



## PATIENT

Sadie Miller

## SPECIES

Canine

## BREED

Maltipoo

## SEX

Female, spayed

## AGE

8 Yrs.

## WEIGHT

12.8 kg.

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Lindsay Powell

## HOSPITAL NAME

Hershey Animal  
Emergency Center

## REFERRING VET

Dr. Murphy

## INVOICE

13516

## DATE

3/3/26

## PRESENTING CLINICAL SIGNS

History:

- Presented 3/2 for vomiting and diarrhea, progressing to blood tinged. Treated with SQ fluids, Cerenia- patient still vomiting frequently.

Abnormal PE/Chem/CBC/UA Results: Tense with moderate pain on abdominal palpation Leaking blood-tinged diarrhea 3/2 CBC: RBC 9.66, MCV 60.8, RDW 23.8, NEU 13.96, LYM 0.82 CHEM15: ALB 4.0, GGT 18 Pancreatic lipase: 68 EPOC:TCO2 27.0, Na 152 PCV 61 TS 7.6 3/3 EPOC: pH 7.487 H, Potassium 3.2 L, Chloride 100 L, Lactate 3.53 H, Hct 59 H PCV/TS: 60/7.3 Alb: 3.5 Mucous membranes dry, mildly prolonged skin tent

## 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 (4.64 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 (5.33 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 (0.55 cm at cranial pole) (0.60 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 (0.89 cm at cranial pole) (0.57 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 (1.27 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 is of normal contours and contains some dependent echogenic debris. The wall is



**PATIENT**

normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

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**Gastrointestinal**

The gastric lumen is mildly distended with echogenic fluid. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The duodenal lumen is not dilated. Several intestinal segments are mildly to moderately fluid distended. The bowel walls are normal in thickness with a normal layering pattern. Discreet masses are not identified.

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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.

**SEX**

**Lymph nodes**

Female, spayed

The abdominal lymph nodes are normal/not visible.

**AGE**

**Free Abdomen**

8 Yrs.

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

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

12.8 kg.

**Primary Findings:**

- The intestinal dilation could be consistent with functional ileus or a mechanical obstruction (although none is seen in the available images).

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**Secondary Findings:**

- Bilateral nonspecific, age-related renal changes

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

1. Fecal evaluation for ova and Giardia
2. Consider prophylactic deworming with fenbendazole
3. Supportive care for acute hemorrhagic gastroenteritis is recommended. If clinical signs persist despite medical management, a repeat abdominal ultrasound +/- GI biopsies may be indicated.

