



PATIENT

Marci Bush

SPECIES

Canine

BREED

Jack Russell mix

SEX

Female, spayed

AGE

6/22/12

WEIGHT

24 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

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

HOSPITAL NAME

Central VH

REFERRING VET

Dr. Ott

INVOICE

13431

DATE

1/27/26

PRESENTING CLINICAL SIGNS

Inappetence
Heart Murmur 3-4/6
MM-pink/tacky

ALT 211
TP 7.9
Glob 3.9

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. A small amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal in size (5.15 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (5.58 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.62 cm at cranial pole) (0.74 cm at caudal pole) with a normal shape, glandular echogenicity and detail. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is mildly enlarged (1.09 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 (1.31 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 curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and slightly mottled in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic 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 is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal. The duodenal papilla is normal in size (0.29 cm in width).



PATIENT

Marci Bush

SPECIES

Canine

BREED

Jack Russell mix

SEX

Female, spayed

AGE

6/22/12

WEIGHT

24 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

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

HOSPITAL NAME

Central VH

REFERRING VET

Dr. Ott

INVOICE

13431

DATE

1/27/26

Gastrointestinal

The gastric lumen is moderately to severely distended with echogenic fluid. 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 segmentally dilated with chyme (mild). 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.

Pancreas

The base and limbs of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic 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.

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.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- If the patient was fasted for this study, the presence of fluid/ingesta within the gastric lumen could suggest delayed gastric emptying.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis

Secondary Findings:

- Minor bilateral, age-related renal changes
- Bilateral adrenomegaly
- The hepatic parenchymal changes could be consistent with benign age-related remodeling, reactive hepatopathy, regenerative nodular hyperplasia, inflammatory disease, hepatotoxicosis (i.e., copper), fibrosis, infiltrative neoplasia (less likely) and/or other hepatopathy.

*An obvious cause for the patient's inappetence is not definitively identified in this study. Considerations include a primary enteropathy (i.e., motility disorder, food allergy/intolerance, inflammatory bowel disease, infectious/parasitic disease), underlying metabolic issue, orthopedic or neurologic disease, occult neoplasia, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Orthopedic and neurologic examinations are recommended to assess for non-metabolic causes of inappetence.
- Also consider three-view thoracic radiographs to assess for occult pathology in the chest.



