



PATIENT

Winnie Odebralski

SPECIES

Canine

BREED

English Springer
Spaniel

SEX

Female, spayed

AGE

8.5 Yrs.

WEIGHT

48 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Brandi Kurzowski

HOSPITAL NAME

Corfu VC

REFERRING VET

Dr. Greil

INVOICE

13632

DATE

3/24/26

PRESENTING CLINICAL SIGNS

- P has ongoing diarrhea/soft stools
- P has lost 12 lbs since 11/2025
- Suspect PLE

Abnormal PE/Chem/CBC/UA Results: 3/24/26 Chem 17/lytes- Ca 7.5mg/dL, TP 4.4 g/dL, ALB 1.4 g/dL, Chol 95mg/dL CBC- Retic 190k/uL, Neut 11.8 k/uL, lymph 1 k/uL Fecal w/ Giardia testing sent to Idexx- results pending

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 proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is subjectively normal in size 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.

The right kidney is normal in size (5.76 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.

Adrenal Glands

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

Spleen

The spleen is normal in size (1.57 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.

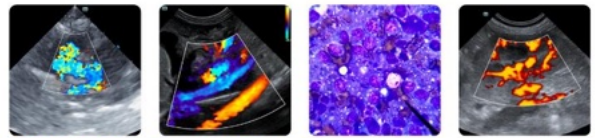
The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly distended with ingesta/soft shadowing material. The gastric wall is normal in thickness with a normal layering pattern. A few small intestinal segments are mildly to moderately fluid distended. The remaining segments are empty. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified.

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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Lymph nodes

1-2 prominent mesenteric lymph nodes are visualized, one of the nodes measuring 1.22 x 0.91 cm.

Free Abdomen

The mesentery throughout the abdomen is hyperechoic and slightly irregular. A small amount of free fluid is present.

ULTRASONOGRAPHIC FINDINGS

- Mild intestinal ileus
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- Diffuse peritonitis (likely sterile) with trace ascites

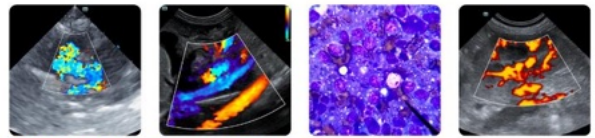
*Given the patient's clinical history, a protein losing enteropathy (i.e., lymphangiectasia, inflammatory bowel disease, emerging neoplasia, infectious/parasitic disease) is of top concern. Other causes of hypoalbuminemia include hypoadrenocorticism, hepatic dysfunction, renal disease, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient's clinical history, consider the following:

1. Prophylactic deworming with fenbendazole
2. GI panel including serum cobalamin, folate, TLI, PLI and resting cortisol level
3. Initiation of a low-fat, limited antigen diet
4. +/- endoscopic or surgical GI biopsies
5. In the meantime, symptomatic care is recommended.





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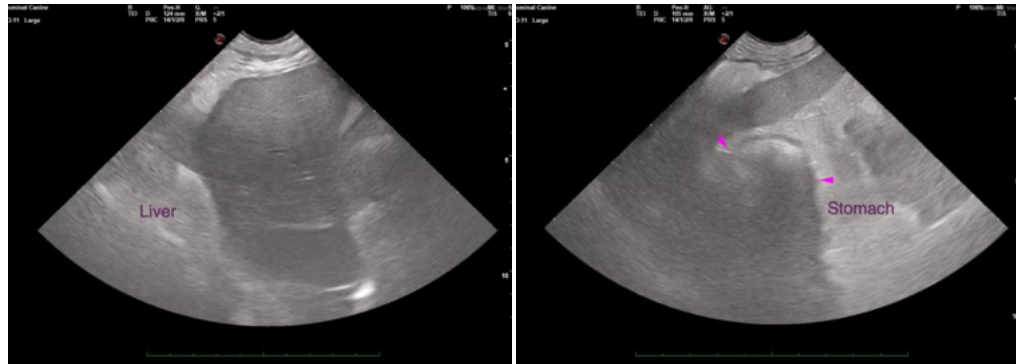
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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