



PATIENT

Rosie Wroniuk

SPECIES

Canine

BREED

Labrador Retr Mix

SEX

Female Spayed

AGE

9/15/2025

WEIGHT

37.4

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

Ashley Pines AH

REFERRING VET

Dr Andi Winney

INVOICE

23045

DATE

5-21-26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: P originally presented on 4/30 for vomiting and diarrhea, PE findings include tacky mm and tense over caudal portion of abdomen, AXR showed gas throughout the loops of bowel, CBC/Chem in house revealed no clinically significant abnormalities, 500mL SQF administered, Cerenia administered, and metronidazole was sent home -P represented on 5/13 for soft stool, SQF were given, P was prescribed an additional course of metronidazole -P presented on 5/19 for liquid diarrhea and vomiting, CBC/Chem10/lytes was done and a mild neutrophilia was seen along with mild hypochloremia and mildly elevated ALP, O sent home fecal cup for diarrhea PCR, SQF were given, Cerenia SQ, maropitant PO was sent home, written rx for Hill's Z/D. Fecal negative. PCR panel pending. Previously diagnosed with, and treated for Giardia (March 2026) with fenbendazole. Also received Drontal. Has had chronic intermittent diarrhea for the past several weeks. Also has recently had some vomit with blood in it.

Current Medications: Cerenia 60mg: 1/2 tab PO q24h

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 (5.69 cm in length) with a normal shape, architecture and 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. Renal vasculature is normal.

The right kidney is normal in size (5.33 cm in length) with a normal shape, architecture and 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. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.47 cm at cranial pole) (0.37 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 (0.66 cm at cranial pole) (0.50 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 (1.56 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.



PATIENT

Rosie Wroniuk

SPECIES

Canine

BREED

Labrador Retr Mix

SEX

Female Spayed

AGE

9/15/2025

WEIGHT

37.4

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

Ashley Pines AH

REFERRING VET

Dr Andi Winney

INVOICE

23045

DATE

5-21-26

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. There is no 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

A few prominent mesenteric lymph nodes are visualized (one measuring 2.31 x 0.63 cm).

Free Abdomen

There is questionable trace free fluid.

Other

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

ULTRASONOGRAPHIC FINDINGS

- The small intestinal wall changes could be consistent with inflammatory bowel disease or may be a normal variant for this patient. Emerging lymphoma is possible but considered less likely.
- The abdominal lymphadenopathy could be consistent within immunologic immaturity reactive lymphadenitis or lymphoid hyperplasia. Infiltrative neoplasia is possible but considered unlikely.
- Equivocal ascites. This is a typical finding in a young canine patient.

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A GI panel including serum cobalamin and folate, TLI, PLI and resting cortisol level is recommended. Depending on these results along with the hydrolyzed protein food trial, further work-up (i.e., GI biopsies) may be indicated. In the meantime, supportive care (including antiemetics, gastric protectants, a probiotic and a fiber supplement) should be considered.



