



PATIENT

Rosie Smith

SPECIES

Canine

BREED

Greyhound

SEX

Female Spayed

AGE

8/15/2020

WEIGHT

77

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

**IMAGING
PERFORMED BY**

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Animal Hospital of SC

REFERRING VET

Dr. Matthew Stone

INVOICE

22792

DATE

4-1-26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Loose stool. discomfort in abdomen. lethargic
Abnormal lab-work values: CBC chem and pancreatic lipase unremarkable. Possible episode of vomiting, but owner has 3 dogs, so it may have been one of the other dogs (Sent in medical records).
Current Medications: Metronidazole 500, gabapentin 300, maropitant 60mg
Radiographic Findings: emailed

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 mostly 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 normal in size (7.80 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. Renal vasculature is normal.

The right kidney is normal in size (8.14 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. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.66 cm at cranial pole) (0.78 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 (0.90 cm at cranial pole) (0.62 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 prominent-in-size (2.58 cm in width at the level of the hilus) with smooth peripheral contours. 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 lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and 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.



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Pancreas
Rosie Smith 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.

SPECIES

Lymph Nodes
Canine The abdominal lymph nodes are normal/not visible.

BREED

Free Abdomen
Greyhound There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

SEX

Female Spayed Mild splenomegaly. This is likely a normal variant for this breed. However, lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, antigenic stimulation, or less likely, emerging neoplasia) cannot be completely excluded.

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8/15/2020 *An obvious cause for the patient's discomfort is not identified in this study. Considerations include orthopedic or neurologic pain, gastrointestinal pain, other.

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*An obvious cause for the patient's recent history of diarrhea is also not identified in this study. Considerations include dietary indiscretion, toxicity, food allergy/intolerance, inflammatory bowel disease, infectious/parasitic disease, underlying metabolic issue, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Consider a resting cortisol level to screen for hypoadrenocorticism.
- Regarding the patient discomfort, consider cervical and thoracolumbar radiographs to assess for pathology.
- Other diagnostics to consider could include the following:

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1. Fecal evaluation for ova and Giardia
2. Prophylactic deworming with fenbendazole
3. Urinalysis +/- culture and sensitivity to assess for occult infection
4. While awaiting test results, symptomatic care is recommended.

