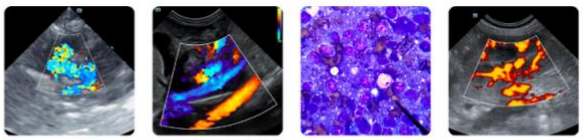
Charleston Mobile Veterinary Services
IN PARTNERSHIP WITH SONOPATH VETERINARY ULTRASOUND

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



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Ernest Taylor

SPECIES

Canine

BREED

Basset Hound

SEX

Male Neutered

AGE

06/15/15

WEIGHT

46.6 lbs

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

Pawleys VH

REFERRING VET

Dr Kiningham

INVOICE

22687

DATE

3-13-26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings at Animal Eye Care: Ernest was rechecked for Uveitis today inflammation has gone down but on exam of the eye retinal Hemorrhage was noted and lymph nodes palpated mildly enlarged. Recommending abdominal ultrasound. Thoracic radiographs do not reveal obvious neoplasia. There is questionable right-sided cardiomegaly.

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 mostly anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 3.0-4.0 cm, are normal.

The prostate is normal in size (1.01 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 (7.50 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 (6.89 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 (0.48 cm at cranial pole) (0.46 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 (0.79 cm at cranial pole) (0.52 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 mildly enlarged (2.00 cm in width at the level of the hilus) with irregular peripheral contours. Approximately mid-body, a 6.9 x 2.1 cm area of infarction is visualized. In the remainder of the spleen, the parenchyma is subtly mottled in appearance. Splenic vasculature at the hilus appears normal, with no obvious evidence of thrombosis in this region. The mesentery effacing the serosal surface of the spleen is hyperechoic.

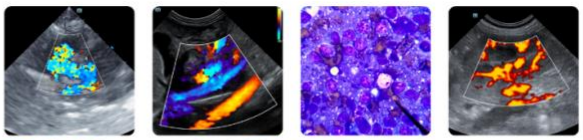
Liver

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 portal vein to caudal vena cava ratio is approximately 1: 1.

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/not seen.

Charleston Mobile Veterinary Services
IN PARTNERSHIP WITH SONOPATH VETERINARY ULTRASOUND

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



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Ernest Taylor

SPECIES

Canine

BREED

Basset Hound

SEX

Male Neutered

AGE

06/15/15

WEIGHT

46.6 lbs

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

Pawleys VH

REFERRING VET

Dr Kiningham

INVOICE

22687

DATE

3-13-26

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 ileocecocolic junction and colonic wall are 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 slightly hypoechoic 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 1.24 x 0.64 cm hypoechoic sublumbar lymph node is visualized. In addition, a 3.11 x 0.80 cm medial iliac lymph node is seen. A few prominent mesenteric lymph nodes are also seen (one measuring 2.2 x 1.2 cm). At least two prominent periportal lymph nodes are also seen (one measuring 1.6 x 1.1 cm).

Free Abdomen
There is no obvious evidence of free fluid.

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

ULTRASONOGRAPHIC FINDINGS

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The abdominal lymphadenopathy could be consistent with emerging neoplasia (i.e., lymphoma), lymphadenitis, or lymphoid hyperplasia.
- Splenic infarction. This finding suggests a hypercoagulable state. Therefore, an underlying cause (i.e., systemic disease, cardiovascular disease) should be sought. The diffuse splenic parenchymal changes could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, antigenic stimulation, or emerging neoplasia (i.e., round cell tumor).
- 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

- Minor bilateral age-related renal changes
- Gallbladder debris, non-mucocele

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the patient's sonographic changes, as well as the uveitis, consider the following:

1. Fine-needle aspiration of the prominent abdominal lymph nodes and non-infarcted portion of the spleen (assuming normal clotting status). Twenty-five gauge-needles should be used.

