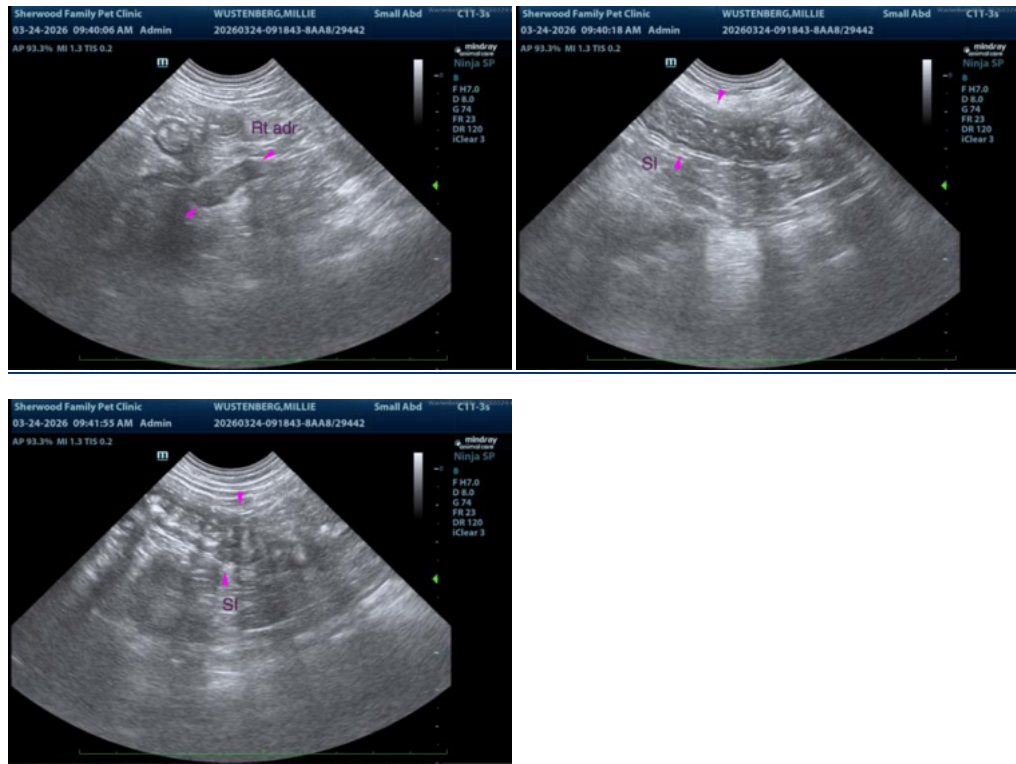
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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