



PATIENT

Daisy Huiet

SPECIES

Canine

BREED

Labrador mix

SEX

Female Spayed

AGE

8/1/2018

WEIGHT

26.2 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

23110

DATE

6-2-26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings:

- Vomiting and diarrhea x 1 week
- Wednesday (5/27) lab work with pDVM was essentially WNL, given outpatient therapy
- Vomiting and diarrhea persistent, hemorrhagic diarrhea by Saturday
- Saturday evaluated at our Summerville location, cPLI was WNL, PCV demonstrated hemoconcentration. Fecal submitted to lab was WNL.
- Persistent vomiting and diarrhea, most recently vomited at 1 AM last night, owner gave Cerenia and patient has had no interest in food since that time.
- NSF on exam today, BAR, afebrile, soft and non painful on exam. 3 v CXR, 3 v AXR observed.
- Baseline lab work performed a few days ago was unremarkable.

Current Medications: Cerenia 60 mg PO at 1 AM today, Metoclopramide 8 mg SQ once today.

Radiographic Findings: radiologist review pending.

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 anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal in size (5.57 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomodullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (6.06 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomodullary 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 (0.55 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 normal in size (1.06 cm at cranial pole) (0.66 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.

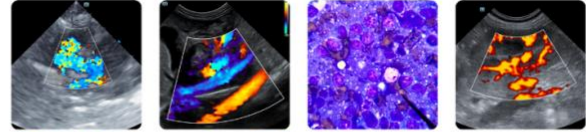
Spleen

The spleen is normal in size (1.38 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



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anechoic. The cystic and common bile ducts are normal/not seen.

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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 is normal. The colonic wall is normal- to borderline thickened (up to 0.33 cm) with retention of the normal layering pattern. The colonic lumen is empty. 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

A 1.85 x 0.64 medial iliac lymph node is visualized.

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

- The borderline colonic wall thickening is suggestive of an inflammatory process/colitis, or may be a normal variant for this patient.
- The prominent medial iliac lymph node is likely reactive, with a low possibility of emerging neoplasia.

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The following diagnostics/treatment recommendations can be considered:

1. Texas GI panel including serum cobalamin, folate, PLI, TLI and resting cortisol level
2. A fecal evaluation for ova/Giardia
3. Prophylactic deworming with fenbendazole.
4. A 3-4-week hypoallergenic or hydrolyzed protein diet trial (when patient appetite normalizes).
5. Also consider initiating a probiotic with a high colony count +/- fiber supplement (i.e., psyllium).
6. Depending on the results of the above diagnostics/therapeutics, endoscopic or surgical gastrointestinal biopsies may be warranted.



