



PATIENT

Nina Kelley

SPECIES

Canine

BREED

Miniature Poodle

SEX

Female, spayed

AGE

14 Yrs.

WEIGHT

6.9 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Kuzimski

HOSPITAL NAME

Animal Emergency
Hospital Deland

REFERRING VET

Dr. Kuzimski

INVOICE

13376

DATE

1/6/26

PRESENTING CLINICAL SIGNS

History: Pt presented for 2d history of diarrhea. Vomiting started today. Owners were feeding boiled chicken and rice. Pt is on levothyroxine, cough tabs and Pimobendan. ALP 880, ALT 122, GGT 15, hematocrit 62%.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

In the visible portion of the urinary bladder, the lumen is moderately distended with anechoic urine. The wall is normal in thickness. No cystic calculi are observed.

The left kidney is normal in size (4.13 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. Several small non-obstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter.

The right kidney is normal in size (4.54 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. Several small non-obstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter.

Adrenal Glands

The region of the adrenal glands is evaluated. No obvious pathology is observed in this region.

Spleen

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. Pinpoint hyperechoic foci are observed throughout the organ. 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 gall bladder lumen is moderately distended. The wall is thin and smooth. A large amount of aggregated, echogenic suspended sludge in a stellate pattern is observed within the lumen. The cystic and common bile ducts are normal/not seen. The mesentery adjacent to the gallbladder neck is mildly hyperechoic.

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 colonic wall is normal. The colonic lumen contains some liquid appearing fecal material. 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



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The abdominal lymph nodes are normal/not visible.

Free Abdomen

There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The gallbladder changes are most consistent with a fully formed mucocele. Mild adjacent peritonitis is present in the region of the gallbladder neck.
- The hepatic parenchymal changes are non-specific and could be secondary to age-related parenchymal remodeling, regenerative nodular hyperplasia or less likely, inflammatory disease, infiltrative neoplasia, hepatotoxicosis or other hepatopathy.

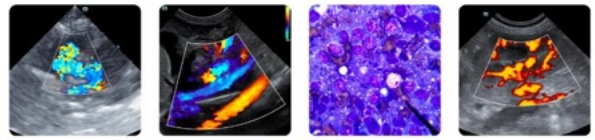
Secondary Findings:

- Mild bilateral nonspecific age-related renal changes with non-obstructive nephrocalcinosis.
- Splenic dystrophic mineralization. This is typically a benign incidental finding often associated with endocrinopathies.
- Diarrheic stool

*It is unclear whether the patient's clinical signs are secondary to gallbladder disease or if a second concurrent disease process is present.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the gallbladder changes, consider a prophylactic cholecystectomy with submission of the gallbladder for histopathology along with aerobic and bile cultures. Liver biopsies should also be obtained at the time of surgery. Thoracic radiographs and clotting times should be performed prior to anesthesia. If surgery is postponed, Ursodiol therapy along with close sonographic monitoring of the gall bladder is recommended.
- Other diagnostic considerations include the following:
 1. Fecal evaluation for ova and Giardia
 2. Prophylactic deworming with fenbendazole
 3. GI panel including serum cobalamin, folate, TLI, PLI and resting cortisol level
 4. Depending on the results of the above diagnostics, further workup may be indicated.



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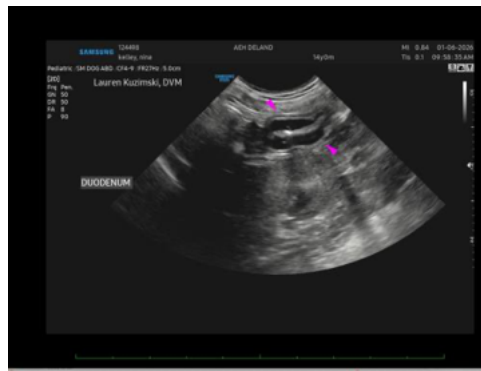
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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