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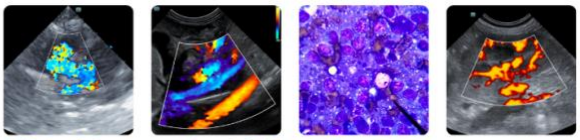

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Coco Wilson

SPECIES

Canine

BREED

Chihuahua

SEX

Female Spayed

AGE

11

WEIGHT

6.3 lbs

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

VCA Westmoreland AH

REFERRING VET

Dr Sullivan

INVOICE

22646

DATE

3-4-26

PRESENTING CLINICAL SIGNS

- Starting January 20th, 2026
- Bloody vomit- resolved
- Bloody diarrhea- resolved
- Treated with Metronidazole, Cerenia and probiotics
- Continued and persistent episodes of nausea and inappetence but can be controlled with Cerenia
- Patient has continued to be on GI Low-fat food in small frequent meals

Abnormal lab-work values: BUN 51. SDMA 19.7. Precision PSL 194. T4 1.6. USG 1.018. Trace proteinuria.
4dx negative. Fecal PCR negative (See attached bloodwork)
Current Medications: Cerenia, Incurin, Gabapentin and VisBiome
Radiographic Findings, 10/27/25: See attached report and images

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 anechoic. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The left kidney is normal in size (3.25 cm in length) with a slightly irregular shape. There is mild- to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Mild- to moderate pyelectasia is present (0.28 cm in the longitudinal plane). There is no evidence of hydroureter. Renal vasculature is normal.

The right kidney is normal in size (3.07 cm in length) with a slightly irregular shape. There is mild- to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Mild pyelectasia is present (0.20 cm in the longitudinal plane). There is no evidence of hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.47 cm at cranial pole) (0.49 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 (1.07 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.

Spleen

The spleen is normal in size (0.94 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 peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. 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- to moderate amount of mostly gravity-dependent, echogenic- to mineralized debris is observed within the lumen. The cystic and

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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 layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. 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. There is no evidence of an obstructive pattern.

Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely hyperechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion. (See also "Other" category).

Lymph Nodes

The abdominal lymph nodes are normal/not visible. (See also "Other" category).

Free Abdomen

There is no obvious evidence of free fluid.

Other

A 1.6 x 1.6 cm hypoechoic structure is observed in the cranial abdomen, just caudal to the stomach.

A prominent uterine stump is visualized (measuring 0.79 cm in width).

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The origin of the hypoechoic structure in the cranial abdomen is unclear. It may be arising from pancreas, lymph nodes, spleen, mesentery, other. Considerations include tumor, abscess/granuloma, cyst, other.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Bilateral nonspecific age-related renal changes with dystrophic mineralization and pyelectasia. The pyelectasia may be secondary to pyelonephritis, parenchymal remodeling, PU/PD (if applicable), or some combination thereof.

Secondary Findings

- The diffuse hepatic changes are most consistent with vacuolar hepatopathy (i.e., endocrine, idiopathic) with a lower possibility of inflammatory disease, infiltrative neoplasia, or other hepatopathy.
- Prominent uterine stump

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

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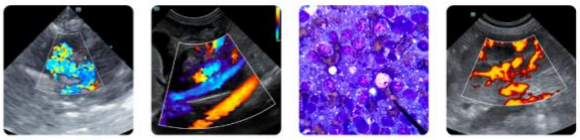

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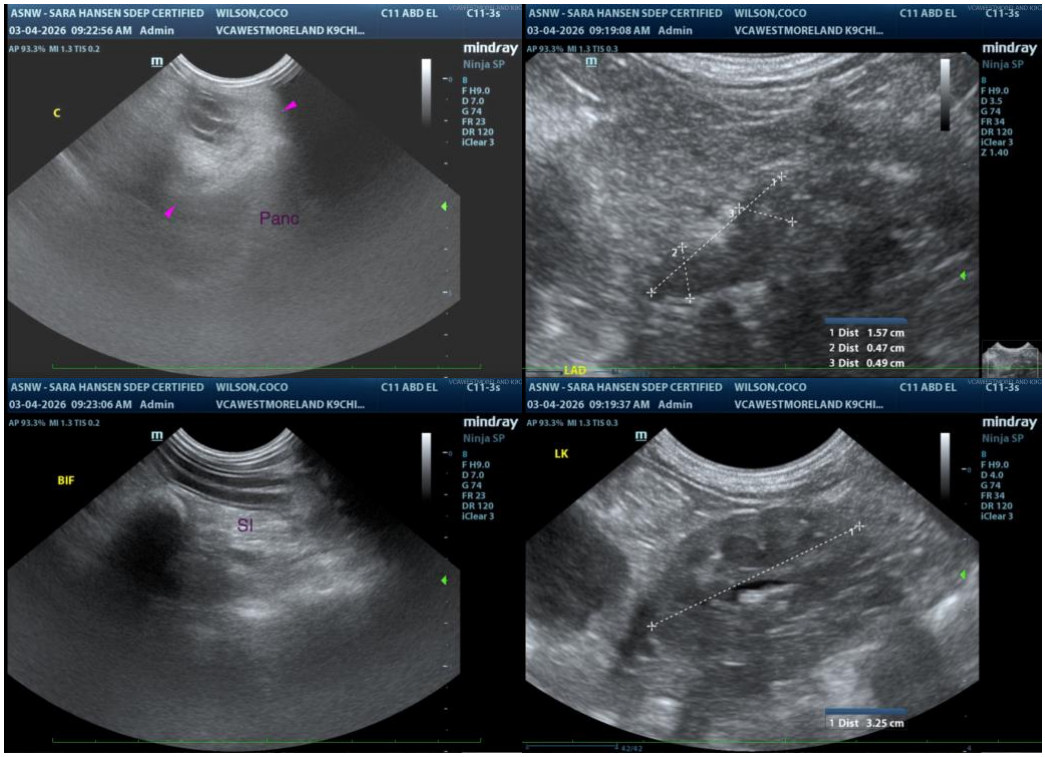
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- To further evaluate the hypoechoic lesion in the cranial abdomen, consider obtaining additional sonographic images or performing an abdominal CT scan.
- Regarding the renal changes, consider a urine culture and sensitivity to assess for occult infection.
- Regarding the GI signs, consider the following:

