



PATIENT

Ember Cole

SPECIES

Canine

BREED

Shetland Sheepdog mix

SEX

Female, spayed

AGE

6/13/10

WEIGHT

36.2 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

Pawleys VH

REFERRING VET

Dr. Welch

INVOICE

13642

DATE

3/25/26

PRESENTING CLINICAL SIGNS

Decreased appetite, Anemia. Most recent CBC performed a few weeks ago revealed a hematocrit of 28.9%, non-regenerative. BUN 39, creatinine 1.9. Pt is hypothyroid. Started on Soloxine a few months ago. Pt has been treated empirically for gastric ulceration.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended with anechoic urine. The wall is of appropriate thickness for the level of repletion. The mucosal surface is slightly irregular. 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 (4.26 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. Mild pyelectasia is present (0.27 cm in the longitudinal plane). Hyperechoic shadowing diverticular foci are visualized. There is no evidence of infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (4.39 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.57 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.

The right adrenal gland is normal in size (0.71 cm at cranial pole) (0.55 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 (1.20 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A few small ill-defined myelolipomas are observed in the region of the hilus. Splenic vasculature is normal.

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 ratio is approximately 1:1.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A scant amount of gravity-dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal



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The gastric lumen is mildly distended with fluid and ingesta. The gastric wall is normal to borderline thickened (up to 0.44 cm) with retention of the 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 obvious 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.

Lymph nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

There is no obvious evidence of free fluid.

Other

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

ULTRASONOGRAPHIC FINDINGS

- Borderline gastric wall thickening. This may be a normal variant for this patient or could be consistent with gastritis. There was mild retained gastric ingesta.
- Mild bilateral nonspecific, age-related renal changes with dystrophic mineralization and mild left pyelectasia. The pyelectasia may be secondary to parenchymal remodeling, pyelonephritis, PU/PD (if applicable) or some combination thereof.
- Mild bilateral adrenomegaly

*An obvious cause for the patient's non-regenerative anemia is not identified in this study. Considerations include anemia of chronic disease, autoimmune disease, bone marrow disease, tick borne disease, low grade GI bleeding, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Consider a CBC with clinical pathology review.
2. Three-view thoracic radiographs are also recommended to assess for occult pathology in the chest.
3. A comprehensive tick panel, including PCR and serology (submission to North Carolina State University's Vector Borne Disease Diagnostic Lab) is recommended. <https://cvm.ncsu.edu/research/labs/clinical-sciences/vector-borne-disease/>.
4. If there is strong suspicion for GI bleeding, consider an upper GI endoscopy with biopsies.
5. Ultimately, a bone marrow aspirate may be warranted.
6. In the meantime symptomatic care should be continued.



