



PATIENT PRESENTING CLINICAL SIGNS

Fallon Fanto History: Pt has a history of hematochezia; Significant hematochezia and inappetence last few days; no access to beach, streams, ponds, etc. in the last month; pt does not commonly eat things she shouldn't. No rat bait on property.

SPECIES

Canine Abnormal PE/Chem/CBC/UA Results: See attached labs: CBC: WNL Chem17: WNL Pancreatic lipase: Elevated, consistent with pancreatitis

BREED

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Austr Shepherd

Urinary System

SEX

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.

Female Spayed

AGE

The left kidney is normal in size (5.75 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 hydronephrosis. Renal vasculature is normal.

11

WEIGHT

The right kidney is normal in size (5.58 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 hydronephrosis. Renal vasculature is normal.

46 lbs

INTERPRETED BY

Adrenal Glands

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

The left adrenal gland is normal in size (0.55 cm at cranial pole) (0.73 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.

IMAGING PERFORMED BY

The right adrenal gland is borderline enlarged (1.19 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.

Jasmine Palacios

HOSPITAL NAME

Spleen

River's Edge Pet MC

The spleen is normal in size (2.12 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.

REFERRING VET

Liver

Dr. Anne Todd

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.

INVOICE

22882

The gallbladder is not definitively visualized in the available images.

DATE

Gastrointestinal

4-17-26

The gastric lumen is mildly distended with gas and ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme/ingesta. A small amount of shadowing material is observed in one segment of jejunum. The small intestinal wall is normal in



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thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no obvious evidence of an obstructive pattern.

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.

Lymph Nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- If the patient was fasted for this study, the presence of ingesta within the gastric lumen could suggest delayed gastric emptying.
- The small amount of shadowing material within the small intestinal lumen likely represents normal ingesta and/or transient foreign material. It appears nonobstructive at the time of this study.

Secondary Findings

- Mild bilateral nonspecific age-related renal changes
- Borderline left adrenomegaly

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A fecal evaluation for ova and Giardia, along with a fecal PCR infectious disease panel are recommended (if not already performed).
- Consider prophylactic deworming with fenbendazole.
- A GI panel including serum cobalamin and folate, TLI, PLI and resting cortisol level should also be considered.
- Consider a 3-4-week limited antigen or hydrolyzed protein diet trial, as well as a probiotic and a fiber supplement (i.e., psyllium).
- Ultimately, endoscopic or surgical GI biopsies may be necessary to get a definitive diagnosis.



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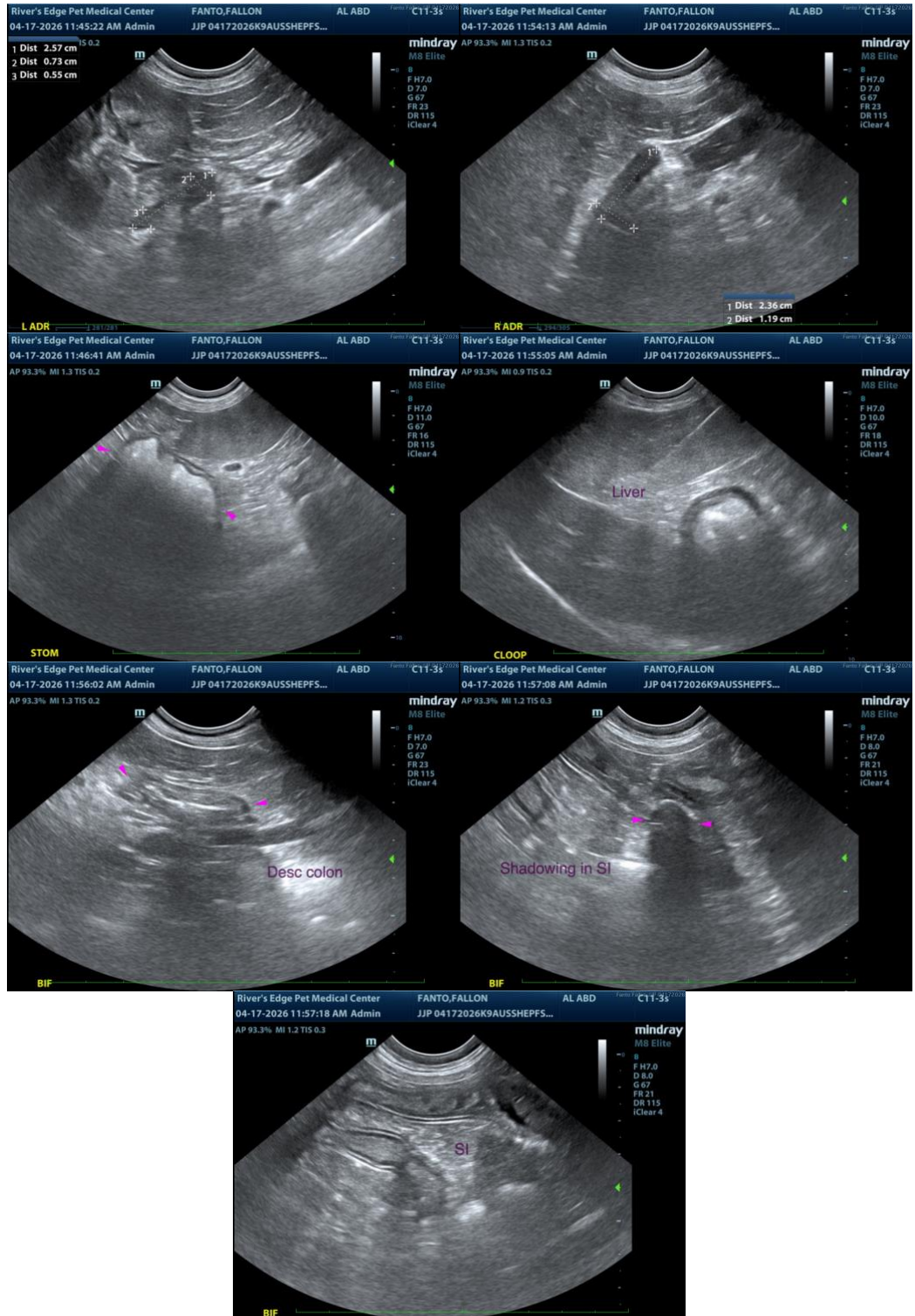
Dr. Anne Todd

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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.

SPECIES

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.

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info@SonoPath.com

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