



**PATIENT**

Arnie Jalbert

**PRESENTING CLINICAL SIGNS**

History: Has been vomiting past 4 days. Sometimes can keep food down but not consistently. Normal stools. No labs done but parvo snap test negative. Lethargic at home but BAR in clinic. No abdominal pain detected on PE but sometimes shows some aggression to owner after a vomit.

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

**BREED**

Labradoodle

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone is normal.

**SEX**

Male

The prostate is not definitively visualized due to its pelvic location.

The left kidney is normal size (5.30 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

**AGE**

19 weeks

The right kidney is normal size (5.84 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

**WEIGHT**

10 kg.

*Adrenal Glands*

The left adrenal gland is normal size (0.38 cm at cranial pole) (0.25 cm at caudal pole); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

**INTERPRETED BY**

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

The right adrenal gland is normal size (0.44 cm at cranial pole) (0.34 cm at caudal pole); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

**IMAGING PERFORMED BY**

Dr. Barthelemy

*Spleen*

The spleen is normal in size (1.13 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.

**HOSPITAL NAME**

Aspen AH

*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. No pathological hepatic lymphadenopathy observed. 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.

**REFERRING VET**

Dr. Ross

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*Gastrointestinal*

The gastric lumen is minimally fluid distended. The gastric wall in the region of the fundus is borderline thickened (up to 0.44 cm) with retention of the normal layering pattern. The pyloric outflow tract is

**DATE**

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patent. 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. No obstructive disease is noted.

**SPECIES**

Canine

**Pancreas**

See *Other*.

**BREED**

Labradoodle

**Free Abdomen**

The mesentery in the cranial abdomen, adjacent to the stomach is hyperechoic. There is no obvious evidence of free fluid. A few prominent cranial and mid-abdominal lymph nodes are observed, the largest measuring 1.40 cm in diameter. In addition, a few prominent mesenteric lymph nodes are seen, the largest measuring 1.40 cm in diameter. See also *Other*.

**SEX**

Male

**Other**

In the cranial abdomen, just caudal to the stomach, a 1.68 x 1.51 cm irregular, hypoechoic structure is visualized. Surrounding mesentery is hyperechoic.

**AGE**

19 weeks

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

10 kg.

**Primary Findings:**

- The gastric wall thickening is most consistent with gastritis with a lower possibility of emerging neoplasia.
- The hypoechoic structure in the cranial abdomen, caudal to the stomach, could be consistent with an enlarged lymph node or mild pancreatic inflammation.
- Cranial peritonitis is present, likely secondary to gastritis and/or mild pancreatitis.

**Secondary Findings:**

- The abdominal lymphadenopathy could be consistent with immunologic immaturity, reactive lymphadenitis or lymphoid hyperplasia. Infiltrative neoplasia is possible but considered unlikely.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Supportive care for acute gastroenteritis/pancreatitis is recommended, including fluid therapy as needed, GI protectants and other supportive measures. Also consider initiation of a probiotic.
- A fecal evaluation for ova and Giardia is also recommended.
- If the patient's clinical signs do not improve with aggressive medical management, a more comprehensive GI workup may be warranted.

