

**PATIENT PRESENTING CLINICAL SIGNS**

Willow Garcia-Jorns Clinical Exam Findings: 24-hour/acute onset of vomiting with blood noted in vomit today. Anorexia since yesterday. One episode of diarrhea. Moderately painful/"tense" abdomen

**SPECIES**

Canine

Baseline lab work shows unremarkable CBC. Albumen low. Normal 2.4.  
Medical history: recently been on Carprofen.

**BREED**

Labrador Retr Mix

**SEX**

Female Spayed

**AGE**

01/07/2022

**WEIGHT**

40.2 lbs

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder wall is normal in thickness and 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 (5.06 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature appears normal.

The right kidney is normal in size (5.59 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 appears normal.

**INTERPRETED BY**

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

**IMAGING**

**PERFORMED BY**

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

**Adrenal Glands**

The left adrenal gland is normal in size (0.52 cm at cranial pole) (0.44 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 appear normal.

The right adrenal gland is in normal size (0.78 cm at cranial pole) (0.59 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 appear normal.

**HOSPITAL NAME**

Flowertown AH

**Spleen**

The spleen is normal in size (1.72 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 appears normal.

**REFERRING VET**

Kline

**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. No pathological hepatic lymphadenopathy observed. The portal vein to caudal vena cava ratio is approximately 1: 1.

**INVOICE**

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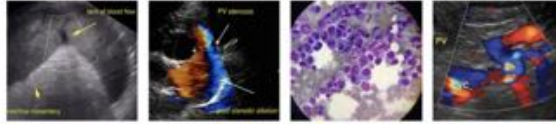
The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

**DATE**

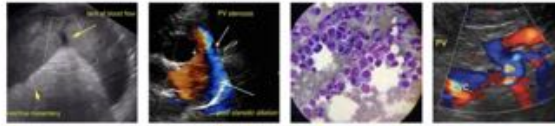
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**Gastrointestinal**

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. 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