1. Despite the negative fecal evaluation, prophylactic deworming with fenbendazole can be considered.
2. GI panel including serum cobalamin and folate, TLI, PLI and resting cortisol level
3. Three-to-four-week limited antigen or hydrolyzed protein diet when the patient is eating normally again
4. +/- endoscopic or surgical GI biopsies
5. Given the patient's age, three-view thoracic radiographs are recommended to assess cardiopulmonary status.



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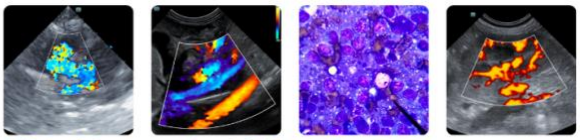

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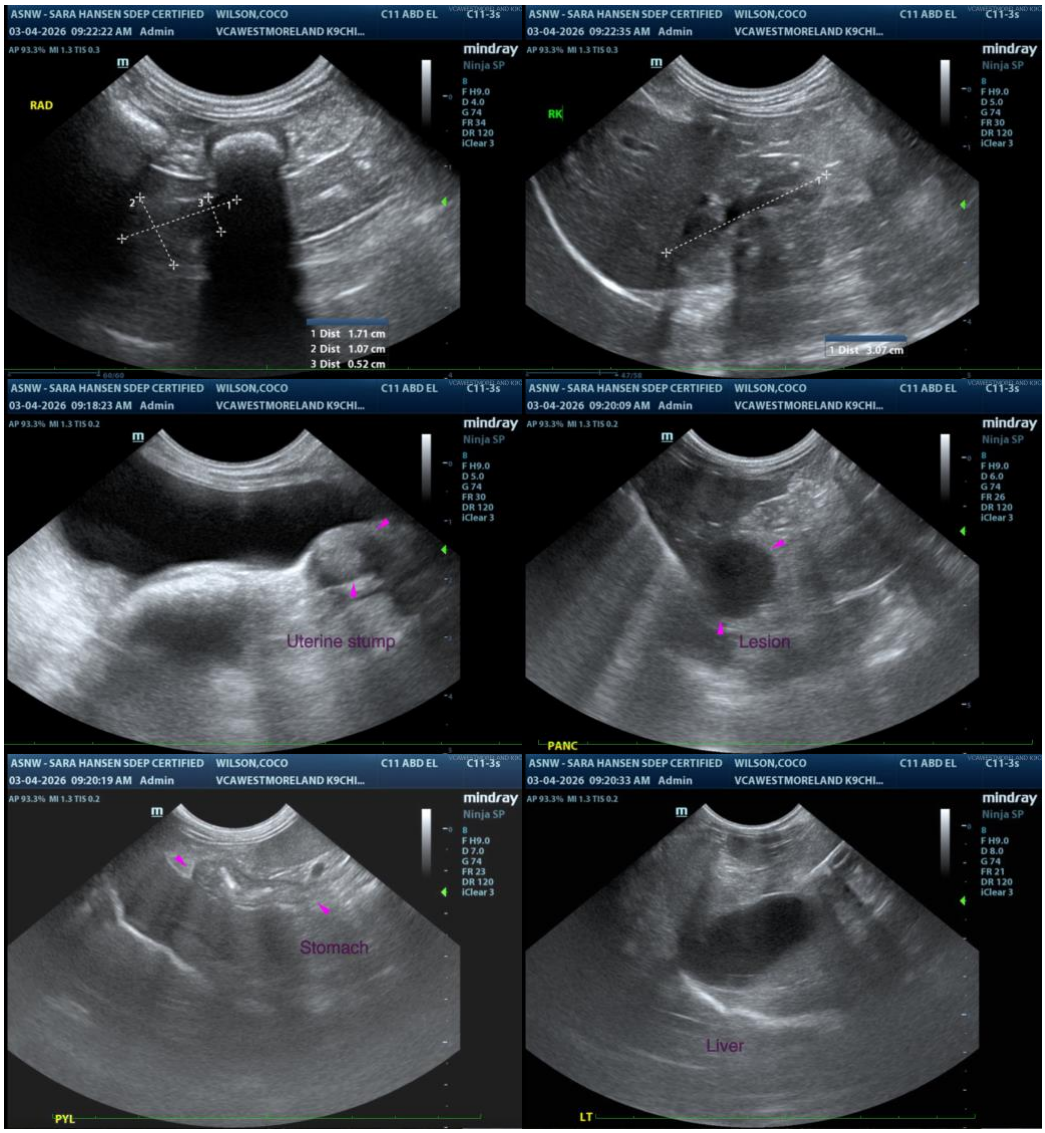

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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