

PATIENT PRESENTING CLINICAL SIGNS

Isabella Castro History: Vomiting blood. Was treated with supportive care but one week later, she started vomiting with blood again

SPECIES Abnormal PE/Chem/CBC/UA Results: PrecisionPSL 228 otherwise unremarkable

Canine ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Yorkshire Terrier The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone is normal.

SEX

Female Spayed The left kidney is normal in size (3.44 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

AGE

14 The right kidney is normal in size (3.70 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

WEIGHT

11

INTERPRETED BY

Adrenal Glands

The left adrenal gland is mildly enlarged (0.47 cm at cranial pole) (0.56 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 (0.97 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 (1.05 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 enlarged with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. 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.

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

IMAGING PERFORMED BY

Jeremiah Gabriel

HOSPITAL NAME

Central Jersey AH

REFERRING VET

Jeremiah Gabriel

INVOICE

23087

DATE

5-30-26



PATIENT

Isabella Castro

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.

SPECIES

Canine

Lymph Nodes

The abdominal lymph nodes are normal/not visible.

BREED

Yorkshire Terrier

Free Abdomen

There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

SEX

Female Spayed

- Bilateral nonspecific age-related renal changes with subtle dystrophic mineralization
- The diffuse hepatic changes are most consistent with vacuolar hepatopathy (i.e., endocrine, idiopathic) with a lower possibility of inflammatory disease, infiltrative neoplasia, or other hepatopathy.

AGE

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- Mild bilateral adrenomegaly

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*An obvious cause for the patient's hematemesis is not definitively identified in this study. Considerations include gastric ulceration secondary to inflammatory bowel disease, food allergy/intolerance, infectious/parasitic disease, gastrinoma or other occult neoplasia, coagulopathy, other.

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(Small Animal Internal
Medicine)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Further testing for coagulopathy is recommended if clinical suspicion for disease is high.
- Other considerations include the following:
 1. Fecal evaluation for ova and Giardia
 2. GI panel including serum cobalamin and folate, TLI and PLI
 3. Upper GI endoscopic or surgical with biopsies
 4. +/- serum gastrin levels
 5. In the meantime, empirical treatment for gastric ulceration is recommended.
 6. Also consider empirical treatment for *Helicobacter pylori*.

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SPECIES

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SEX

Female Spayed

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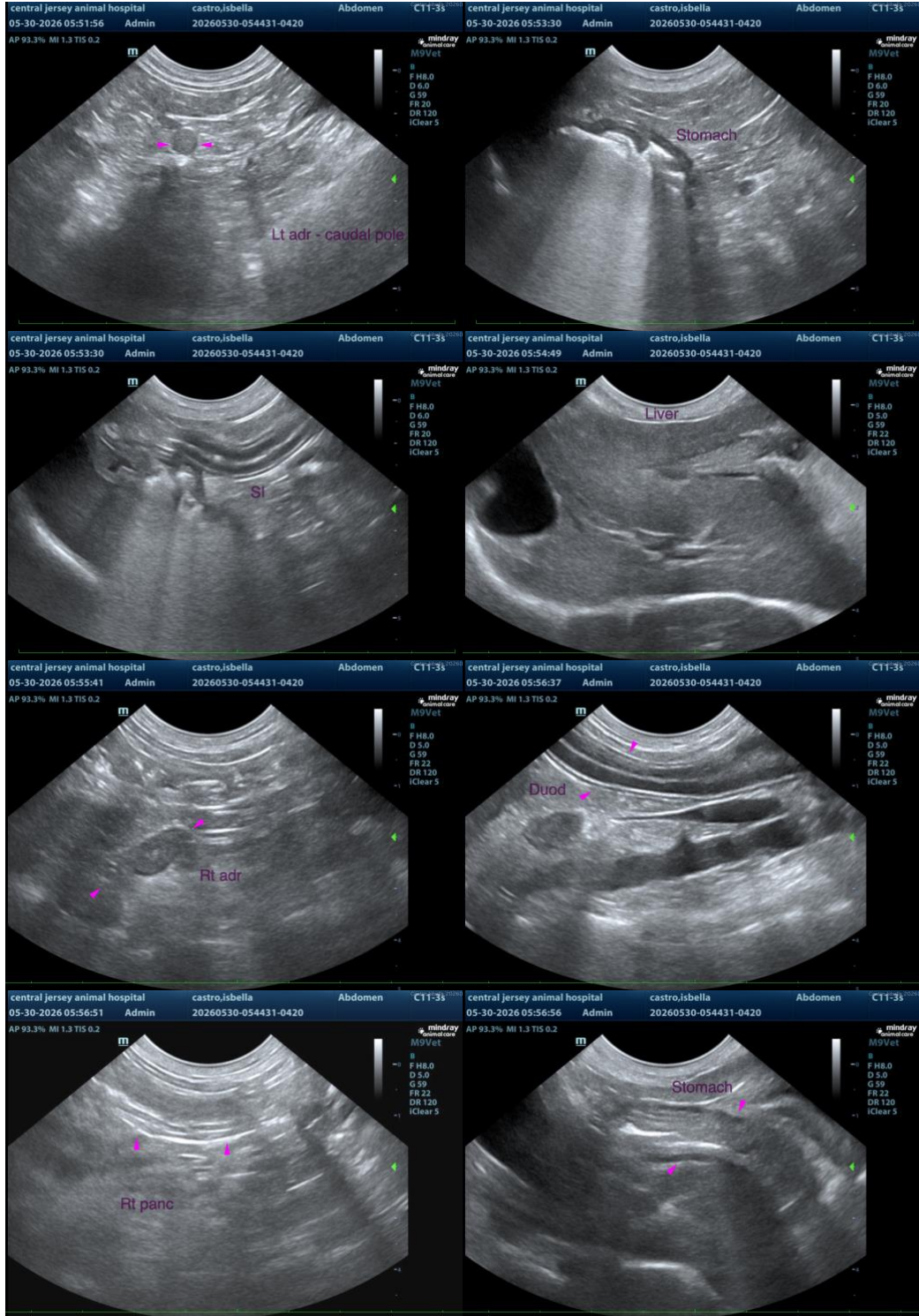
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PATIENT

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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.

BREED

Yorkshire Terrier

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com

SEX

Female Spayed

AGE

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