<b>PATIENT</b>	thickens with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.
Willow Garcia-Jorns	
<b>SPECIES</b>	<b>Pancreas</b>
Canine	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.
<b>BREED</b>	<b>Free Abdomen</b>
Labrador Retr Mix	The peritoneal cavity is normal. There is no evidence of inflammation or effusion. Two-to-three prominent mesenteric lymph nodes are visualized (the largest measuring 2.18 x 0.77 cm). The nodes are relatively normal in shape and echogenicity.
<b>SEX</b>	<b>Other</b>
Female Spayed	A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.
<b>AGE</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
01/07/2022	<b>Primary Findings</b>
<b>WEIGHT</b>	<ul style="list-style-type: none"><li>The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.</li></ul>
40.2 lbs	
<b>INTERPRETED BY</b>	*An obvious cause for the patient's clinical signs is not definitively identified in this study. There is no obvious evidence of a foreign body/obstruction. Differentials include primary GI disease (i.e., dietary indiscretion, drug side effect (Carprofen), infectious/parasitic disease, inflammatory bowel disease, food allergy/intolerance), underlying metabolic issue, other.
Andrea Nicastro, DVM, Diplomate ACVIM ( <i>Small Animal Internal Medicine</i> )	
<b>IMAGING PERFORMED BY</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
Andrea Nicastro, DVM, Diplomate ACVIM ( <i>Small Animal Internal Medicine</i> )	<ul style="list-style-type: none"><li>Fecal evaluation for ova and Giardia</li><li>Symptomatic care for acute gastroenteritis is recommended. Given the hematemesis, consider initiation of sucralfate along with a proton pump inhibitor. Also, consider initiation of probiotic as part of the treatment regimen. NSAIDs should be avoided for the immediate future. If the patient's clinical signs do not begin to improve within 48-72 hours of initiating medical management, a more comprehensive GI work-up may be warranted, including an upper GI endoscopy with biopsies.</li></ul>
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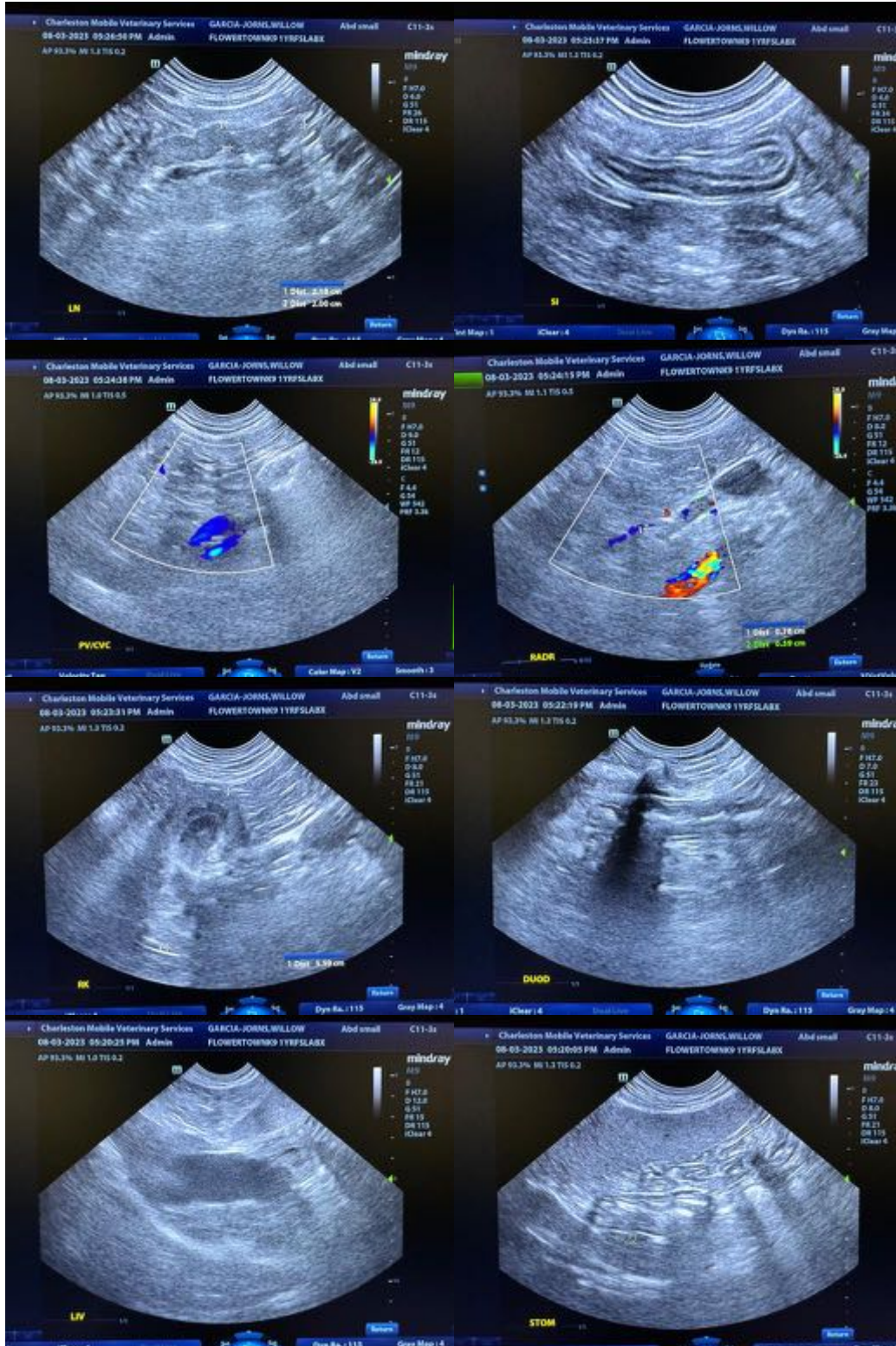
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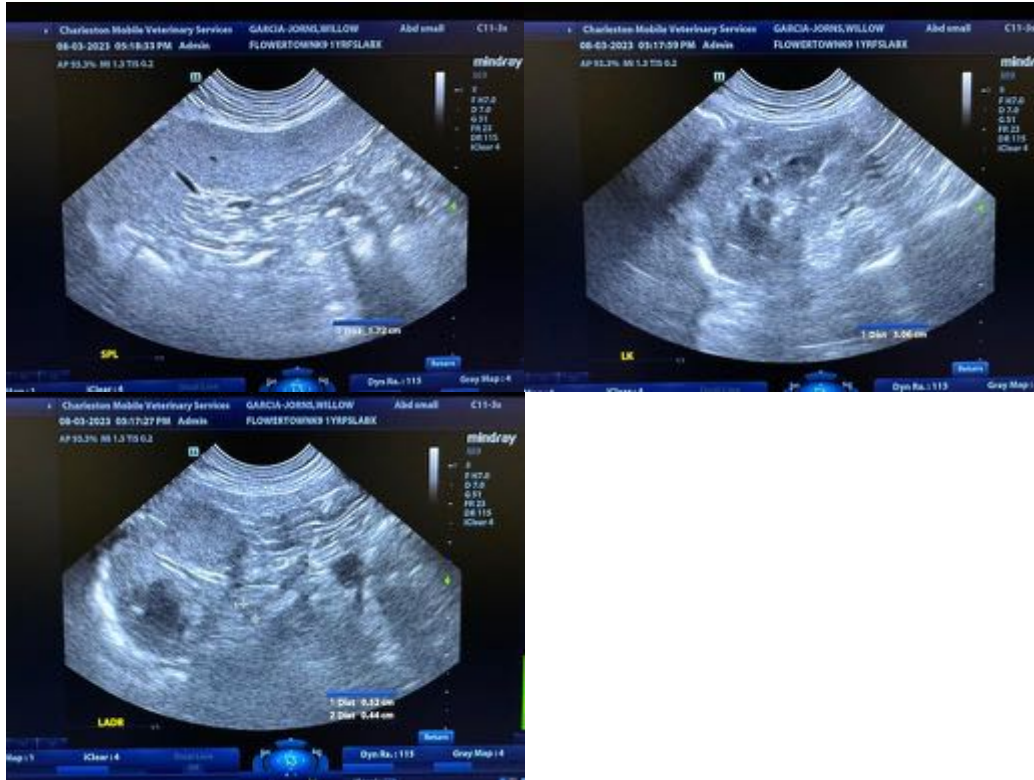
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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