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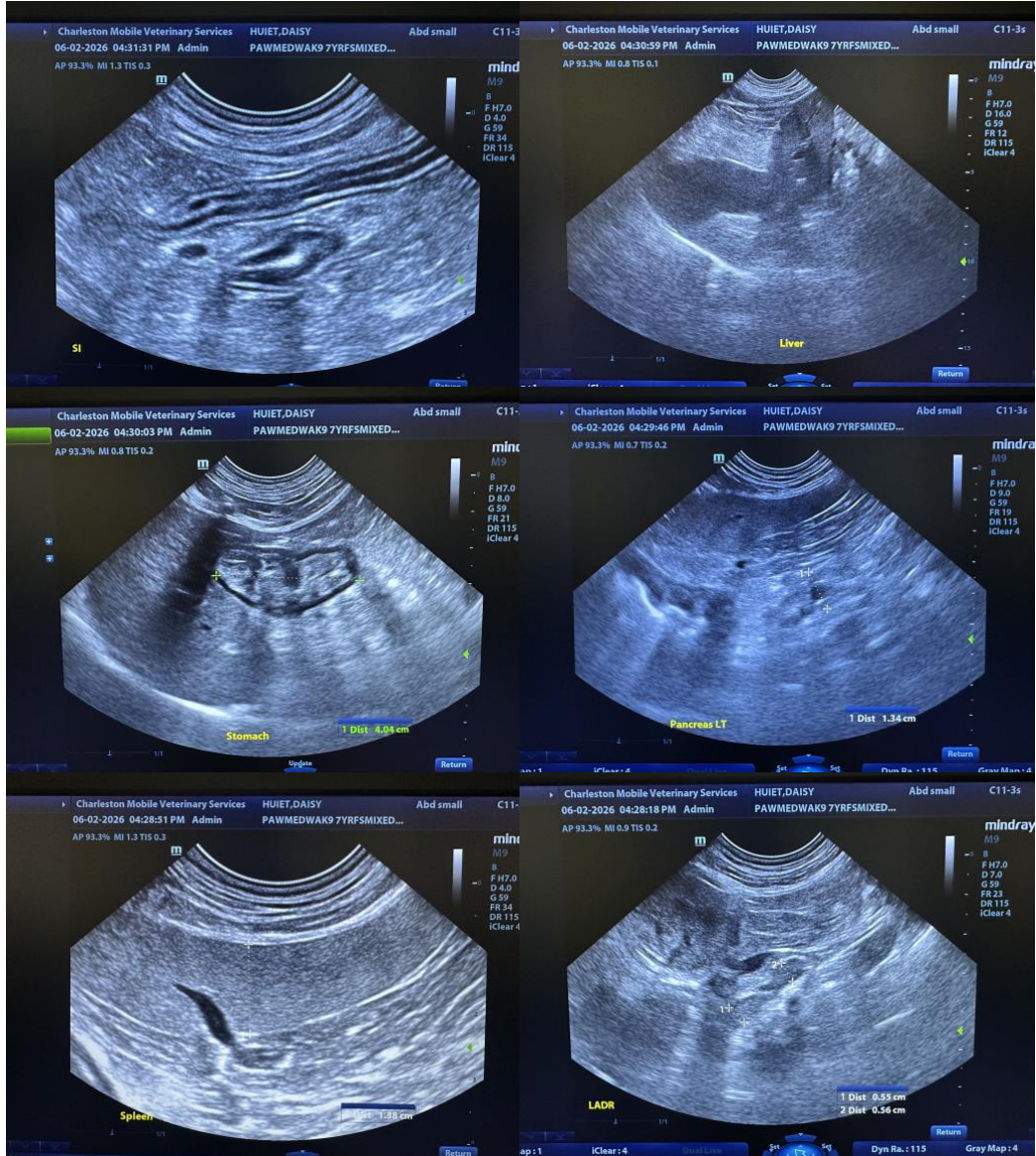
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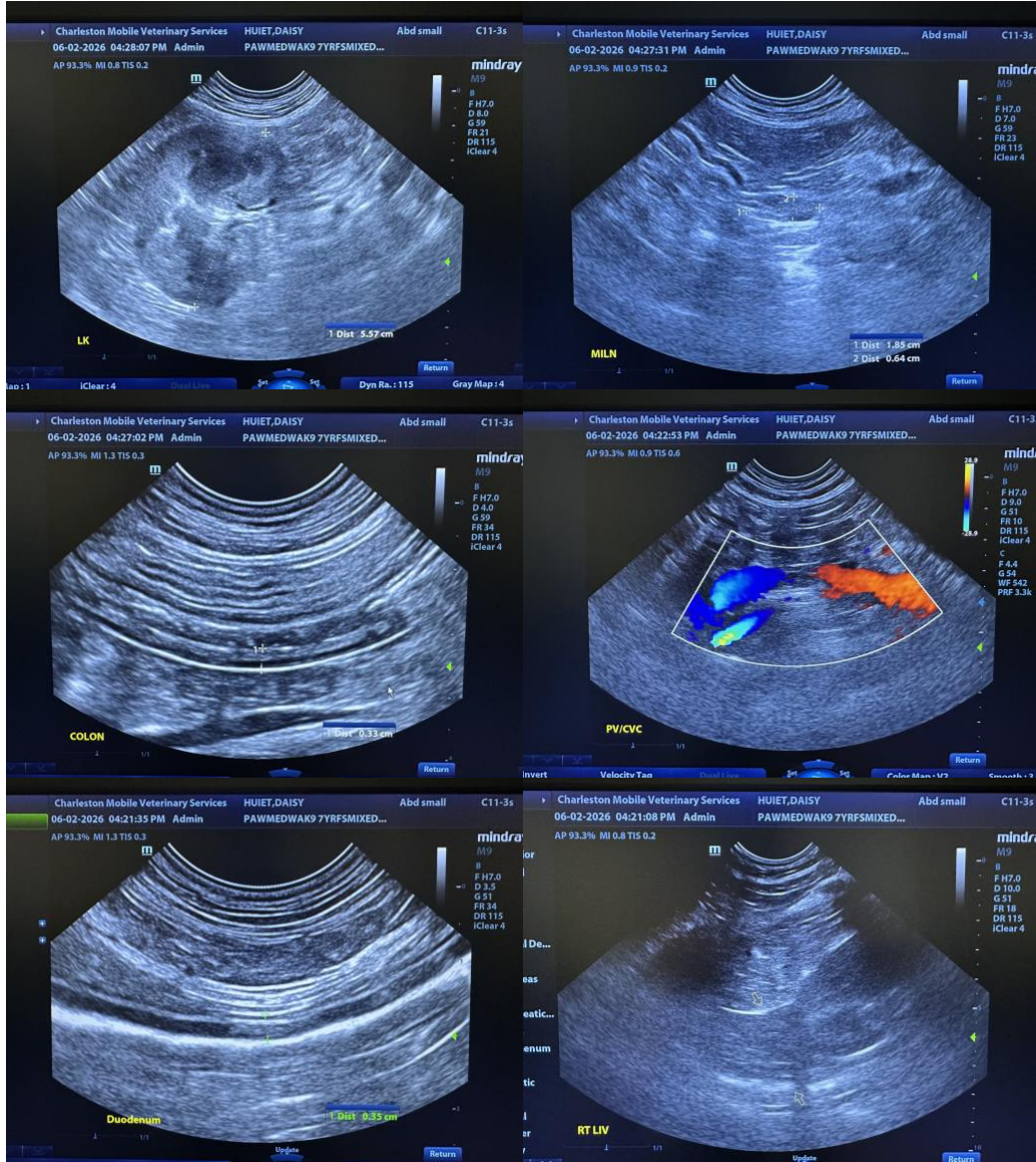
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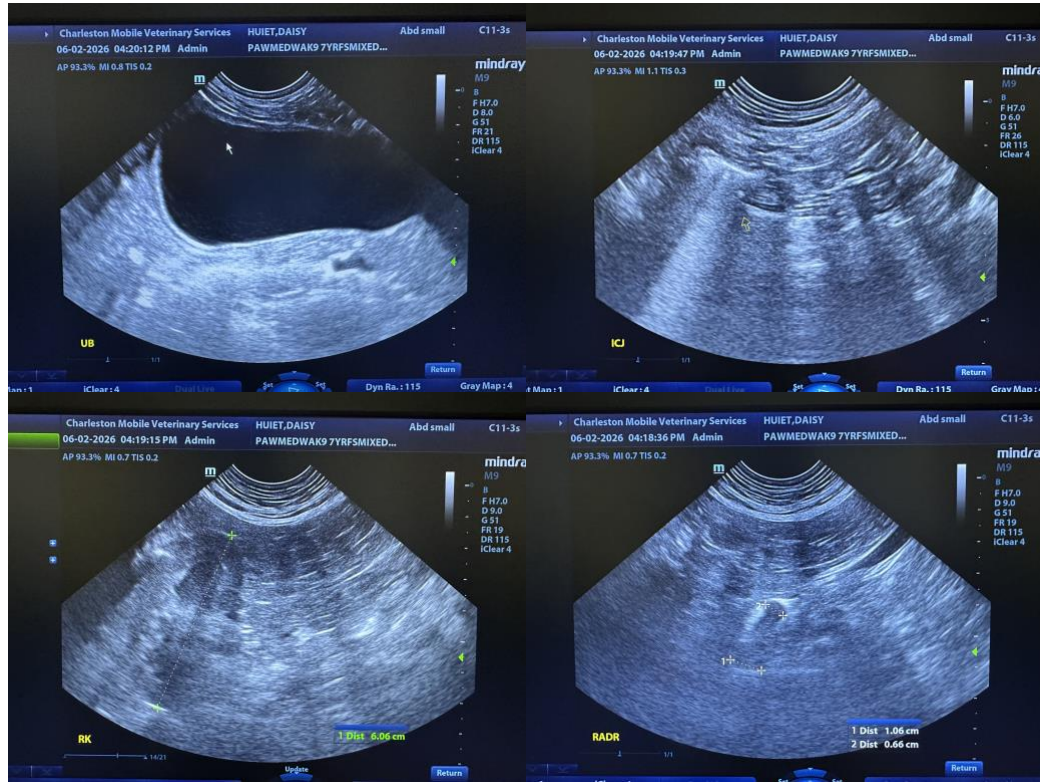
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The information and recommendations provided are based on the images presented by the referrineretarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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