



PATIENT PRESENTING CLINICAL SIGNS

Louie Mandor
SPECIES Canine
BREED Morkie
SEX Neutered Male
AGE 10 years 5 mos
WEIGHT 6 kg

History: Patient presents for inappetence for 3 days, unable to get medications in due to patient usually taking them in food. Only ate small amount last night, O gave whole amount of insulins. History of seizures managed with Keppra. Diabetic on insulin therapy. On calcium supplementation for parathyroid issue. Ate small amount yesterday, owner gave insulin last night. Owner unable to give medications this morning including Keppra due to patient not eating. No insulin, calcitriol, or calcium given this morning. Owner reports belly issues and poor appetite
Medications: 4 units Vetsulin BID. Keppra. Calcium tablets. Vit D Tablets.

Abnormal PE/Chem/CBC/UA Results: CBC and chemistry panel - Blood glucose: >400 mg/dL (elevated) - Urine ketones: positive CPL 478 ALT 266 (H) Ca 3.5 (L) ALKP 852 (H)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is distended. A small amount of echogenic debris is suspended within the lumen. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is normal in size (1.18 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is mildly enlarged (5.22 cm in length) with a normal shape, architecture and smooth peripheral contours. There is a normal 1:3 cortex to medulla ratio with minimal- to mild loss of corticomedullary distinction. The cortex is isoechoic relative to the spleen. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal. There is suspected scant subcapsular effusion.

The right kidney is mildly enlarged (5.36 cm in length) with a normal shape, architecture and smooth peripheral contours. There is a normal 1:3 cortex to medulla ratio with minimal- to mild loss of corticomedullary distinction. The cortex is isoechoic relative to the spleen. Mild pyelectasia is present (0.22 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal. There is suspected scant subcapsular effusion.

Adrenal Glands

The left adrenal gland is borderline enlarged (0.52 cm at cranial pole) (0.53 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 borderline enlarged (0.85 cm at cranial pole) (0.53 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 (1.02 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A few, small, ill-defined myelolipomas are observed in the region of the hilus. A 1.45 x 0.82 cm hypoechoic- to heterogenous nodule is observed at the medial aspect, approximately mid-body. Splenic vasculature is normal.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sookhoo

HOSPITAL NAME

Calusa VC

REFERRING VET

Dr. Fellacher

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Liver

The liver is subjectively enlarged, with swollen peripheral contours. The parenchyma is isoechoic relative to the spleen. Several, small, ill-defined hypoechoic nodules are observed throughout the organ. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

SPECIES

Canine

The gallbladder lumen is moderately distended. The wall is thin and smooth. Several, small, polypoid-like lesions are arising from the mucosal surface. A small amount of mobile echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

BREED

Morkie

Gastrointestinal

The gastric lumen is moderately-distended with ingesta and hypoechoic non-shadowing bodies. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. 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.

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Pancreas

The right limb of the pancreas is normal-in-size 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.

WEIGHT

6 kg

Lymph Nodes

The abdominal lymph nodes are normal/not visible.

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Free Abdomen

There is no obvious evidence of free fluid.

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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.
- Mild bilateral renomegaly with suspected scant subcapsular fluid in the left kidney. These changes could be consistent with interstitial nephritis, pyelonephritis, emerging neoplasia (less likely), other. The pyelectasia may be secondary to pyelonephritis, parenchymal remodeling, PU/PD (if applicable), fluid therapy (if applicable), or some combination thereof.
- The splenic nodule could be consistent with an emerging tumor or a benign focus (i.e., lymphoid hyperplasia or similar). Cytologic or histopathologic evaluation would be necessary to get a definitive diagnosis.

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Secondary 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.
- Borderline bilateral adrenomegaly



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- If the patient was fasted for this study, the presence of ingesta within the gastric lumen could suggest delayed gastric emptying.

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- INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**
- A urinalysis with a culture and sensitivity are recommended to assess for occult infection. Also consider three-view thoracic radiographs to assess cardiopulmonary status, particularly in light of the patient's age. Supportive care for diabetic ketoacidosis is recommended, along with other symptomatic measures.

