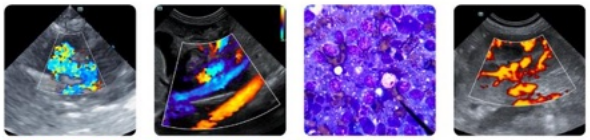


PATIENT

Ziggy Ellis

SPECIES

Canine

BREED

Poodle mix

SEX

Male, castrated

AGE

12.1 Yrs.

WEIGHT

18 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Carpenter

HOSPITAL NAME

Pennridge AH

REFERRING VET

Dr. Carpenter

INVOICE

13471

DATE

2/10/26

PRESENTING CLINICAL SIGNS

History:

- Patient sedated with butorphanol
- - Long chronic hx of suspect food allergies and intermittent gastroenteritis. Patient's atopy is well managed with HP food but intermittent GI signs have persisted
- - Patient has mostly small bowel diarrhea (soft, no urgency) but occasionally breaks with large bowel diarrhea (inc freq, urgency, blood mucous). Patient also intermittently vomits but occasionally regurgitates (mostly water after drinking).
- - Recent hx of hyporexia and hematochezia despite strict HP diet. Bloodwork performed and GI biome was trialed. Patient did well for 1 week and then hematochezia and pruritus returned. Patient is back on HP diet at this time.
- - Current meds: Cerenia, Metro, Mirtazapine, B12 (injectable)

Abnormal PE/Chem/CBC/UA Results: Diagnostics: 1/22/26: CPL 304 (0-200). Full sr panel: CBC WNL. Chem: SDMA 16 (0-14), Creat 1.3, BUN 43 (9-31), K 3.8 (4-5.4), N:K Ratio 39, Chol 358 (131-345), Lipase 336 (0-250). T4 2.3. 4dx neg x4. Fecal NOS 2/10/26: Thoracic rads: NSF, no megaesophagus. Visible portion of abdomen - some gas distension of stomach from panting/aerophagia.

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. A small amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 4 cm, are normal.

The prostate is normal in size (0.82 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

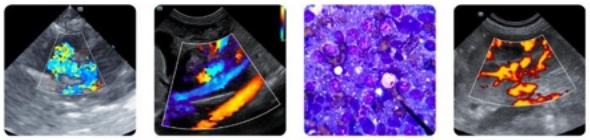
The left kidney is normal in size (4.29 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Several small non-obstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.67 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Several small non-obstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.55 cm at cranial pole) (0.57 cm at caudal pole) with slightly swollen peripheral contours. 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 (0.51 cm at cranial pole) (0.35 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.



PATIENT
Ziggy Ellis

SPECIES
Canine

BREED
Poodle mix

SEX
Male, castrated

AGE
12.1 Yrs.

WEIGHT
18 lbs.

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

IMAGING PERFORMED BY
Dr. Carpenter

HOSPITAL NAME
Pennridge AH

REFERRING VET
Dr. Carpenter

INVOICE
13471

DATE
2/10/26

Spleen
The spleen is normal in size (1.26 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.33 x 0.30 cm hypoechoic to heterogeneous nodule is observed approximately mid-body. 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 gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

Gastrointestinal
The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal 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 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
The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

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

Secondary Findings:

- Bilateral nonspecific, age-related renal changes with non-obstructive nephrolithiasis
- Mild left adrenomegaly
- The splenic nodule could be consistent with a benign focus (i.e., lymphoid hyperplasia or similar). Alternatively, an emerging tumor is possible.