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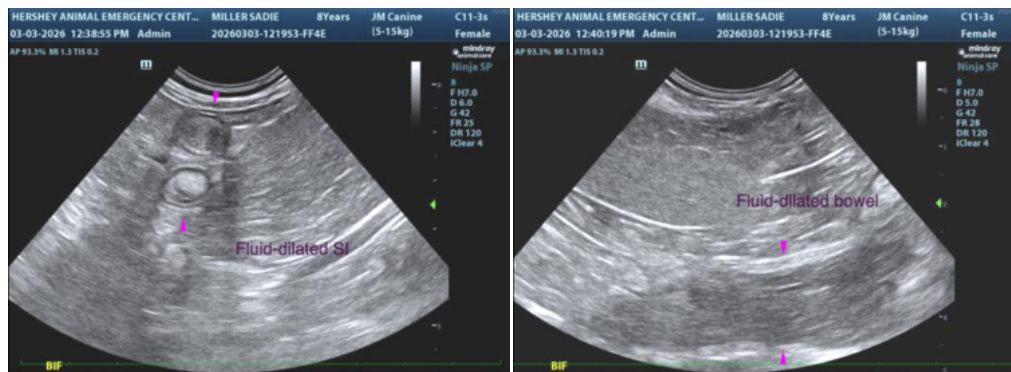
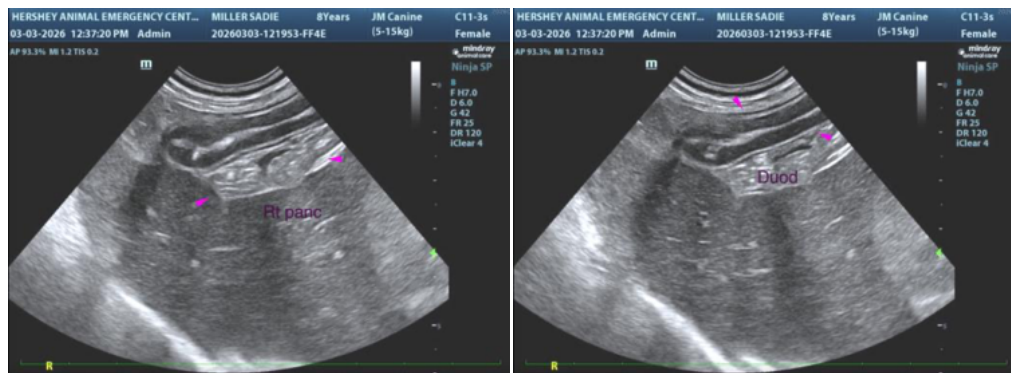
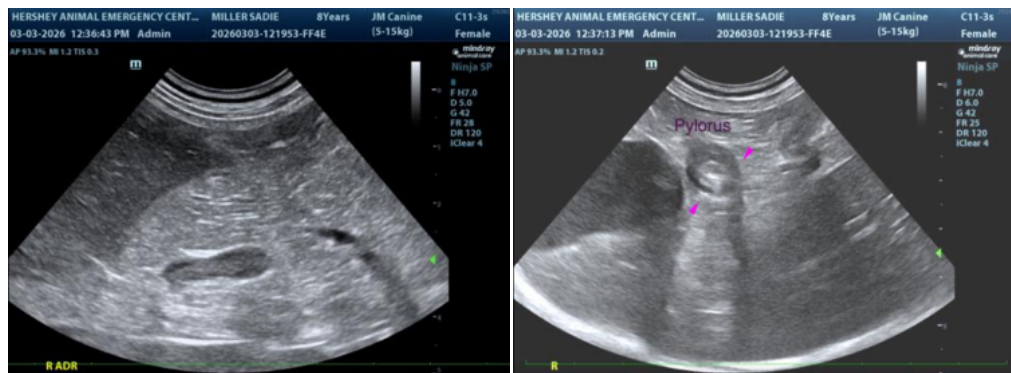
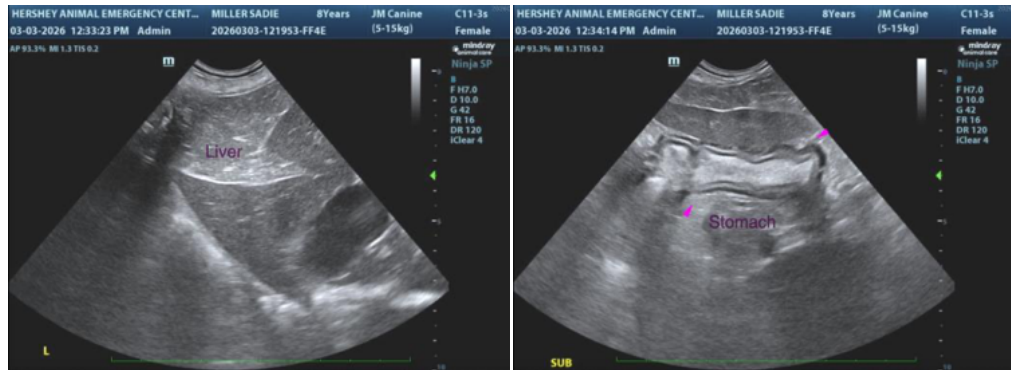
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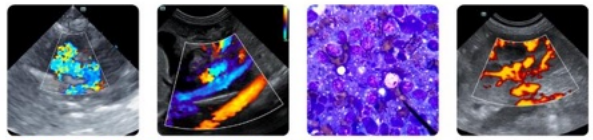
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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Canine

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.

## BREED

Maltipoo

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)

[info@SonoPath.com](mailto:info@SonoPath.com)

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