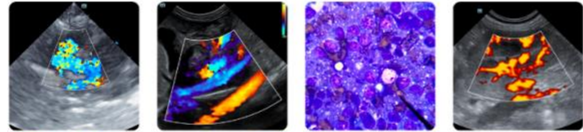
Charleston Mobile Veterinary Services
IN PARTNERSHIP WITH SONOPATH VETERINARY ULTRASOUND



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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

PATIENT

Pudding Kiel

SPECIES

Canine

BREED

Great Pyrenese

SEX

Female Spayed

AGE

8/15/2017

WEIGHT

88.4

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

Flowertown AH

REFERRING VET

Mondello/Sprovero/Kelley

INVOICE

22315

DATE

12-22-25

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: P originally presented 12/9 for a 2-week hx of intermittent appetite, diarrhea, and occasional vomiting; Blood work was performed (other dx recommended but declined) and P started on Maropitant, Ondansetron, and bland diet. Bloodwork unremarkable except PSL Lipase 235 U/L (24-140)
P presented again 12/18--O reports GI signs improved, no vomiting or diarrhea, but P still lethargic and not self. O approved Baseline Cortisol which came back low (1.29ug/dL) and O approved ACTH stim which is currently pending. P presented today 12/22 for inappetence since 12/19 and diarrhea since 12/20. P ran out of meds on 12/19 and was being transitioned back to regular diet.

On PE today, P drooling. Possible mild organomegaly cranial abdomen

Abnormal lab-work values:
12/9--PSL Lipase 235 U/L (24-140)
12/18--Baseline cortisol 1.29 ug/dL, ACTH stim pending
12/22--CBC/Chem WNL
Current Medications: Today P Administered: 4ml Cerenia (10mg/ml) IV Administered 4ml Ondansetron (2mg/ml) slowly IV Started 200mg/ml LRS (~120ml/kg/d)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. 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 proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is caudally located, just proximal to the apex of the bladder. It is slightly small in size (5.44 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with with minimal 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 (7.18 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal 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 (0.69 cm at cranial pole) (0.63 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 (0.87 cm at cranial pole) (0.63 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 (2.16 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal. (See also ***"Other"*** category).

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate

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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 cava ratio is approximately 1: 1.

The gallbladder 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 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.

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
Trace free fluid is observed

Other
A brief echocardiogram reveals no obvious evidence of right atrial or auricular mass. There is no obvious evidence of pericardial effusion. In the left- mid-abdomen, a 2.2 x 1.4 cm echogenic structure, with smooth peripheral contours is visualized.

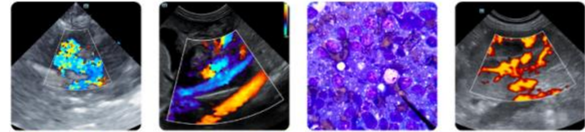
ULTRASONOGRAPHIC FINDINGS

- Ectopic left kidney. This is likely an incidental finding unrelated to the patient's clinical signs.
- The echogenic structure in the left mid-abdomen is thought to represent extra splenic tissue (aka daughter spleen) with a lower possibility of other pathology. This is also likely an incidental finding.
- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a lower possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- Scant ascites

*An obvious cause for the patient’s clinical signs is not definitively identified in this study. Considerations include a primary enteropathy (i.e., food allergy/intolerance, inflammatory bowel disease, infectious/parasitic disease), underlying metabolic issue, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The following diagnostics/treatment recommendations can be considered:



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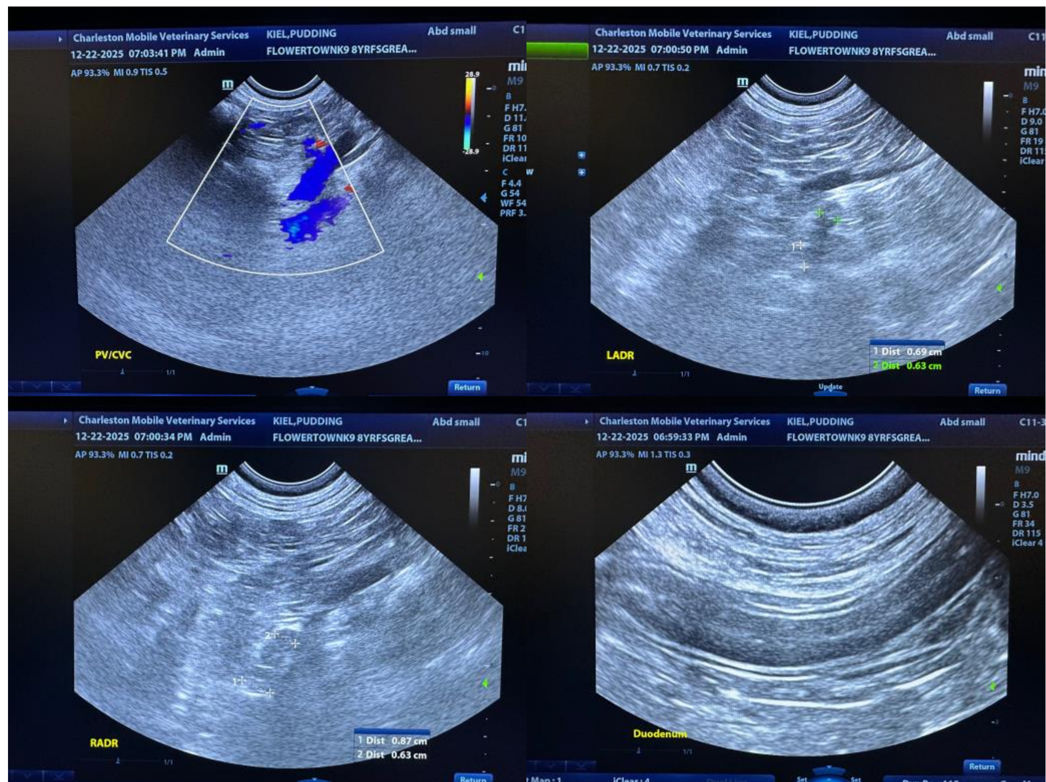
1. Texas GI panel including serum cobalamin, folate, PLI, and TLI
2. A fecal evaluation for ova/Giardia
3. Prophylactic deworming with Fenbendazole.
4. A 3-4 week hypoallergenic or hydrolyzed protein diet trial
5. Also consider initiating a probiotic with a high colony count +/- fiber supplement (i.e., psyllium).
6. Depending on the results of the above diagnostics/therapeutics, endoscopic or surgical gastrointestinal biopsies may be warranted.
7. Three-view thoracic radiographs should be performed prior to any anesthetic event.



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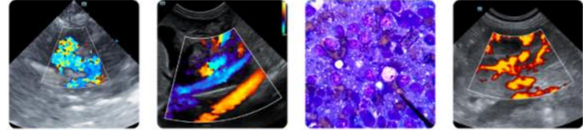

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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