



PATIENT

Lily Sheehan

PRESENTING CLINICAL SIGNS

This is a recheck from last weekend. The patient went home but is still vomiting after eating.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

BREED

Terrier Mix

The left kidney is normal size (4.16 cm in length); normal shape and architecture with 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.

SEX

Female spayed

The right kidney is normal size (4.72 cm in length); normal shape and architecture with 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.

AGE

7 Years

Adrenal Glands

The left adrenal gland is normal size (0.42 cm at cranial pole) (0.54 cm at caudal pole) (1.44 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

WEIGHT

14 lbs.

The right adrenal gland is normal size (0.47 cm at cranial pole) (0.55 cm at caudal pole) (1.75 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

INTERPRETED BY

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

Spleen

The spleen is normal in size (1.13 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.

IMAGING PERFORMED BY

Andrea Nicastro, DVM

HOSPITAL NAME

Liver

Rockaway Animal
Hospital

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. No pathological hepatic lymphadenopathy observed. The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

REFERRING VET

Gastrointestinal

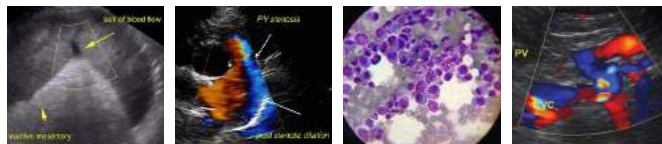
INVOICE

11713kk

The gastric lumen is distended with gas and a scant amount of liquid. The gastric wall is borderline thickened (up to 0.42 cm) with a normal layering pattern and appropriate mural detail. The submucosal layer is prominent. The pyloric outflow tract is patent. Occasional small intestinal segments are mildly fluid-distended and hypomotile. The remaining segments are not dilated. The small intestinal wall is

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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.

Pancreas

SPECIES

Canine

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

BREED

Terrier Mix

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

SEX

Female spayed

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The mild gastric wall thickening is most consistent with gastritis. Focal small intestinal ileus without evidence of obstruction.

Secondary Findings:

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis, or chronic pancreatitis.

AGE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

14 lbs.

- Given the persistent vomiting, consider a more advanced gastrointestinal work up which may include the following:
 - A fecal evaluation for ova/Giardia
 - A malabsorption panel including serum cobalamin, folate, PLI and TLI.
 - A 6-week limited antigen diet trial to assess for food allergies
 - +/- endoscopic or surgical gastrointestinal biopsies.
- Also consider three-view thoracic radiographs to assess for occult esophageal disease.

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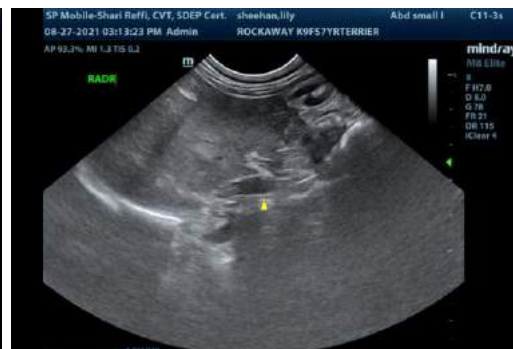
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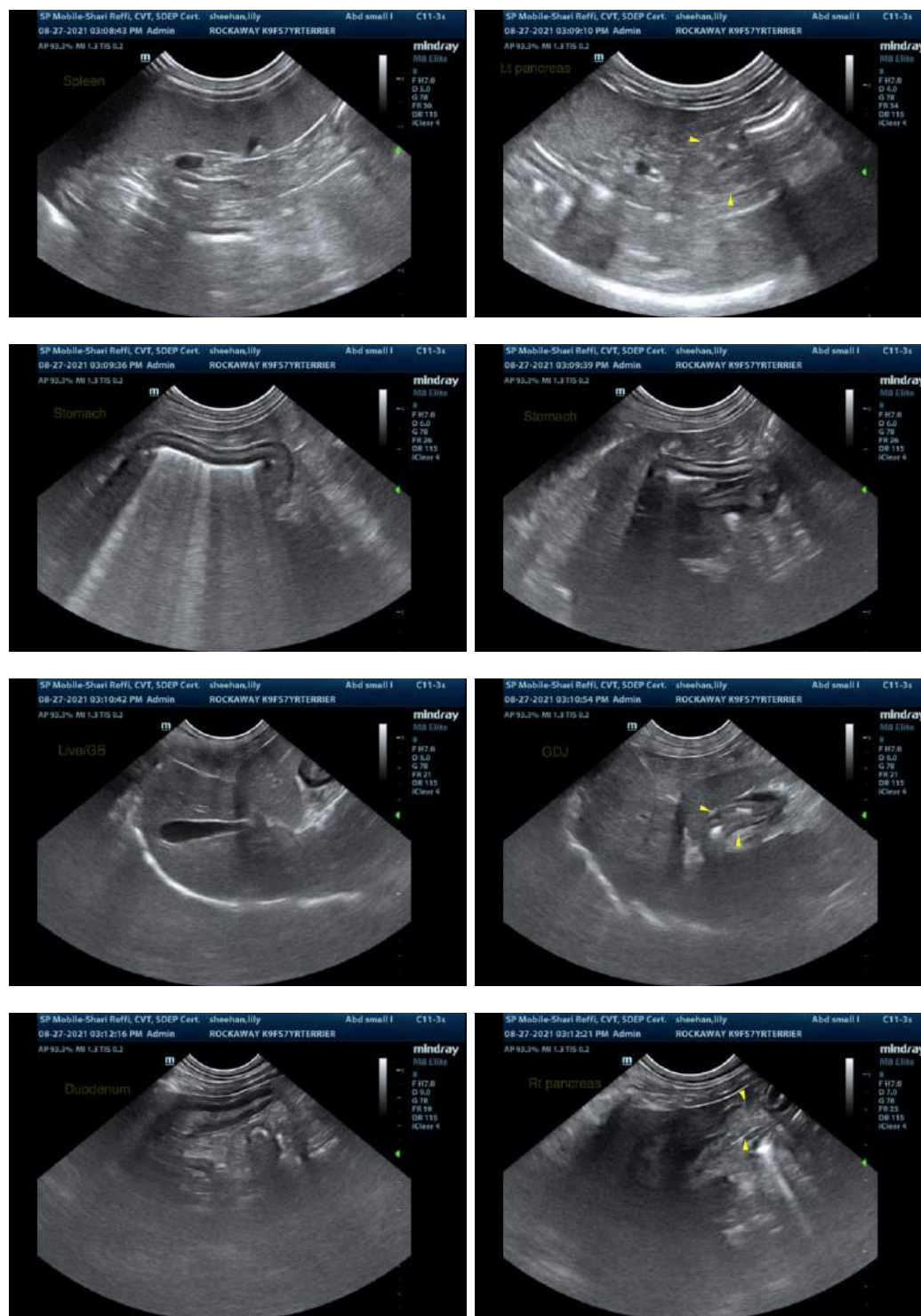
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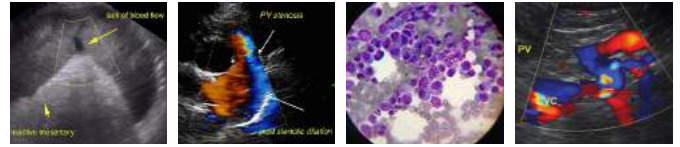
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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