



PATIENT

Gemma Herndon

SPECIES

Canine

BREED

Pitbull Mix

SEX

Female Spayed

AGE

08/07/2014

WEIGHT

50.5lb

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

VCA Westbury AH

REFERRING VET

Heather Caughey DVM

INVOICE

22894

DATE

4-23-26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Anorexia for one week, GI upset (vomiting and diarrhea), substantial infection noted based on lab values, lethargic. Patient has had a fever of unknown origin. Temperature is normal today. Eating better.

Abnormal lab-work values: will e-mail labs
Current Medications: Baytril 136mg Tablet - 1.5 Tabs SID, Mirtazapine 15mg tab - 1 tab SID, finished Metronidazole course

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface in the region of the apex is slightly irregular. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 3.0-4.0 cm, are normal.

The left kidney is normal in size (7.00 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (6.72 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.

Adrenal Glands

The left adrenal gland is normal in size (0.55 cm at cranial pole) (0.63 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 (0.76 cm at cranial pole) (0.60 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 (1.64 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. 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 is diffusely thickened (up to 1.38 cm) with questionable retention of the normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is



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not dilated. The small intestinal wall is normal in thickness with retention of the normal layering pattern. There is occasional mucosal speckling. The ileoceocolic junction and colonic wall are normal. There is no obvious evidence of an obstructive pattern.

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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.

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Lymph Nodes

A cluster of enlarged, rounded hypoechoic lymph nodes are observed in the mid- to right cranial abdomen (one measuring 2.2 x 1.8 cm). Surrounding mesentery is mildly hyperechoic.

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Free Abdomen

There is no obvious evidence of free fluid.

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Other

A brief echocardiogram reveals no obvious evidence of pericardial or pleural effusion in the visible window. There are no obvious vegetative lesions on any of the heart valves. No intracardiac masses are seen.

ULTRASONOGRAPHIC FINDINGS

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Primary Findings

The gastric wall changes could be consistent with emerging neoplasia (i.e., lymphoma) or gastritis. The regional lymphadenopathy could be consistent with infiltrative neoplasia or reactive change. Mild adjacent peritonitis is present.

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Secondary Findings

Mild bilateral nonspecific age-related renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- In order to get a definitive diagnosis, gastric wall and cranial abdominal lymph node biopsies would be necessary.
- If a more conservative approach is desired, consider aggressive supportive care for gastritis, with a recheck ultrasound in 2 weeks (or sooner if problems arise). If the gastric wall and lymph nodes do not improve in that time period, biopsies should be revisited. If biopsies are pursued, three-view thoracic radiographs are recommended prior to anesthesia.

