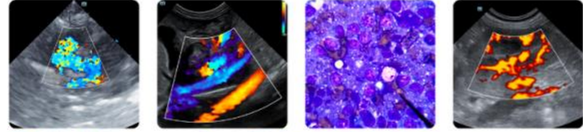
Charleston Mobile Veterinary Services
IN PARTNERSHIP WITH SONOPATH VETERINARY ULTRASOUND



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath FOSTERING THE ART OF VETERINARY MEDICINE
www.charlestonmobile.net
info@charlestonmobile.net 800.403.5408

PATIENT
Chief Farese

SPECIES
Canine

BREED
Weimaraner

SEX
Male Neutered

AGE
06/13/2013

WEIGHT
75 pounds

INTERPRETED BY
Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY
Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME
Palmetto VH

REFERRING VET
Alla Marie Sivakoff DVM

INVOICE
22244

DATE
12-11-25

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Patient has a history of chronic diarrhea and anorexia. Previously presumptively diagnosed with inflammatory bowel disease by internal medication. Is currently not eating and having liquid diarrhea. Has intermittently had normal stools in the past. Seems as if his throat is bothering him
Abnormal lab-work values: Elevation in ALP (1700s), ALT (200s), GGT
U/A- SG 1.044, wbc's, rods

Current Medications: Started on prednisolone (currently 5 mg once a day). Started on Gabapentin on Monday but is causing diarrhea. Visbiome, Metamucil and B12 injections once a month. Hills z/d diet. Received subq fluids, Baytril injection and ondansetron Wednesday. Is getting Cerenia for inappetence.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. A 0.3 cm cystic calculus is observed in the lumen, along with some echogenic debris. The region of the trigone and visible portion of the proximal urethra are normal.

The prostate is normal in size (1.26 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (7.41 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (8.18 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.56 cm at cranial pole) (0.60 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 subjectively normal in length with a slightly flattened contour (0.95 cm at cranial pole) (0.51 cm at caudal pole). Glandular echogenicity and detail are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is subjectively normal-in-size 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 lumen is moderately distended. The wall is thin and smooth. A scant amount of mostly gravity-dependent, echogenic debris is observed within the lumen. The cystic and common bile ducts are

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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 intestinal wall is normal-to-borderline thickened (up to 0.52 cm) with retention of the normal layering pattern. Discreet masses are not identified. The colonic wall is normal. There is no obvious evidence of an obstructive pattern.

Pancreas
The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic 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
A few prominent mesenteric lymph nodes are visualized (one measuring 2.64 x 1.00 cm).

Free Abdomen
There is no obvious evidence of free fluid.

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

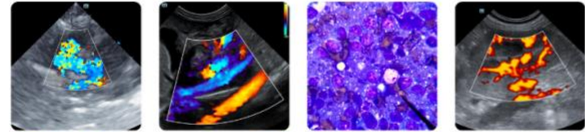
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The borderline small intestinal wall thickening is consistent with the previous presumptive diagnostic of inflammatory bowel disease.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- Tiny cystic calculus

Secondary Findings

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Minor bilateral age-related renal changes
- The hepatic parenchymal changes are most consistent with age-related parenchymal remodeling and/or regenerative nodular hyperplasia, with a lower possibility of more insidious hepatic pathology.
- The flattened right adrenal gland may be a normal variant for this patient or may be secondary to atrophy (i.e., due to chronic corticosteroid use).