PATIENT

Ernest Taylor

SPECIES

Canine

BREED

Basset Hound

SEX

Male Neutered

AGE

06/15/15

WEIGHT

46.6 lbs

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

Pawleys VH

REFERRING VET

Dr Kiningham

INVOICE

22687

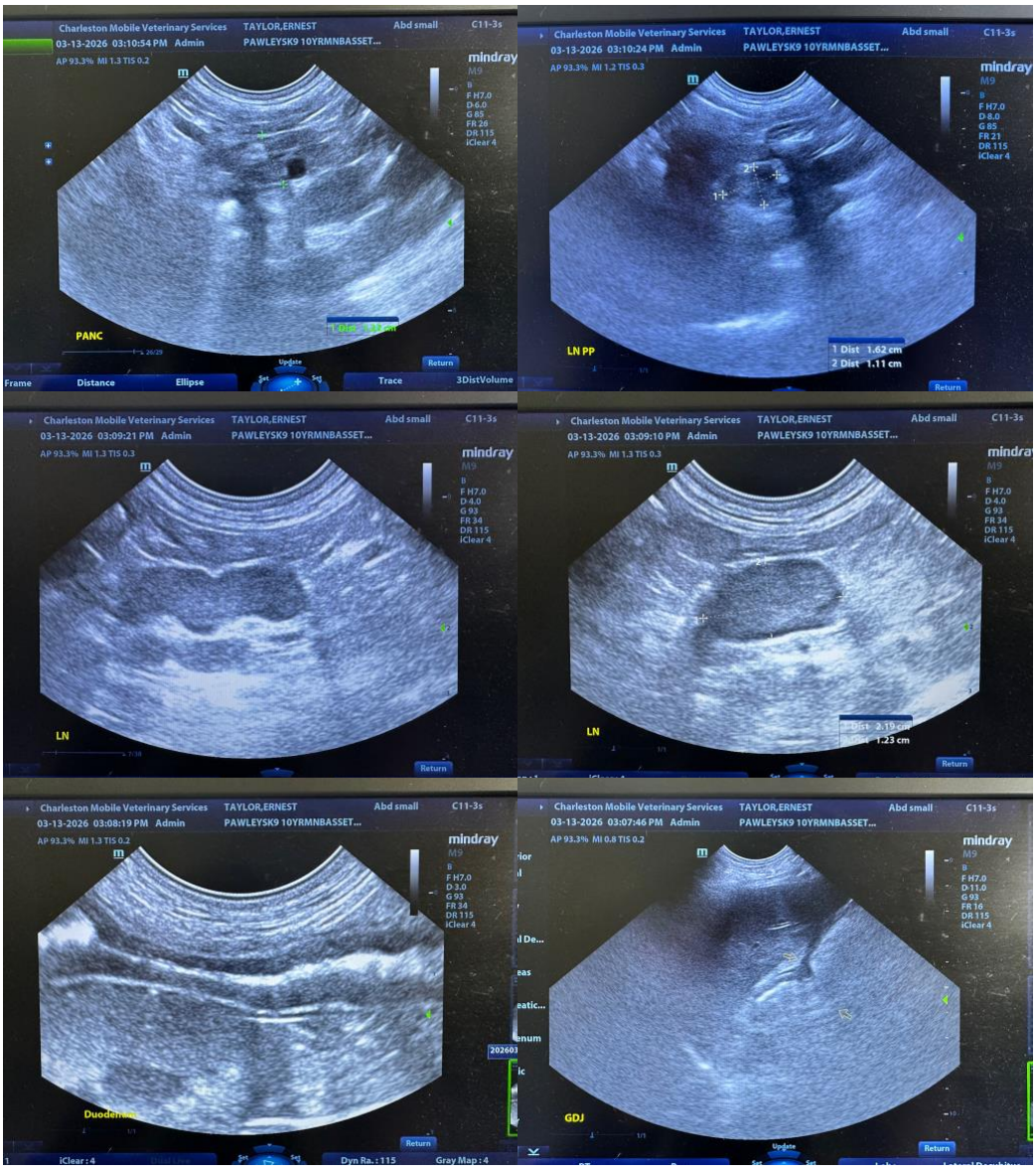
DATE

3-13-26

2. A comprehensive tick panel, including PCR and serology (submission to North Carolina State University's Vector Borne Disease Diagnostic Lab is recommended. https://cvm.ncsu.edu/research/labs/clinical-sciences/vector-borne-disease).

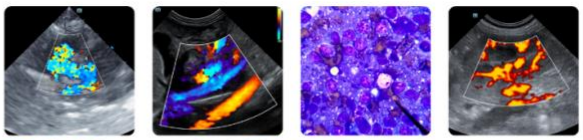
3. Depending on the results of the above diagnostics further work-up may be indicated.

- Given the presence of a splenic infarction, consider initiation of Clopidogrel (if the platelet count is normal).