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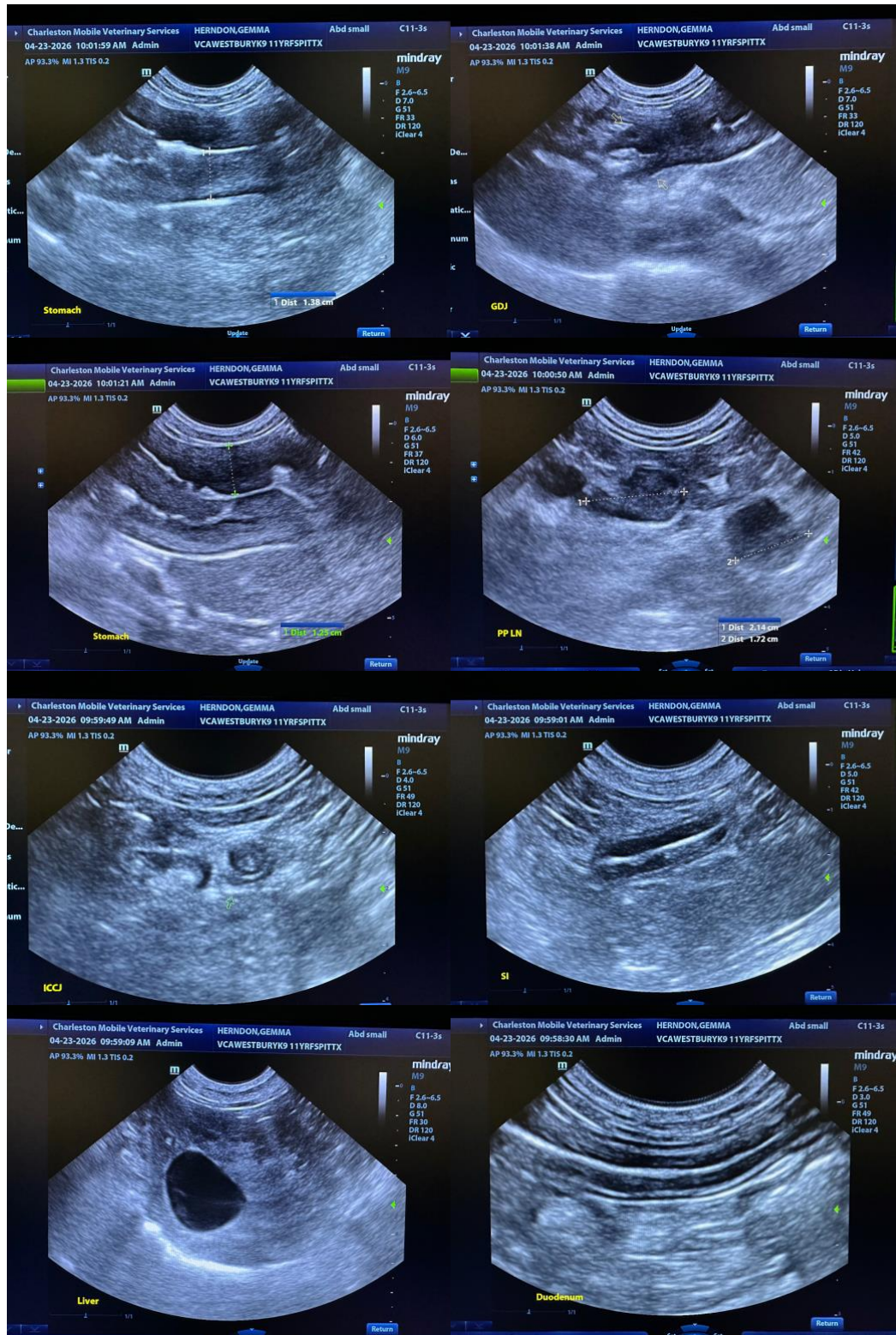
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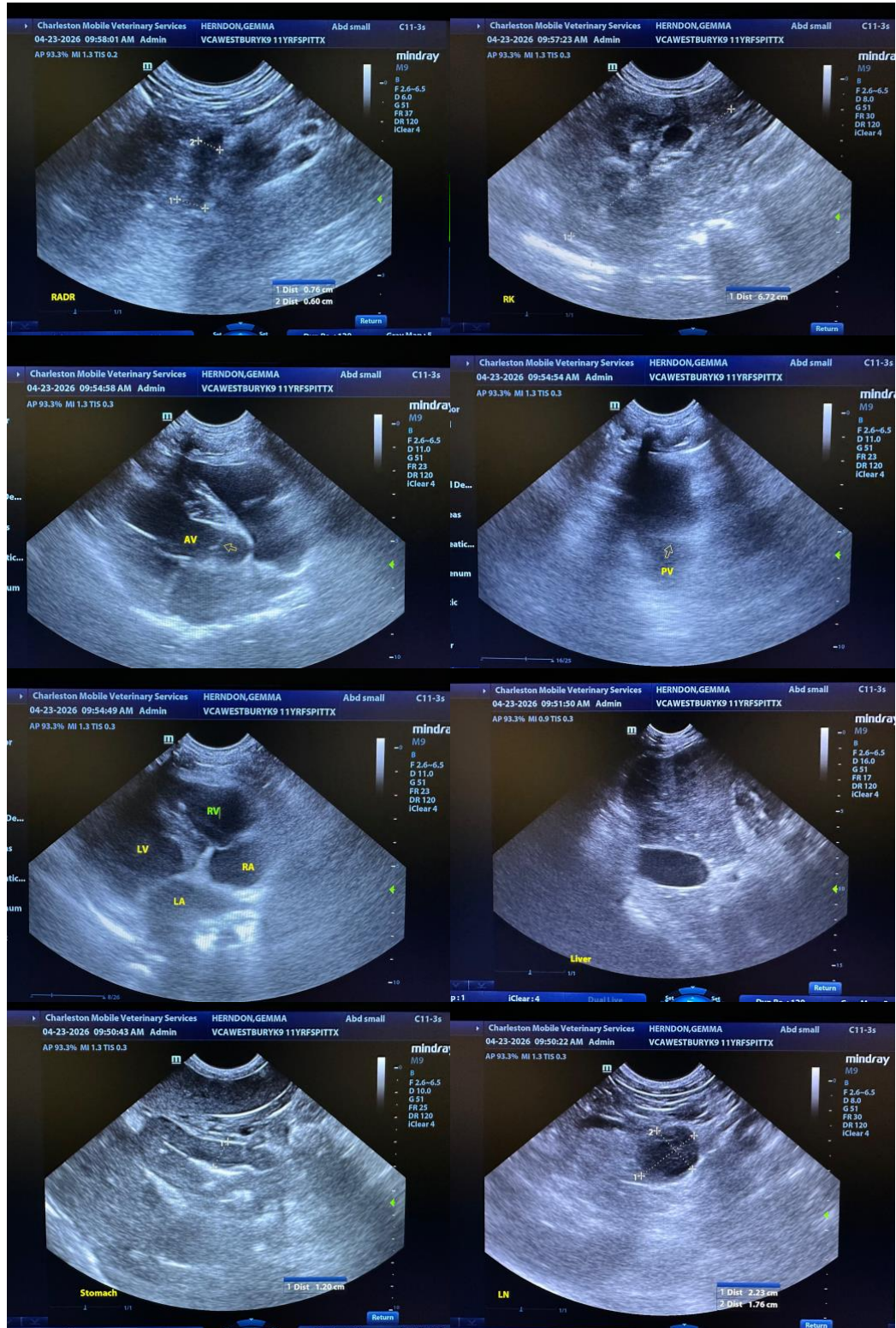
