



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Sypher Castronuovo	History: vomiting food and water for a week; rads with consult non-remarkable Abnormal PE/Chem/CBC/UA Results: pending
<b>SPECIES</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Canine	<b>Urinary System</b> The <b>urinary bladder</b> is mildly distended with anechoic urine. The wall in the region of the apex is slightly thickened with an irregular mucosal surface. The wall tapers to a normal thickness as it extends toward the urinary bladder neck. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.
<b>BREED</b>	
Husky	
<b>SEX</b>	The <b>prostate</b> is normal in size (1.02 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.
Neutered Male	The <b>left kidney</b> is normal size (7.35 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.
<b>AGE</b>	
10 years	The <b>right kidney</b> is normal size (6.58 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.
<b>WEIGHT</b>	<b>Adrenal Glands</b>
79 lbs	The <b>left adrenal gland</b> is normal size (0.67 cm at cranial pole) (0.57 cm at caudal pole) (2.44 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.
<b>INTERPRETED BY</b>	
Andrea Nicastro, DVM, Diplomate ACVIM (Small Animal Internal Medicine)	The <b>right adrenal gland</b> is normal size (1.43 cm at cranial pole) (0.68 cm at caudal pole) (2.22 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.
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
Diane McFadden	The <b>spleen</b> is normal in size (1.53 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.
<b>HOSPITAL NAME</b>	<b>Liver</b>
Parsippany Troy Hills AH	The <b>liver</b> 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.
<b>REFERRING VET</b>	
Dr Dulude	The <b>gall bladder</b> lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of aggregated, echogenic, mostly gravity dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.
<b>INVOICE</b>	<b>Gastrointestinal</b>
11618	The <b>gastric lumen</b> is mildly fluid-distended. The gastric wall is normal in thickness with a normal layering pattern. A few small intestinal segments are mildly fluid-distended. The small intestinal wall is normal in
<b>DATE</b>	
9.9.22	

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**

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.

### **Free Abdomen**

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

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings**

- The gastrointestinal changes are most consistent with gastroenteritis. There is no obvious evidence of a foreign body/obstruction. However, a partial obstruction cannot be completely excluded.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

A fecal evaluation for ova and Giardia is recommended.

Consider three-view thoracic radiographs to assess for occult esophageal disease.

If baseline lab work is unremarkable, consider a resting cortisol level to screen for hypoadrenocorticism. If normal, a more advanced GI work-up (i.e., malabsorption panel, repeat abdominal imaging, GI biopsies) may be warranted.





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.

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