



PATIENT

Nana Roberts

SPECIES

Canine

BREED

Chiweenie

SEX

Female Spayed

AGE

04/16/2016

WEIGHT

5.52 kg

INTERPRETED BY

Andrea Nicastrò DVM
Diplomate ACVIM
(Sm Animal Internal Med)

**IMAGING
PERFORMED BY**

Andrea Nicastrò DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

PawMed Vet
Urgent Care

REFERRING VET

Dr. Krista DeRespino

INVOICE

22870

DATE

4-16-26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Acute onset vomiting, anorexia and cranial abdominal discomfort. Heart murmur (chronic). Thoracic and abdominal rads performed. 3 v CXR showed WNL, moderate amount of gravel and mineral dense foreign material in colon, no overt obstruction or surgical emergency, good serosal detail. Owners are staying at a campsite, concerned she could have ingested grease or other material poured on gravel,

Abnormal lab-work values: Abnormal SNAP cPLI. PCV 59% TS7.8 g/dL serum straw color. Limited chem WNL
Current Medications: Cerenia, Buprenorphine and SQ fluids administered in exam room
Radiographic 3-view Findings: Radiographs revealed a large amount of gravel in the colon.

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 visible portion of the proximal urethra are normal.

The left kidney is normal in size (3.86 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 (4.05 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 mildly enlarged (0.59 cm at cranial pole) (0.59 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 mildly enlarged (0.61 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 (0.99 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 portal vein to caudal vena cava ratio is approximately 1: 1.

The gallbladder lumen is moderately distended. The wall is thin and smooth. A small amount of gravity-



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dependent, hyperechoic debris is observed within the lumen. 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 ileoceocolic junction and colonic wall are normal. Shadowing material is visible within the colonic lumen. There is no obvious evidence of an obstructive pattern.

Pancreas

The base and limbs of the pancreas are normal-in-size with normal curvilinear peripheral contours. The parenchyma is largely isoechoic 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.

Lymph Nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

There is no obvious evidence of free fluid.

Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

Secondary Findings

- Mild bilateral nonspecific age-related renal changes
- Gallbladder debris/sand, non-mucocele

*An obvious cause for the patient's clinical signs is not definitively identified in this study. Given the patient's clinical history and radiographic findings, dietary indiscretion with subsequent gastroenteritis and/or esophagitis are of top concern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Supportive care for gastroenteritis/esophagitis is recommended. If clinical signs persist despite medical management, further work-up may be indicated.