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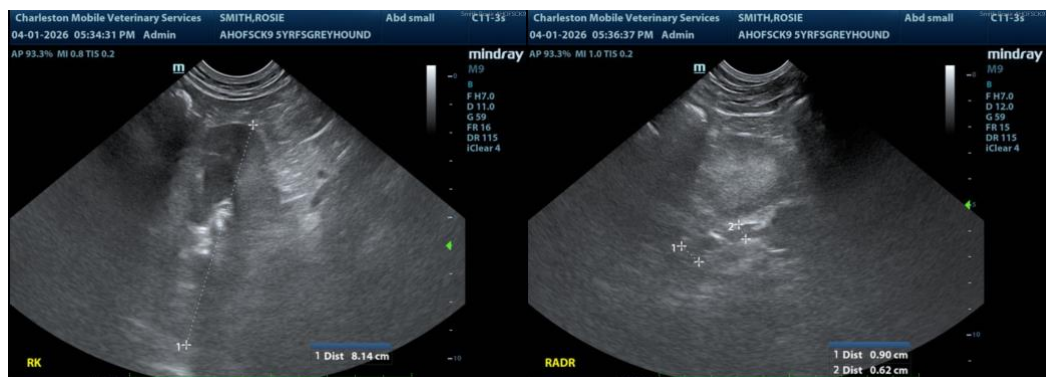
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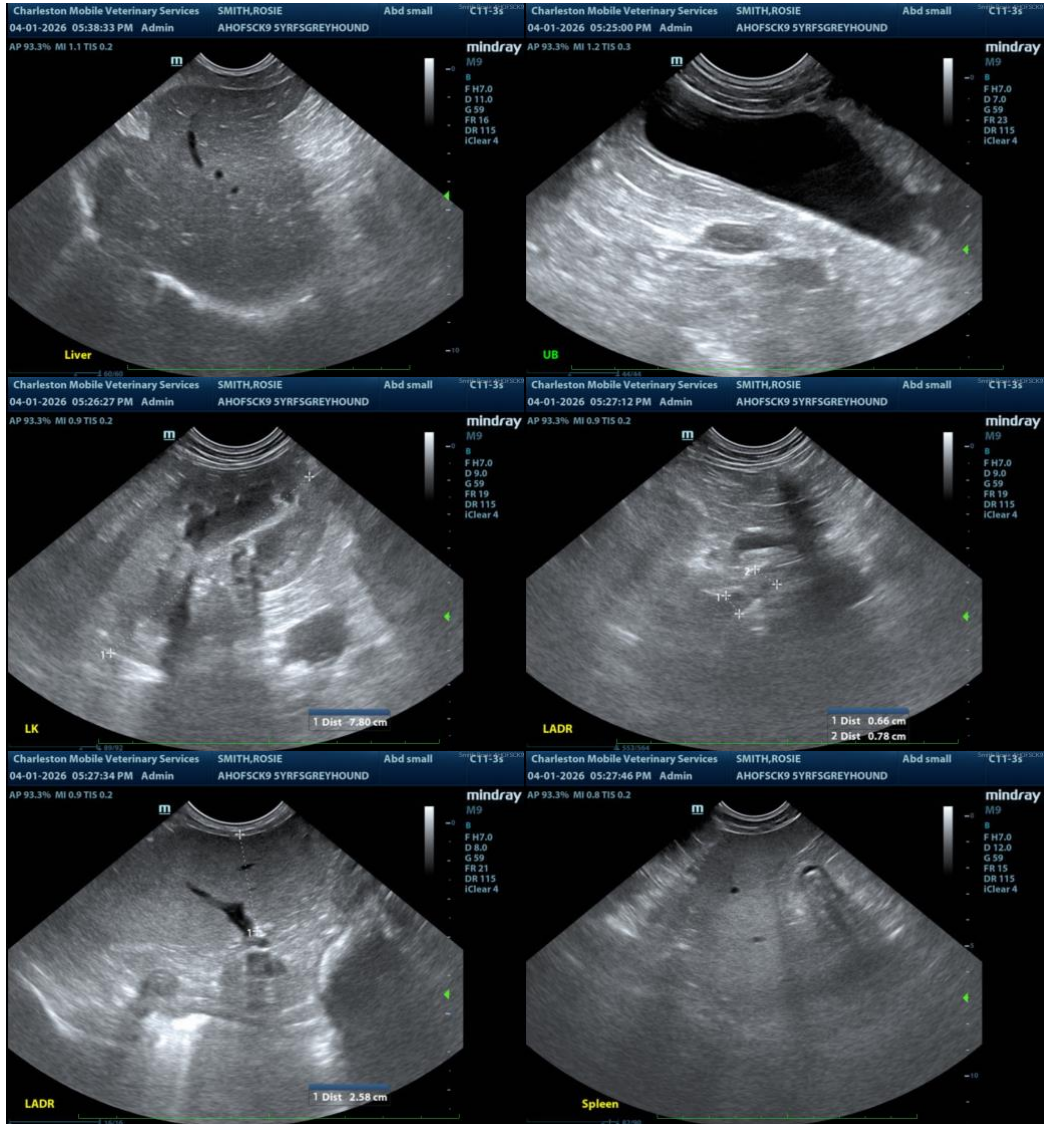
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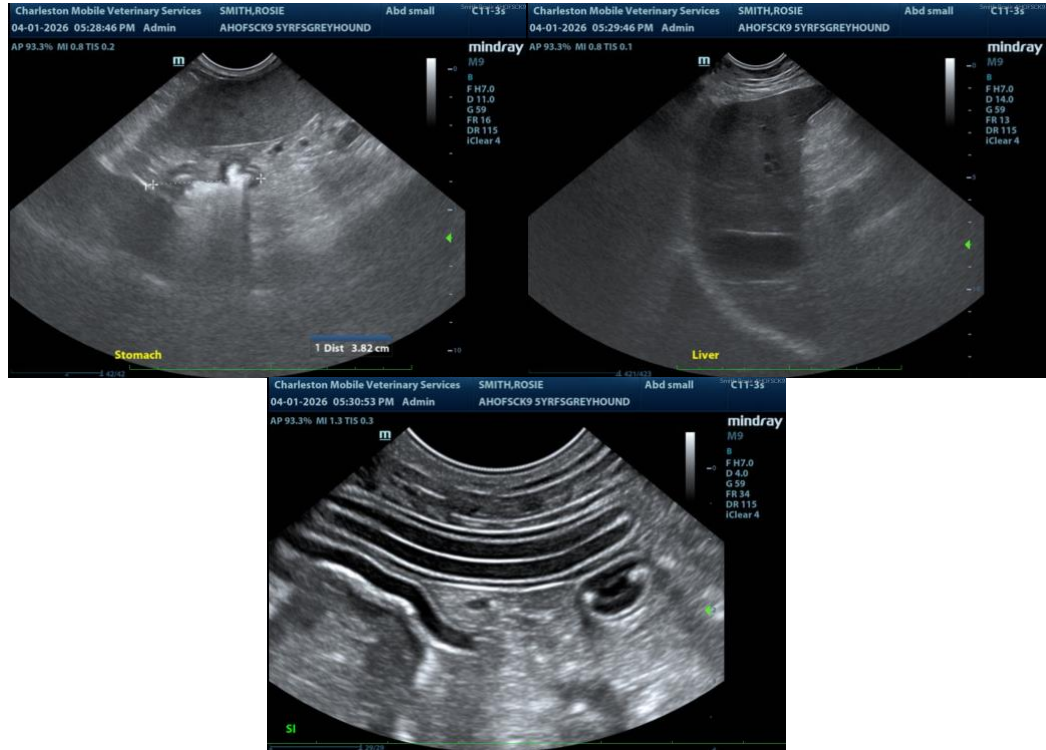
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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