Charleston Mobile Veterinary Services
IN PARTNERSHIP WITH SONOPATH VETERINARY ULTRASOUND

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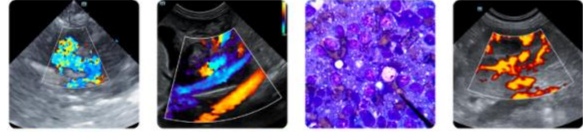

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Vinnie Abels

SPECIES

Canine

BREED

Yorkie

SEX

Male Neutered

AGE

2/20/2018

WEIGHT

6.3 kg

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

VCA Palmetto AH

REFERRING VET

Amber Leavis
Shawna Buerkle assisting

INVOICE

22290

DATE

12-19-25

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Presented for bilious vomiting and possible seizure-like event (yelped and fell off couch but no movement) on 12/6. Signs have progressed to large intestinal diarrhea with lethargy that did not improve greatly with supportive care. Recheck labwork 12/16 shows marked elevation in liver values. AUS is to assess liver to determine if inflammatory/infectious/gallbladder sludge, etc.

Abnormal lab-work values: Will be emailed

Current Medications: Visbiome, Denamarin 225 mg PO q24h, Clavamox 93.75 mg PO q12h x 14 days (started 12/16), Metronidazole 62.5 mg PO q12h x 14 days (started 12/16), Prednisolone 2.5 mg PO q12h x 3 days, then 2.5 mg PO q24h x 3 days, then 2.5 mg PO q48h x 3 doses (started 12/16), Cerenia 12 mg PO q24h, Panoquell 0.64 ml IV q24h (last dose 12/17),already on I/D low fat

Radiographic Findings: Will be emailed

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended. The wall is normal in thickness, with a relatively smooth mucosal surface. A 0.27 cm cystic calculus is observed within the lumen, along with a scant amount of echogenic debris. The region of the trigone and visible portion of the proximal urethra are normal.

The prostate is mildly enlarged (1.49 cm in width) with a normal shape. Parenchyma is heterogenous, with a few, hyperechoic-to-mineralized foci. The prostatic urethra is not overtly dilated.

The left kidney is normal in size (4.05 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate 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 (4.43 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate 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 (0.50 cm at cranial pole) (0.48 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 (0.58 cm at cranial pole) (0.50 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 (1.38 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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Liver

The liver is normal to prominent-in-size, with smooth peripheral contours. The parenchyma is isoechoic relative to the spleen and slightly heterogenous in appearance. No distinct focal lesions are observed. Vascular and 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. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly distended with ingesta. 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. There is evidence of mucosal speckling in some segments. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal. The lumen of the descending colon contains non-formed fecal material. 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

The abdominal lymph nodes are normal/not visible.

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.

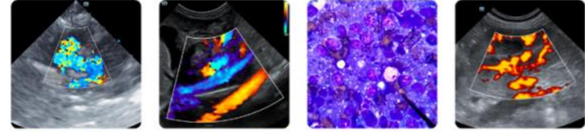
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The hepatic changes are nonspecific and could be secondary to inflammatory disease (i.e., cholangiohepatitis, chronic hepatitis), Leptospirosis, hepatotoxicosis, infiltrative neoplasia (i.e., lymphoma), vacuolar hepatopathy, regenerative nodular hyperplasia, other hepatopathy, or some combination thereof.
- Mild prostatomegaly with hyperechoic-to-mineralized foci within the parenchyma. Considerations include emerging neoplasia (i.e., prostatic adenocarcinoma, transitional cell carcinoma), hyperplasia, prostatitis, other.
- Small cystic calculus

Secondary Findings

- Bilateral nonspecific age-related renal changes



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- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

- The small intestinal mucosal speckling may be a normal variant for this patient or may be secondary to an inflammatory process. Correlation with the patient's clinical history is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

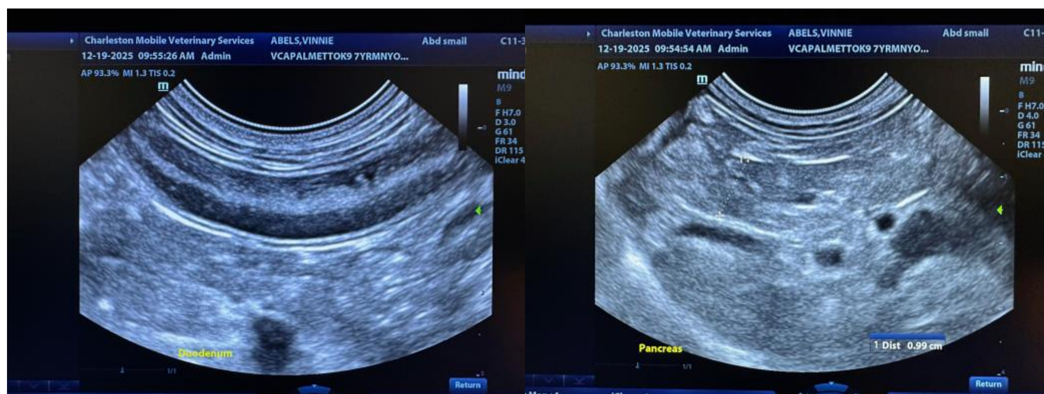
- Consider pre- and postprandial serum bile acids and Leptospirosis testing (i.e., blood and urine PCR, serology) particularly if clinical suspicion for disease is high.

- Cytologic evaluation of the liver should be considered in this patient if clotting status is appropriate. A fine needle aspirate using a 25-gauge needle is recommended. If cytologic evaluation is inconclusive or if a more aggressive approach is desired, consider laparoscopic or surgical liver biopsies with aerobic and anaerobic bile cultures and acquisition of additional hepatic tissue samples for copper quantitation.

- If a conservative approach is desired, consider empirical treatment for bacterial cholangiohepatitis/ Leptospirosis (amoxicillin-clavulanic acid, Denamarin). If no improvement in the liver values is seen within 7-10 days of initiating therapy, antibiotics should be discontinued, and hepatic tissue sampling reconsidered. If liver values improve, continue therapy for at least 4-6 weeks and 1 week beyond normalization of the liver values.

- Regarding the prostate changes, consider a urine BRAF test for further evaluation of lower urinary tract neoplasia.

- Regarding the cystic calculus, consider a cystotomy with stone removal, analysis and culture, or an attempt at medical dissolution.



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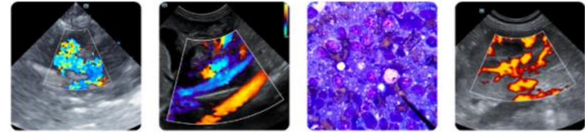

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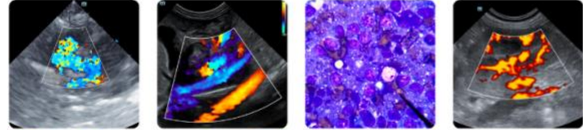

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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