PATIENT

Marci Bush

SPECIES

Canine

BREED

Jack Russell mix

SEX

Female, spayed

AGE

6/22/12

WEIGHT

24 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Central VH

REFERRING VET

Dr. Ott

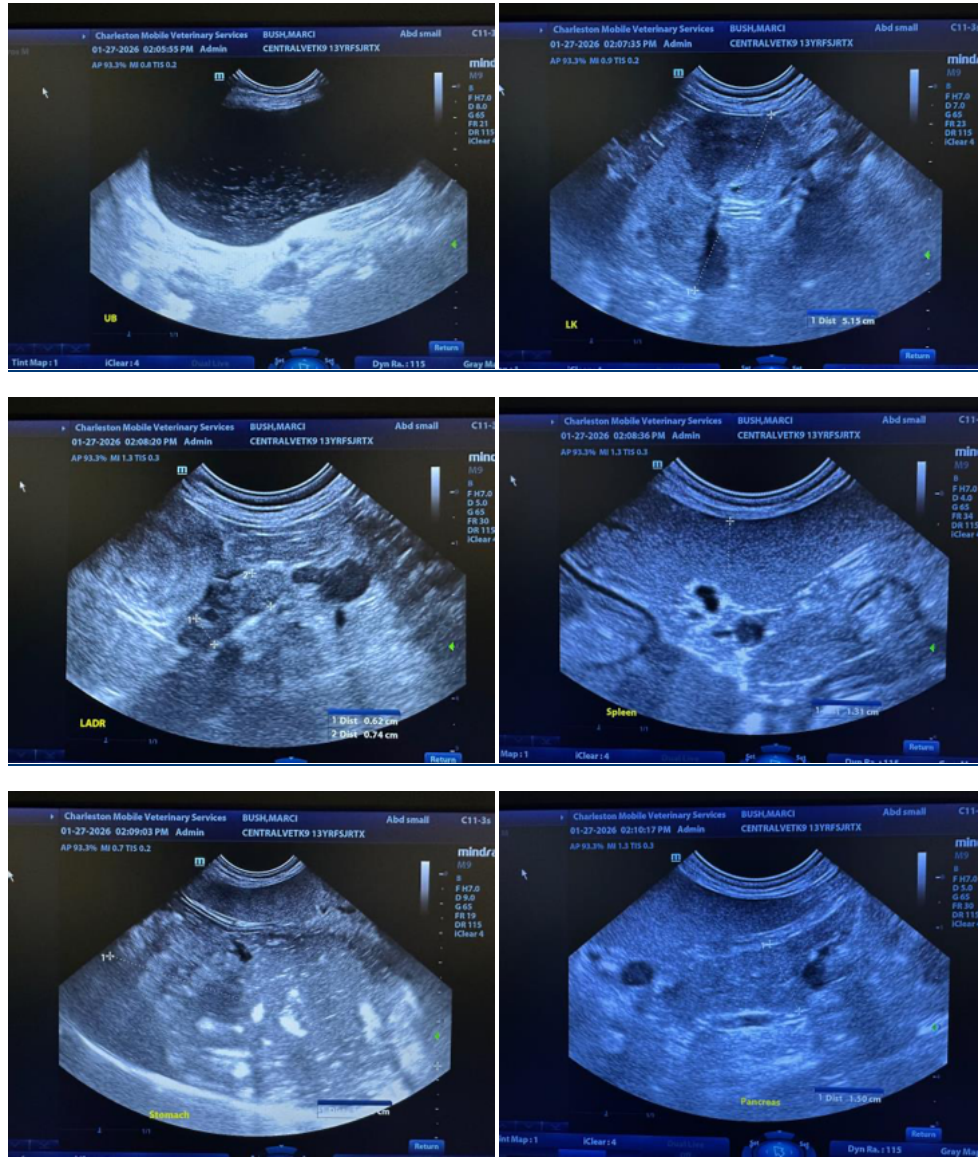
INVOICE

13431

DATE

1/27/26

- Further GI workup could include the following:
 1. GI panel including serum cobalamin, folate, TLI and PLI
 2. Fecal evaluation for ova and Giardia
 3. Empirical treatment for a primary motility disorder (i.e., pro-kinetic such as Metoclopramide). If clinical signs do not improve within 3-5 days of initiating therapy, the medication should be discontinued and other diagnostics pursued.
 4. Ultimately, endoscopic or surgical GI biopsies may be necessary to get a definitive diagnosis.





PATIENT

Marci Bush

SPECIES

Canine

BREED

Jack Russell mix

SEX

Female, spayed

AGE

6/22/12

WEIGHT

24 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Central VH

REFERRING VET

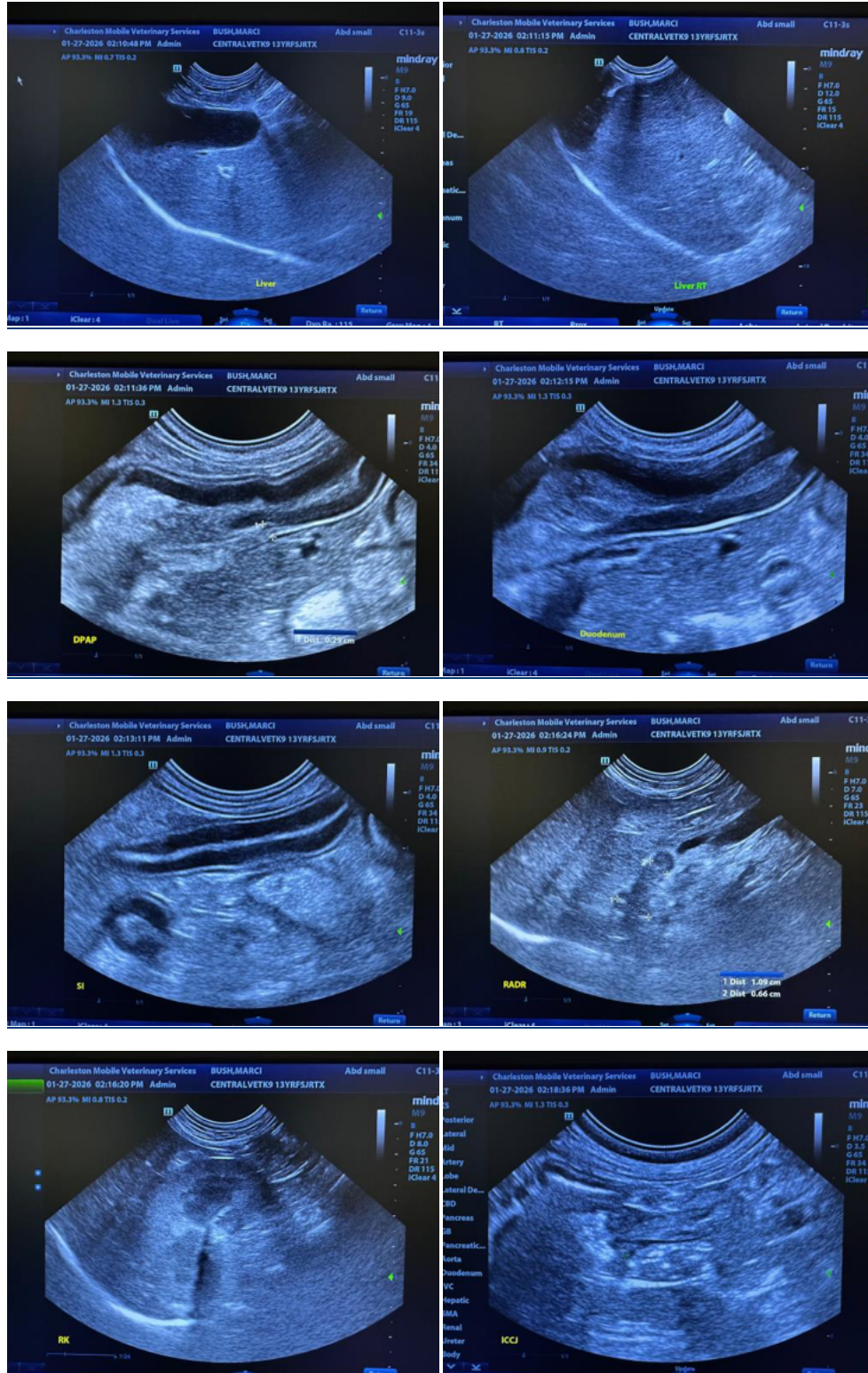
Dr. Ott

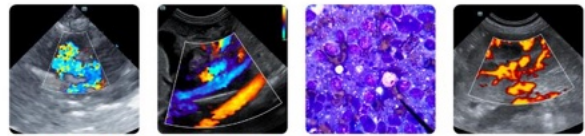
INVOICE

13431

DATE

1/27/26





PATIENT

Marci Bush

SPECIES

Canine

BREED

Jack Russell mix

SEX

Female, spayed

AGE

6/22/12

WEIGHT

24 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

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

HOSPITAL NAME

Central VH

REFERRING VET

Dr. Ott

INVOICE

13431

DATE

1/27/26

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)
info@SonoPath.com