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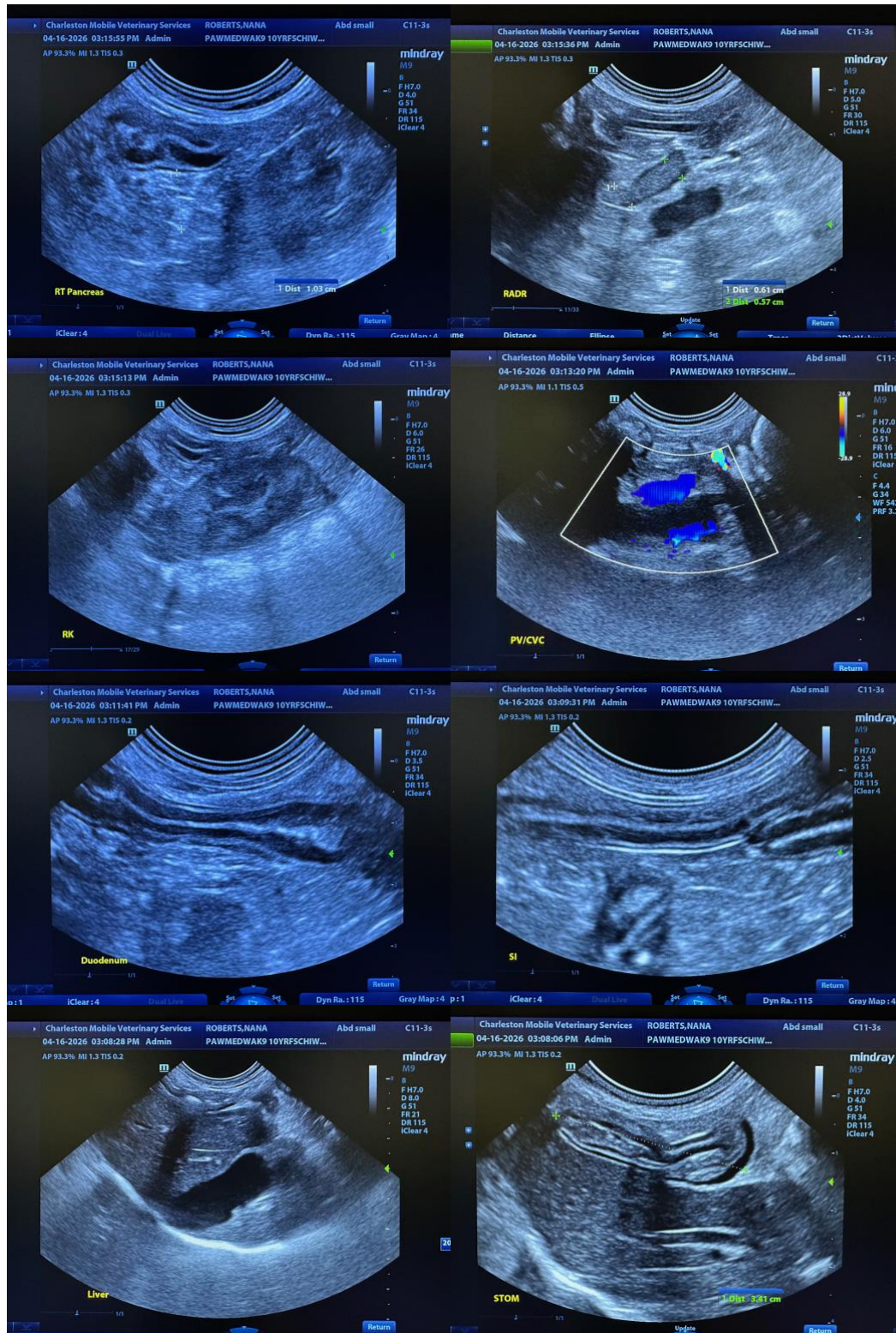
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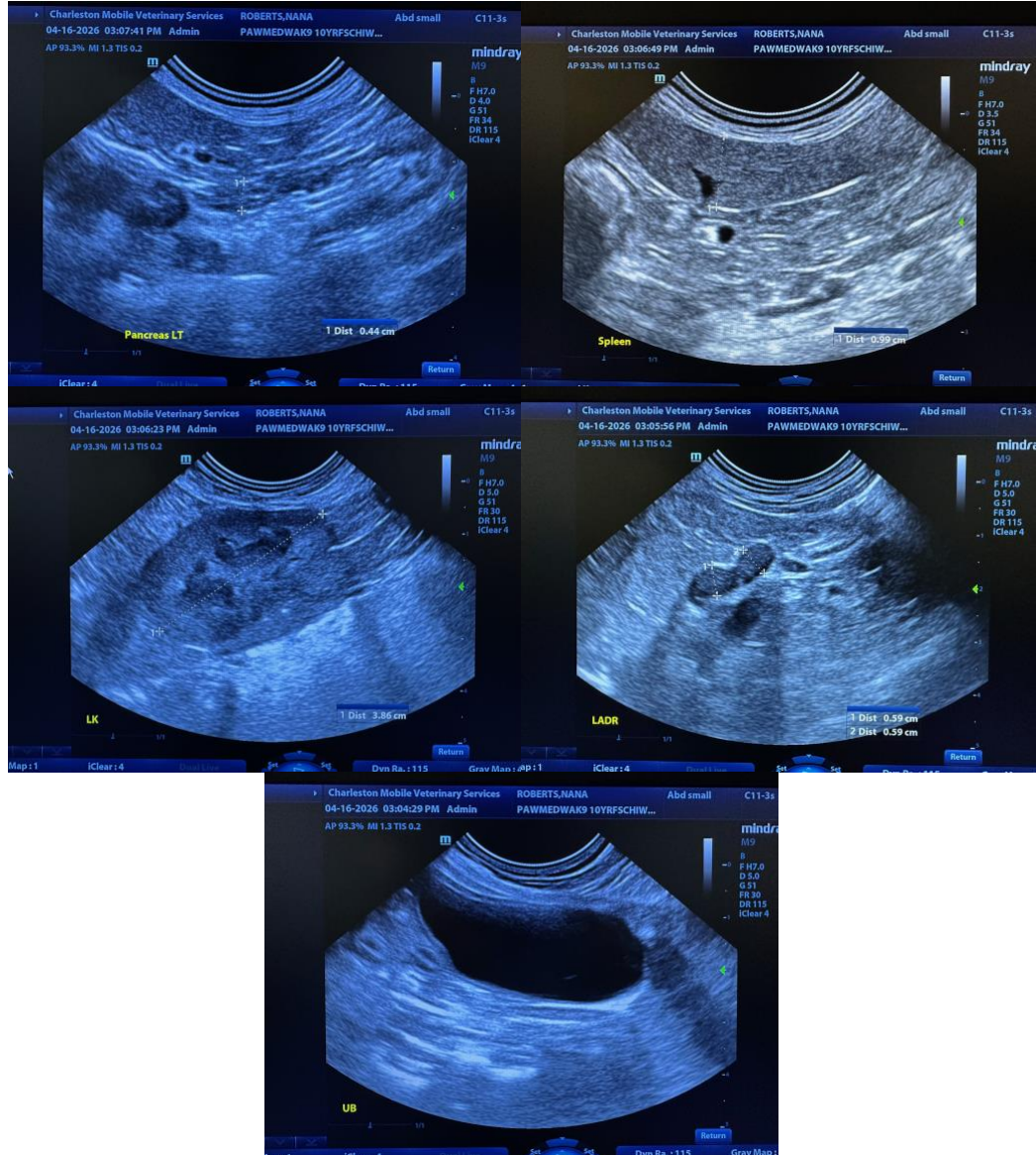
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 Nicaastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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