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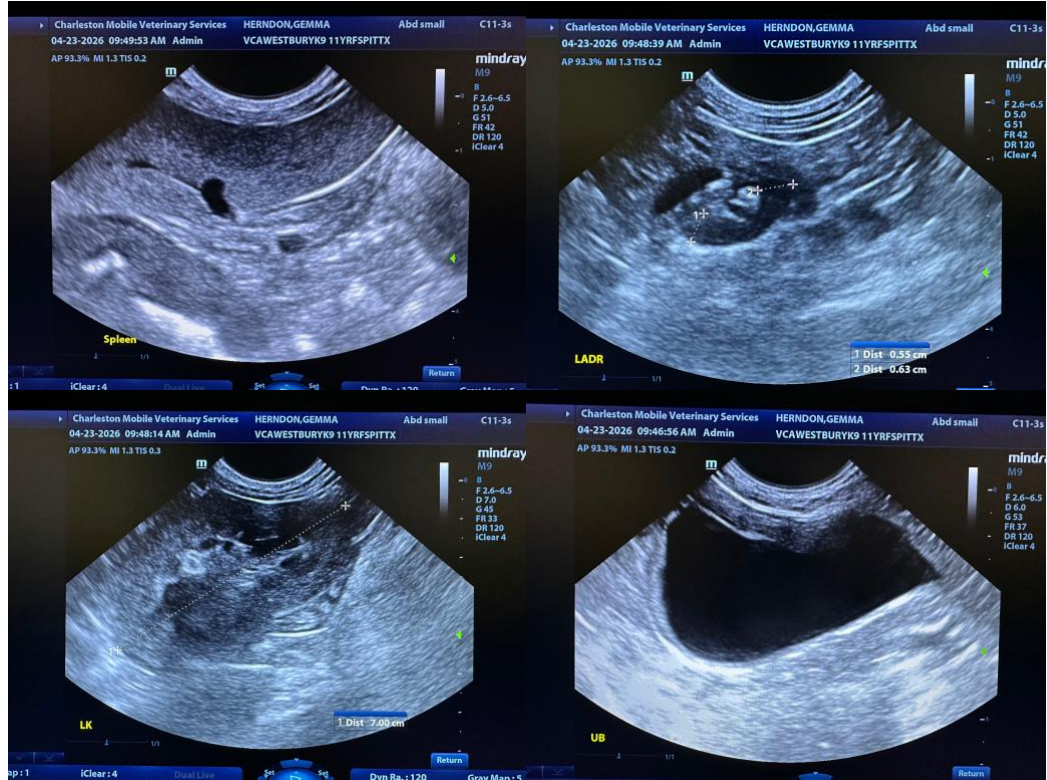
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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