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

PATIENT

Ziggy Ellis

SPECIES

Canine

BREED

Poodle mix

SEX

Male, castrated

AGE

12.1 Yrs.

WEIGHT

18 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Carpenter

HOSPITAL NAME

Pennridge AH

REFERRING VET

Dr. Carpenter

INVOICE

13471

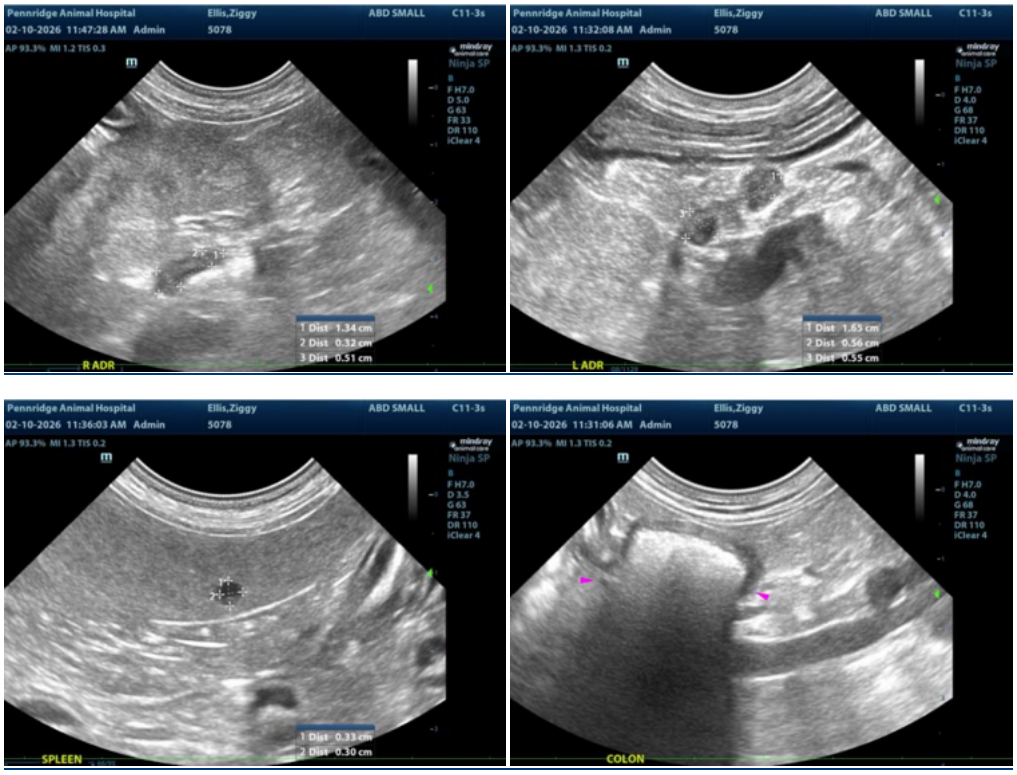
DATE

2/10/26

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- The following diagnostics/treatment recommendations can be considered:

  1. Texas GI panel including serum cobalamin, folate, PLI, TLI and resting cortisol level
  2. Despite the negative fecal evaluation, consider prophylactic deworming with Fenbendazole.
  3. Initiation of a probiotic with a high colony count +/- fiber supplement (i.e., psyllium).
  4. Depending on the results of the above diagnostics/therapeutics, endoscopic or surgical gastrointestinal biopsies may be warranted. Three-view thoracic radiographs should be performed prior to any anesthetic event.
- Regarding the azotemia, a urinalysis with a culture and sensitivity should be considered along with a baseline blood pressure measurement.



PATIENT

Ziggy Ellis

SPECIES

Canine

BREED

Poodle mix

SEX

Male, castrated

AGE

12.1 Yrs.

WEIGHT

18 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Carpenter

HOSPITAL NAME

Pennridge AH

REFERRING VET

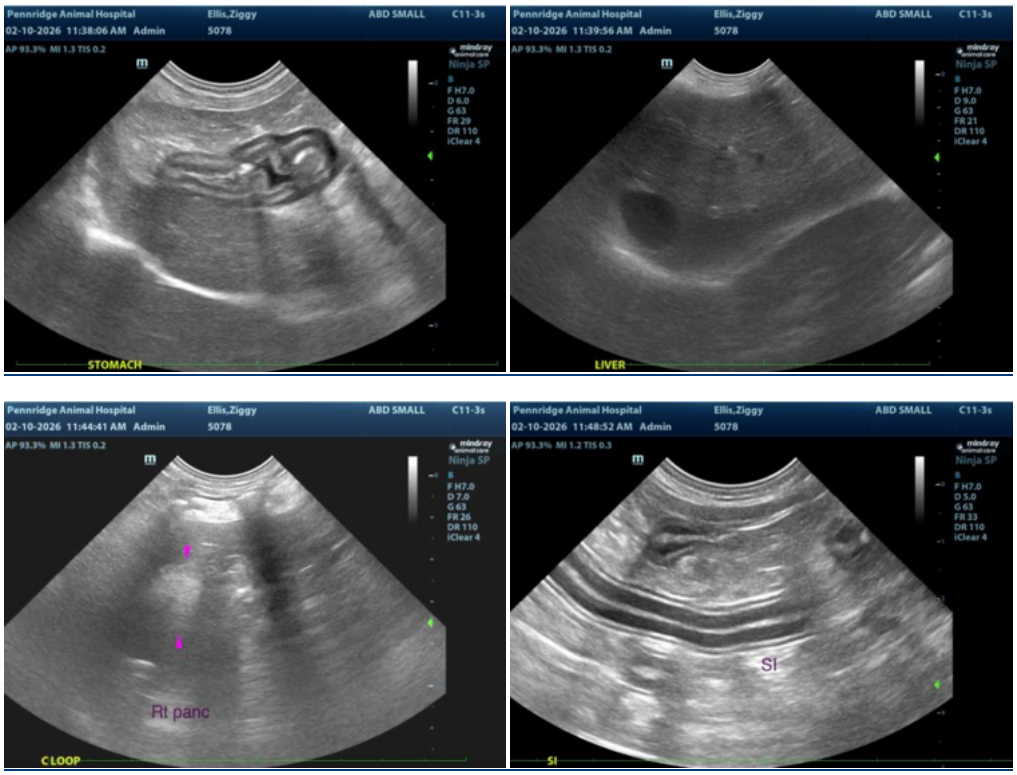
Dr. Carpenter

INVOICE

13471

DATE

2/10/26



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