

**PATIENT PRESENTING CLINICAL SIGNS**

Morgan Rochel Intermittent vomiting and decreased appetite

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Canine *Urinary System***

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly 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**

Mixed breed

**SEX**

Female, spayed

The left kidney is normal size (5.72 cm in length); normal shape and architecture with 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.

**AGE**

12/11/2012

The right kidney is normal size (6.91 cm in length); normal shape and architecture with 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.

**WEIGHT**

62.4 lbs.

***Adrenal Glands***

The left adrenal gland is normal size (0.63 cm at cranial pole) (0.71 cm at caudal pole); 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*)

The right adrenal gland is normal size (1.41 cm at cranial pole) (0.77 cm at caudal pole) (2.79 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.

**IMAGING PERFORMED BY**

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***Spleen***

The spleen is normal in size (2.36 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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Saddleback Mobile

***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 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.

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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

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10/19/22



**PATIENT**

thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

Morgan Rochel

***Pancreas***

**SPECIES**

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.

Canine

**BREED**

***Free Abdomen***

Mixed breed

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

**SEX**

***Other***

Female, spayed

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

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**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

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

62.4 lbs.

**INTERPRETED BY**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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

- Baseline labwork including a CBC chemistry panel, urinalysis and T4 is recommended. If results are inconclusive, consider a 6-week hydrolyzed protein or limited antigen diet trial to assess for food allergies.
- Other diagnostic considerations include the following:
  1. Fecal evaluation for ova and Giardia.
  2. Malabsorption panel including serum cobalamin, folate, TLI and PLI (send to Texas A&M)
  3. Resting cortisol level to screen for hypoadrenocorticism.
  4. +/- GI biopsies (i.e., endoscopic or surgical). If biopsies are pursued, three-view thoracic radiographs are recommended prior to anesthesia to assess cardiopulmonary status.

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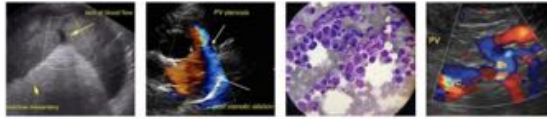
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**PATIENT**

Morgan Rochel

**SPECIES**

Canine

**BREED**

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**SEX**

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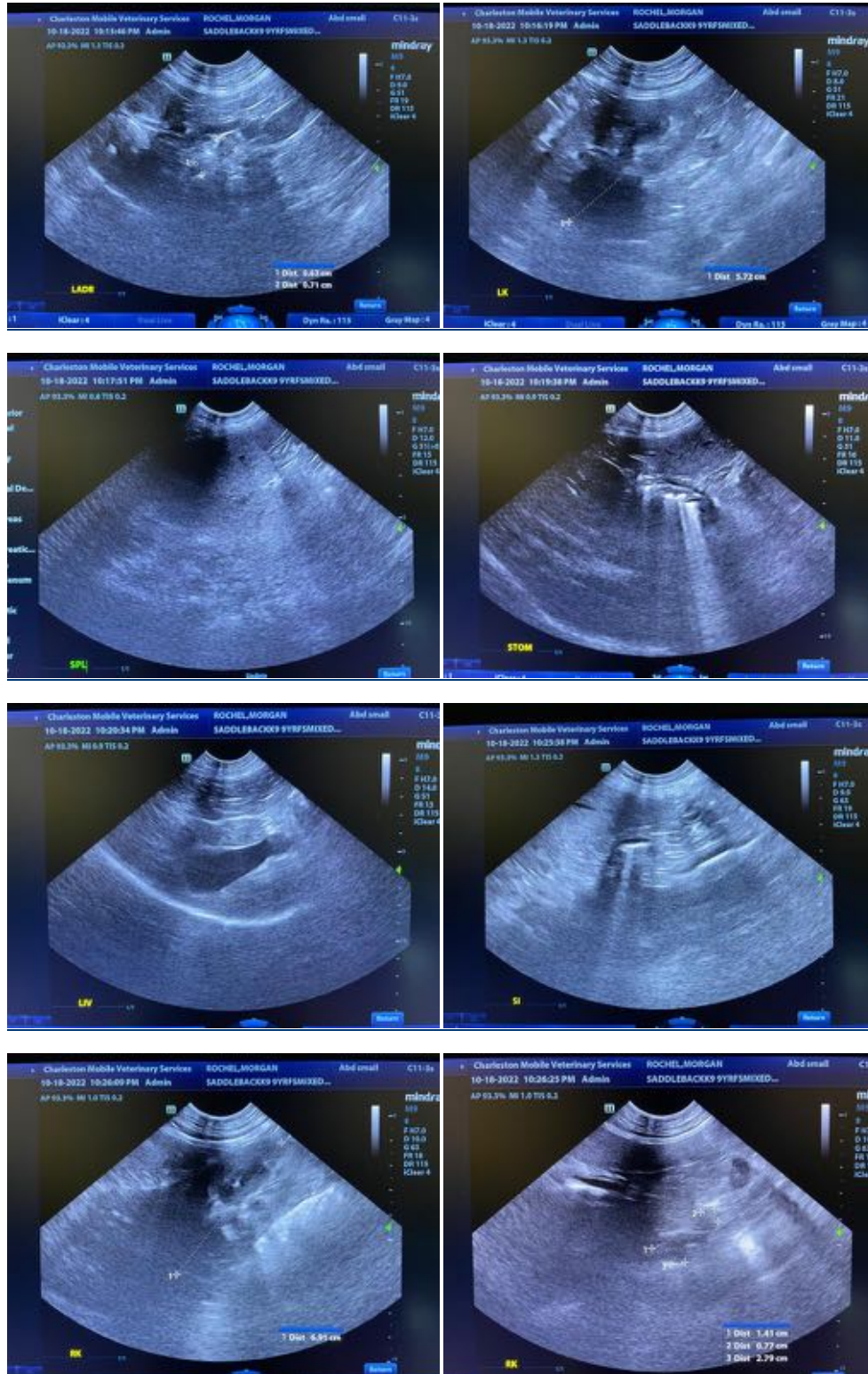
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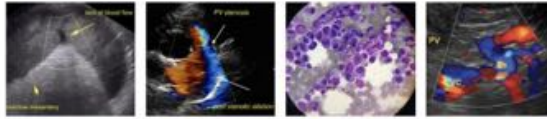
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible



**PATIENT**

in the image/video clips provided.

Morgan Rochel

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.

**SPECIES**

Canine

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)  
[info@SonoPath.com](mailto:info@SonoPath.com)

**BREED**

Mixed breed

**SEX**

Female, spayed

**AGE**

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**WEIGHT**

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