

PATIENT

Rachael Fell

SPECIES

Canine

BREED

Yorkie

SEX

Female, spayed

AGE

10 Yrs.

WEIGHT

7 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Shallowford AH

REFERRING VET

Dr. Gillis

INVOICE

13448

DATE

2/3/26

PRESENTING CLINICAL SIGNS

History: Previous Abd US x 2, P has a history of chronic pancreatitis, heart dz, non clinical now. specialists recommended FNA. Concern for possible sterile peritonitis vs early carcinomatosis on previous ultrasounds.

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 visible portion of the proximal urethra are normal.

The left kidney is normal in size (3.16 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.

The right kidney is normal in size (3.57 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 normal in size (0.39 cm at cranial pole) (0.39 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 (1.03 cm at cranial pole) (0.43 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 (1.05 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.

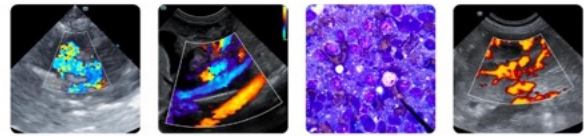
Liver

The liver is subjectively normal in size with normal 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 gall bladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of gravity-dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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



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intestinal wall is normal in 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.

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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.

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Free Abdomen

The mesentery throughout the abdomen is hyperechoic. Trace free fluid is observed.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Diffuse peritonitis, the cause of which is unclear. Sterile peritonitis is suspected. Considerations include sterile panniculitis, pancreatitis, early carcinomatosis, other. Changes are similar to the previous sonogram.

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Secondary Findings:

- Mild bilateral nonspecific, age-related renal changes with subtle dystrophic mineralization.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider fine needle aspiration of the hyperechoic mesentery (assuming normal clotting status). A 25-gauge needle should be used. If tissue sampling is not pursued at this time, consider a recheck ultrasound in 2-3 months (or sooner if problems arise) to assess progression.
- A minimum database including a CBC chemistry panel, urinalysis and T4 is also recommended if not recently performed.

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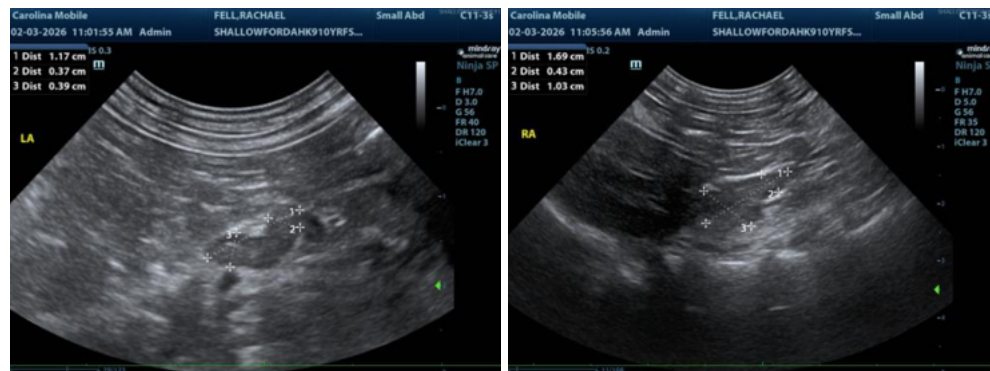
Dr. Gillis

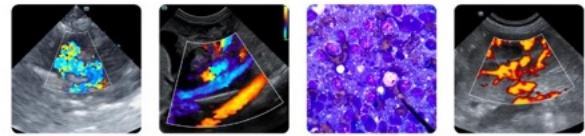
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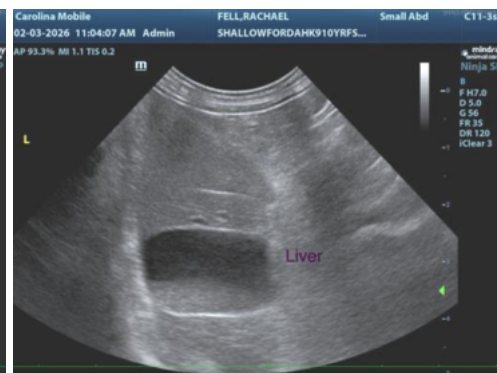
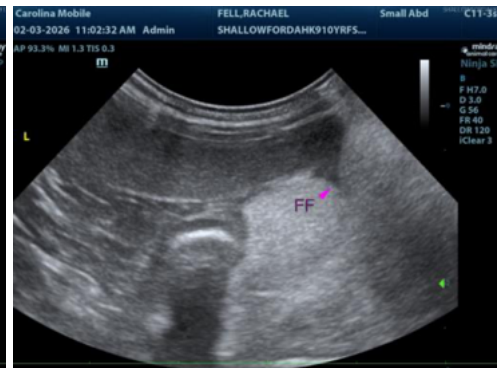
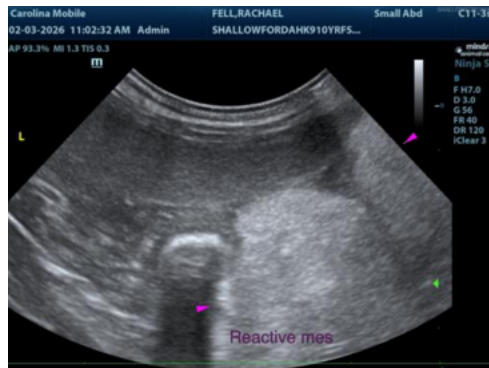
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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