PATIENT

Rosie Wroniuk

SPECIES

Canine

BREED

Labrador Retr Mix

SEX

Female Spayed

AGE

9/15/2025

WEIGHT

37.4

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

Ashley Pines AH

REFERRING VET

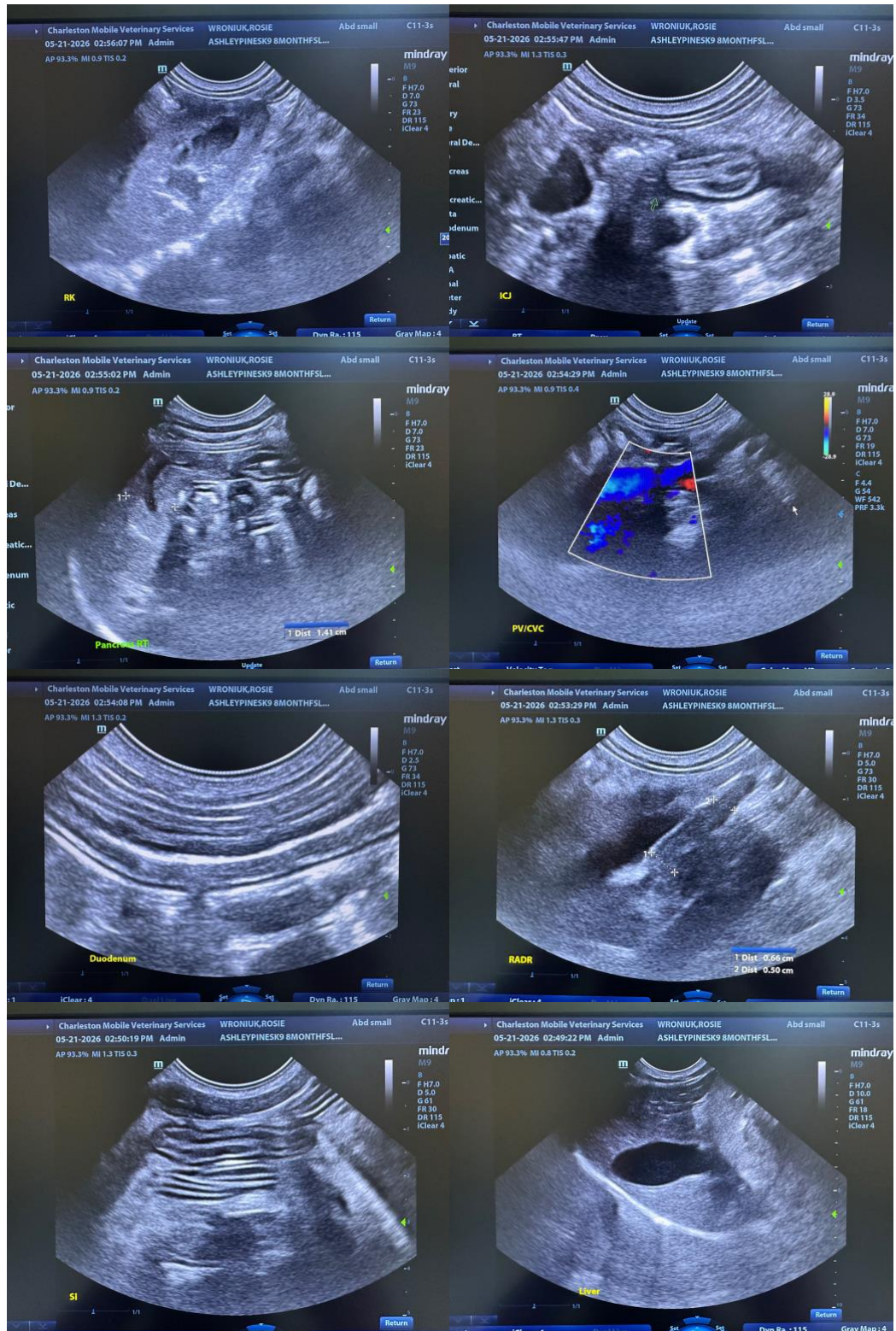
Dr Andi Winney

INVOICE

23045

DATE

5-21-26





PATIENT

Rosie Wroniuk

SPECIES

Canine

BREED

Labrador Retr Mix

SEX

Female Spayed

AGE

9/15/2025

WEIGHT

37.4

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