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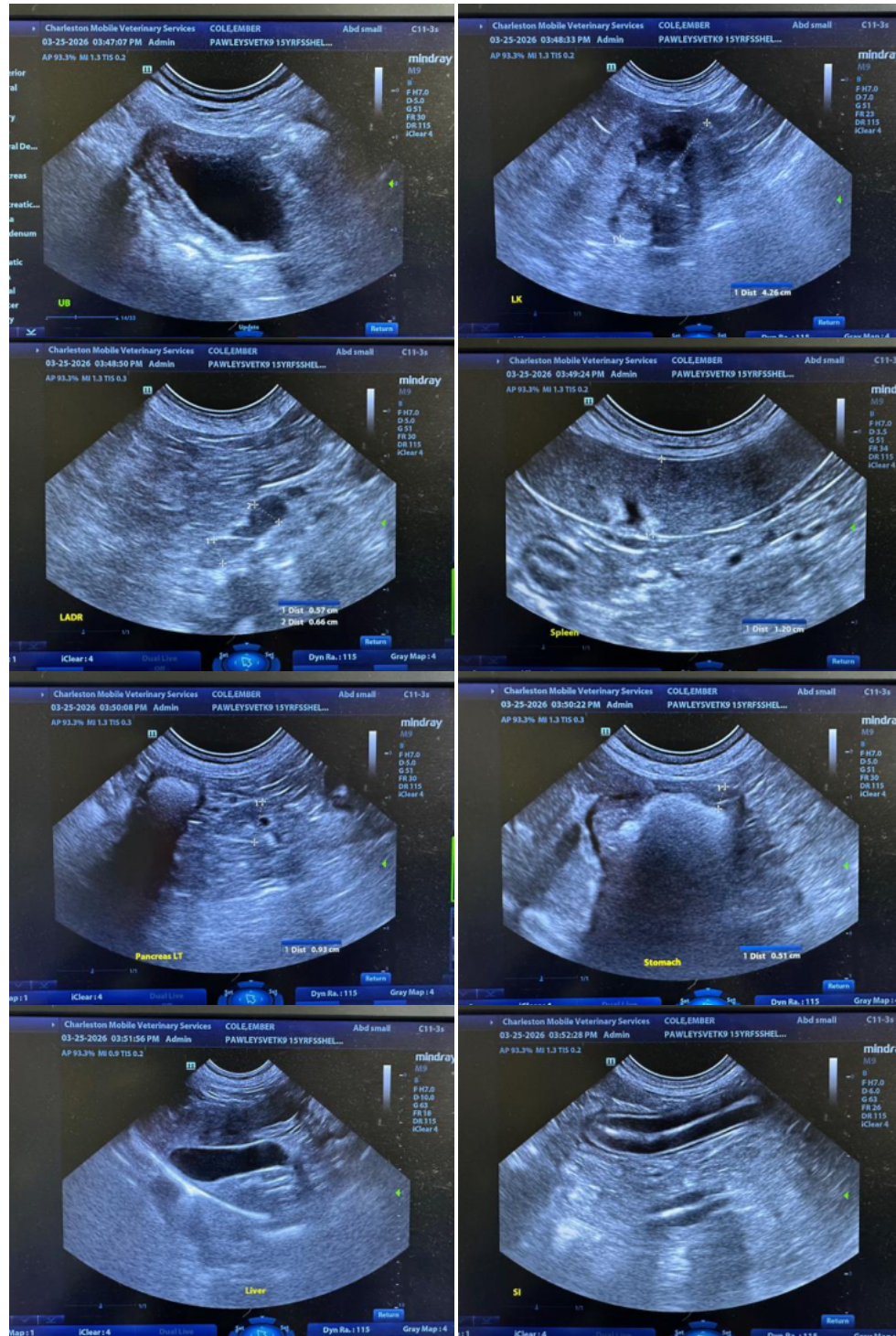
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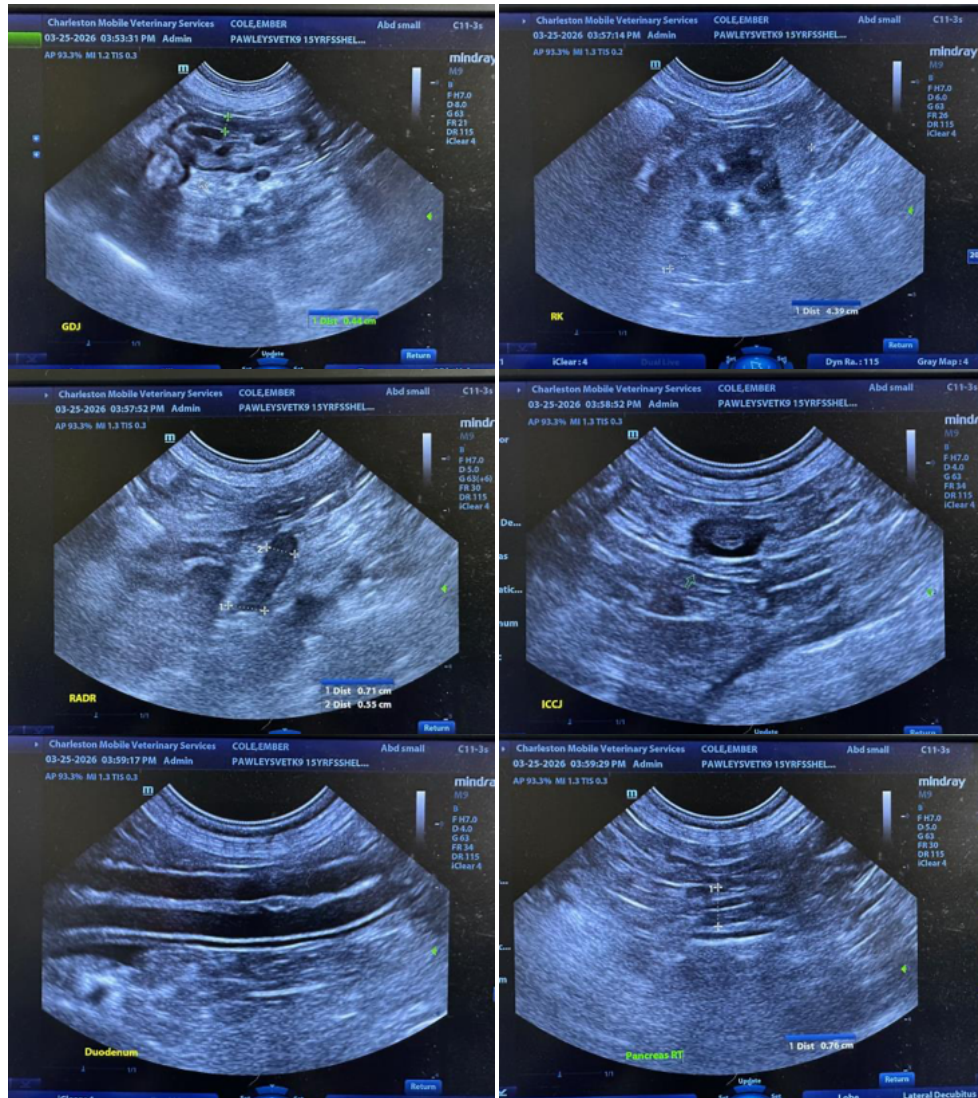
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com