



PATIENT

Remy Kleinman

SPECIES

Canine

BREED

Cavachon

SEX

Male, neutered

AGE

5/29/2018

WEIGHT

22.8 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Andrea Nicastro, DVM,
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(*Small Animal Internal
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HOSPITAL NAME

Sun Dog Cat Moon

REFERRING VET

Dr. Pruitt

INVOICE

13379

DATE

1/13/2026

PRESENTING CLINICAL SIGNS

Presenting Concern: Remy is a 7 year old MN Cavachon here today for loss of apatite and vomiting. O has noticed that P has been vomiting about 5 AM. O is not sure why. Yesterday P did not eat at all. O had no hand feed him this morning

Other medical history:

- Intermittent vomiting (clear/yellow, occasionally with red particles) for past 10 days, always in early morning; increased frequency recently
- Occasional vomiting episodes in past
- Refused food 1/11; minimal water intake; ate only 1 chicken treat and 1 potato chip
- Ate breakfast 1/12 (hand-fed); normal water intake
- Last defecation yesterday; stool normal, no diarrhea
- No coughing or sneezing reported; occasional cough, frequency/timing unclear
- No recent tick attachment; ticks found on eyebrows after walk, no skin attachment
- No lethargy; active and playful today
- No history of abnormal lymph nodes, mucous membranes, hydration, or color per client
- Dental procedure last couple months; back molars appear healthy per client
- No history of food allergy or intolerance; intermittent pickiness with food
- No prior diagnosis of Addison's disease; previous lab work reportedly normal

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 anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 3 cm, are normal.

The prostate is normal in size (0.67 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (4.39 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 corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (5.46 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 corticomedullary 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 (0.49 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.

The right adrenal gland is normal in size (0.53 cm at cranial pole) (0.48 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



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The spleen is normal in size (1.32 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.

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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.

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The gall bladder 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.

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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 ileocecolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

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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.

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Lymph nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

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ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable abdomen.

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

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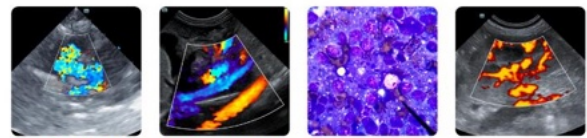
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A minimum database including a CBC chemistry panel, urinalysis and T4 is recommended (if not already performed).
- A fecal evaluation for ova and Giardia is recommended (if not already performed).
- Also consider a GI panel including serum cobalamin, folate, TLI, PLI and resting cortisol level.



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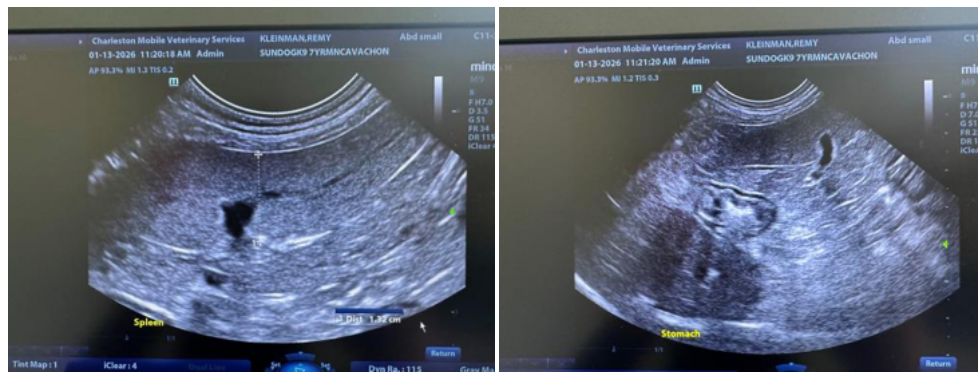
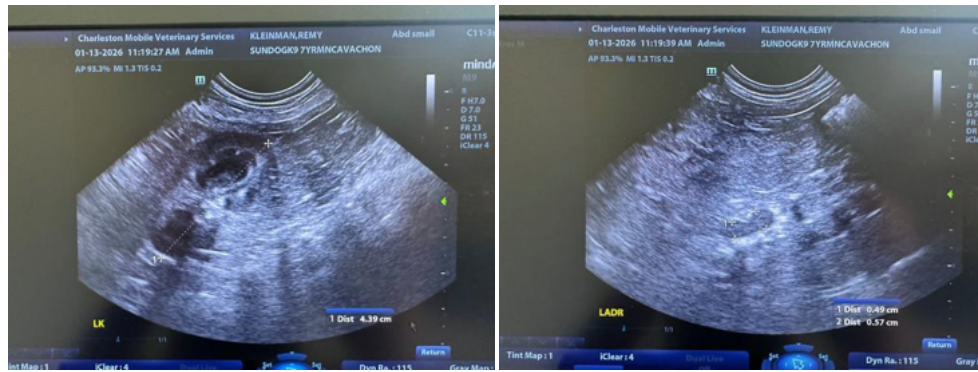
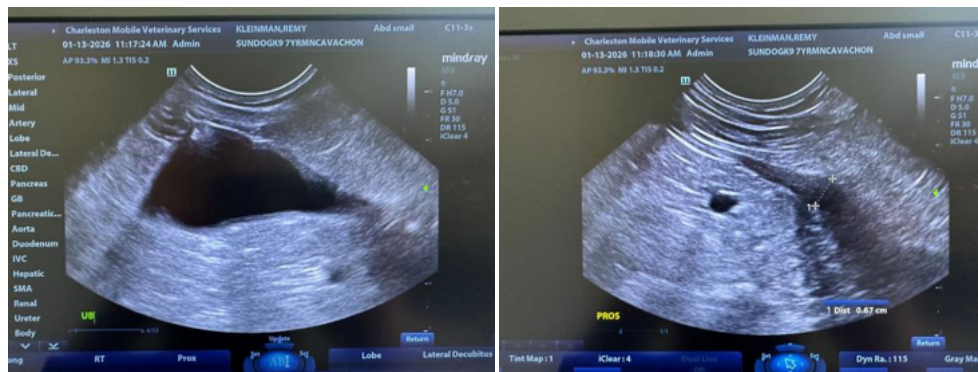
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4. If the above diagnostics are inconclusive, consider a 3-4 week limited antigen or hydrolyzed protein diet trial.
5. Ultimately, endoscopic or surgical GI biopsies may be necessary to get a definitive diagnosis.





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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.

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