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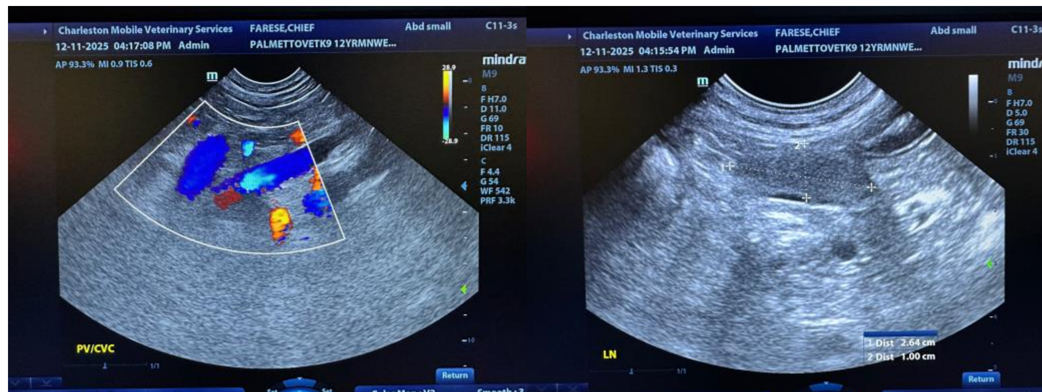
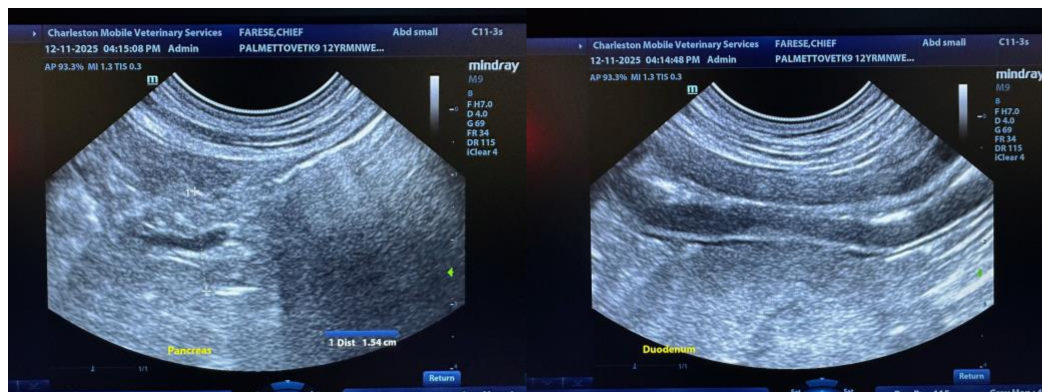
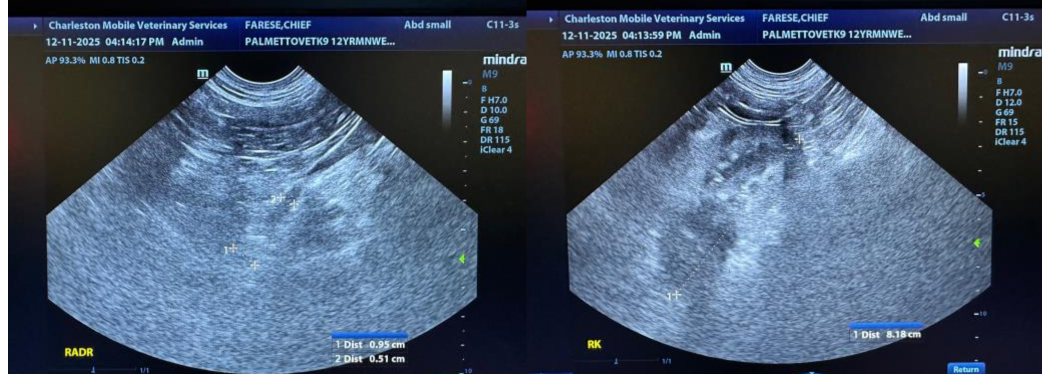
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Ideally, endoscopic or surgical GI biopsies would be performed to get a definitive diagnosis. If not pursued, consider an increase in the prednisone dose, at least temporarily. Also consider increasing the B12 injection frequency to once a week for 4-6 weeks. Occasionally, switching to a different hypoallergenic diet or hydrolyzed protein diet can prove beneficial.

- Regarding the cystic calculus, consider stone removal, analysis and culture. Alternatively, an attempt at medical dissolution can be considered.







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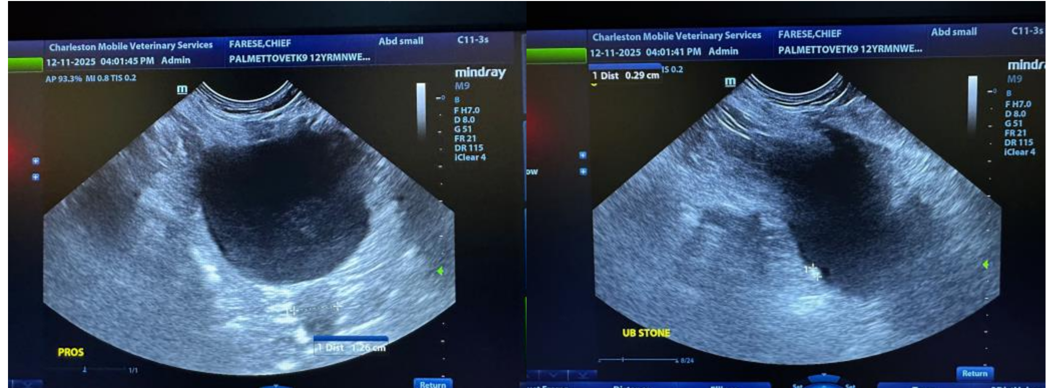

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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