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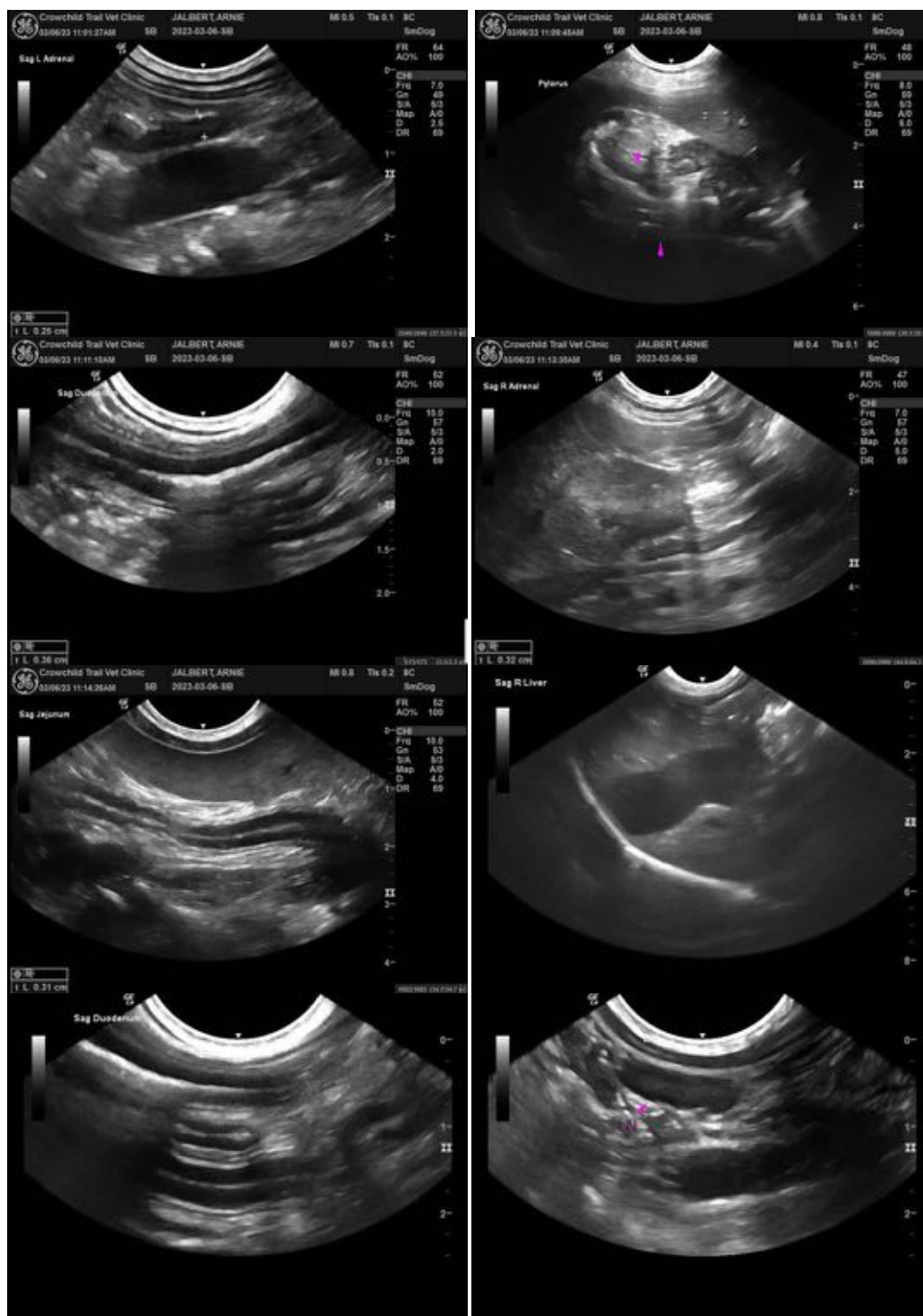
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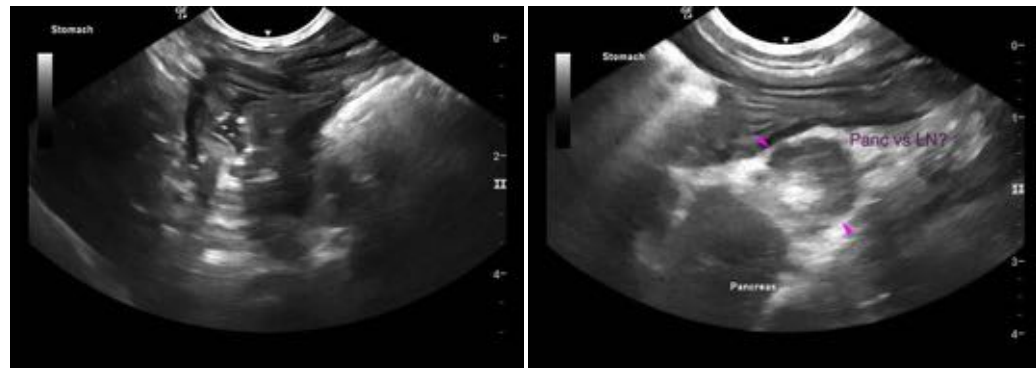
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)