Charleston Mobile Veterinary Services
IN PARTNERSHIP WITH SONOPATH VETERINARY ULTRASOUND

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



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Ernest Taylor

SPECIES

Canine

BREED

Basset Hound

SEX

Male Neutered

AGE

06/15/15

WEIGHT

46.6 lbs

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

Pawleys VH

REFERRING VET

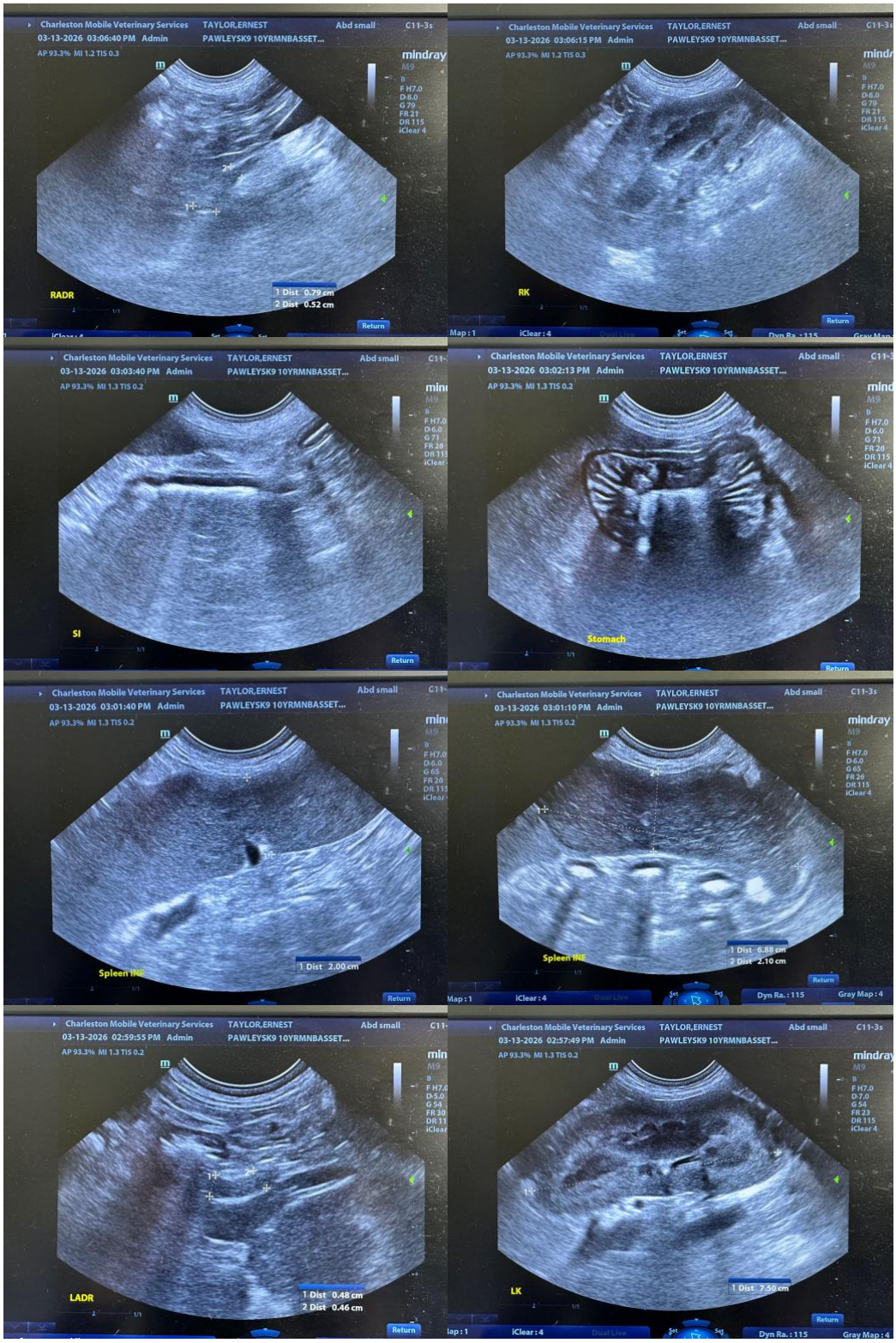
Dr Kiningham

INVOICE

22687

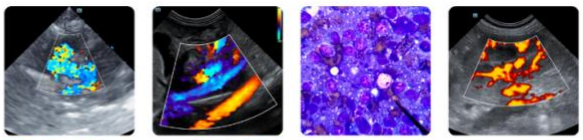
DATE

3-13-26



Charleston Mobile Veterinary Services
IN PARTNERSHIP WITH SONOPATH VETERINARY ULTRASOUND