Ashley Pines AH

REFERRING VET

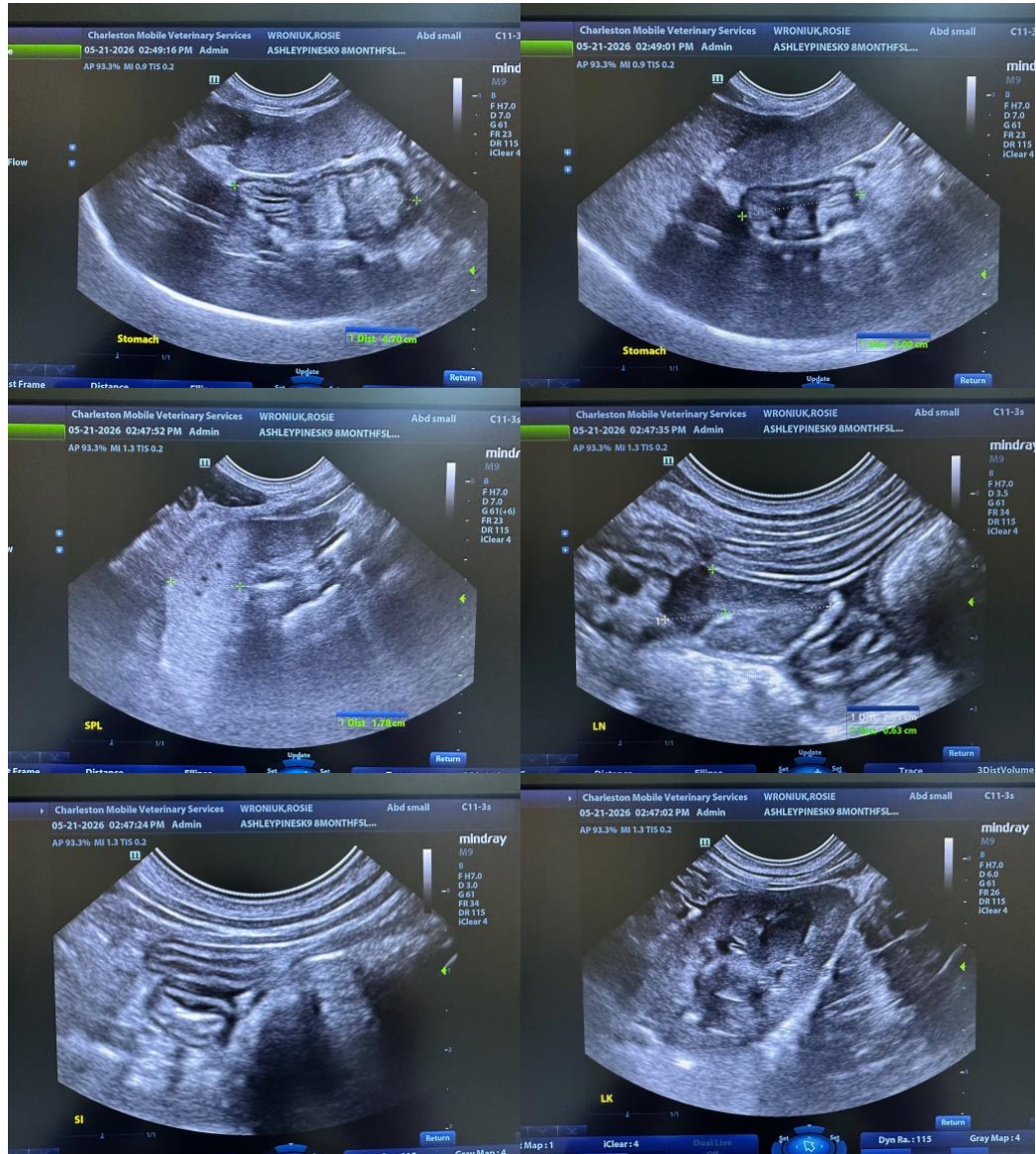
Dr Andi Winney

INVOICE

23045

DATE

5-21-26





PATIENT

Rosie Wroniuk

SPECIES

Canine

BREED

Labrador Retr Mix

SEX

Female Spayed

AGE

9/15/2025

WEIGHT

37.4

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

Ashley Pines AH

REFERRING VET

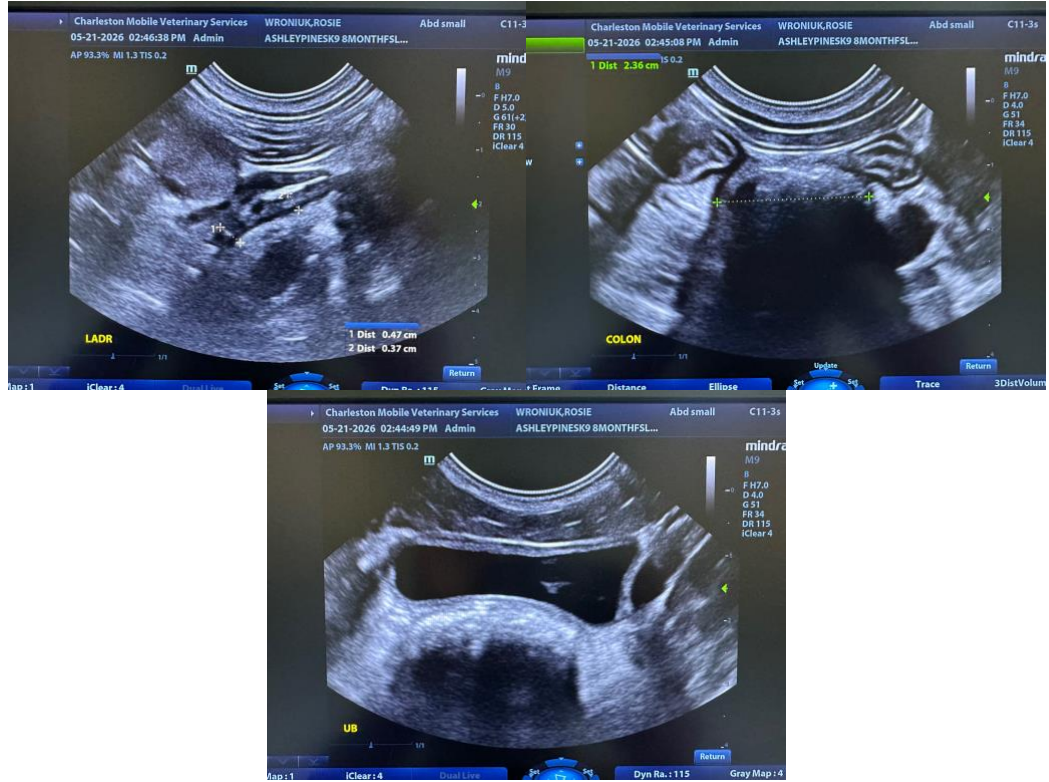
Dr Andi Winney

INVOICE

23045

DATE

5-21-26



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