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



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Ernest Taylor

SPECIES

Canine

BREED

Basset Hound

SEX

Male Neutered

AGE

06/15/15

WEIGHT

46.6 lbs

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

Pawleys VH

REFERRING VET

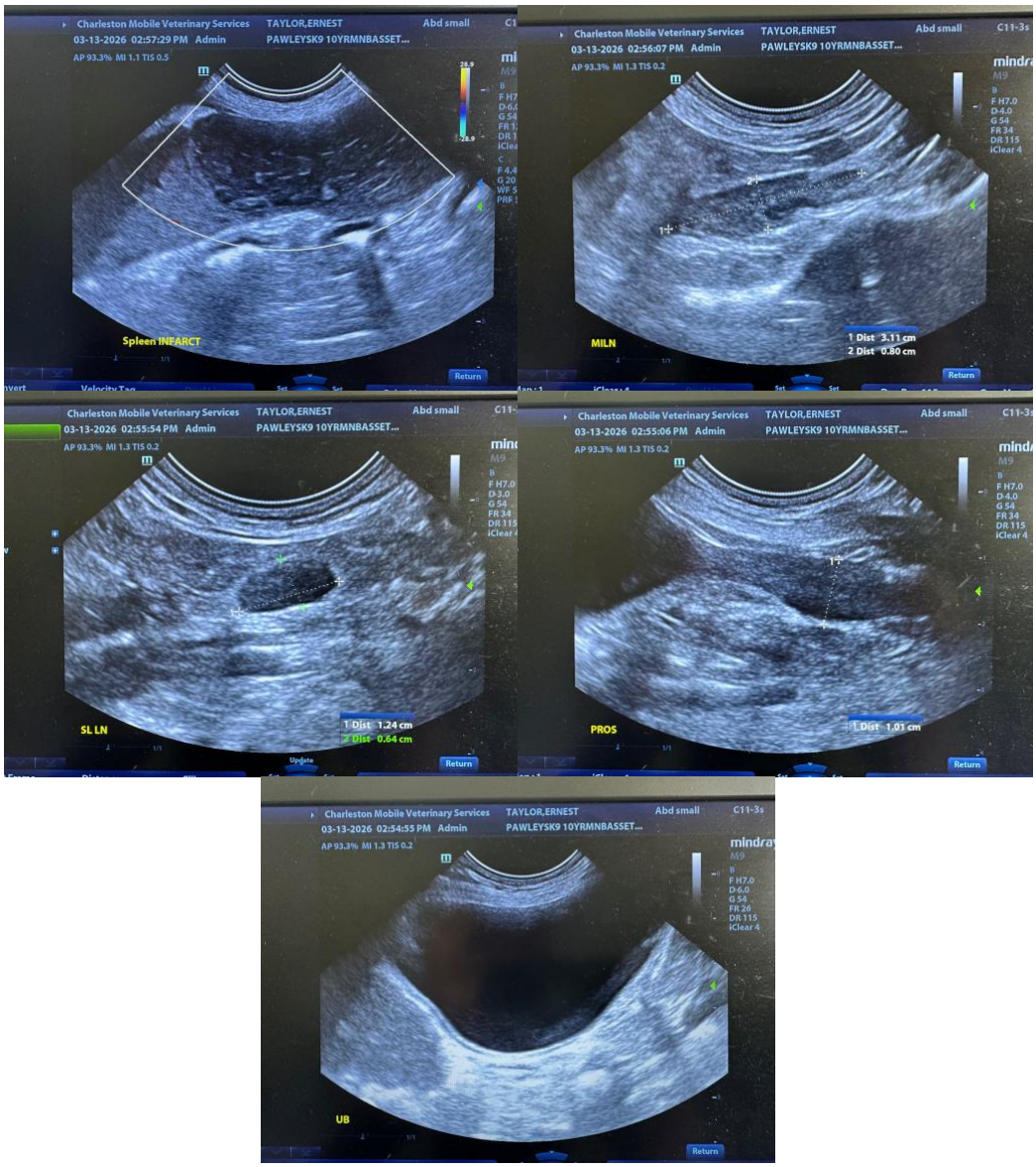
Dr Kiningham

INVOICE

22687

DATE

3-13-26



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