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- Regarding the splenic nodule, consider fine-needle aspiration (if accessible and if clotting status is appropriate). A 25-gauge needle should be used.

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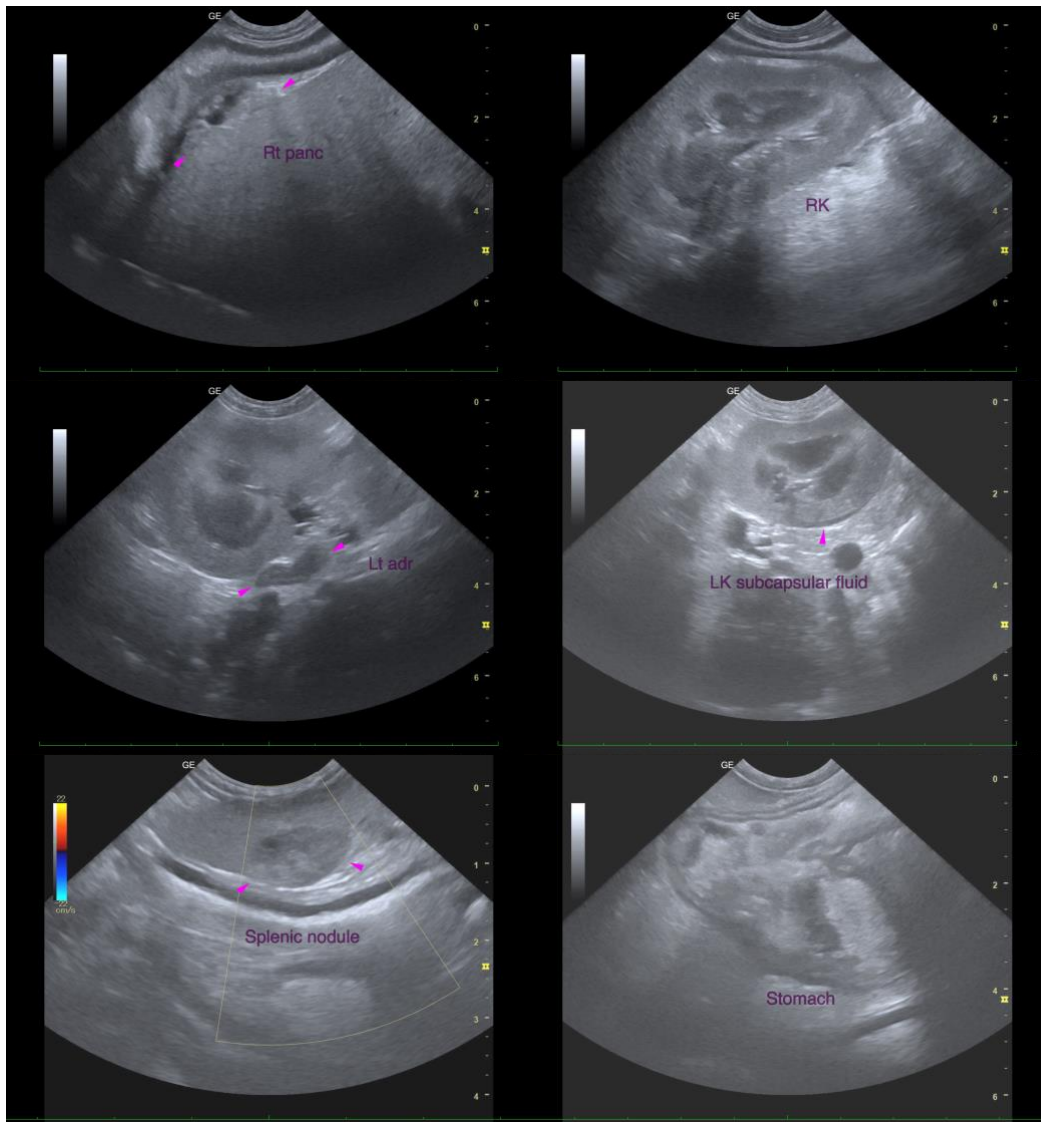
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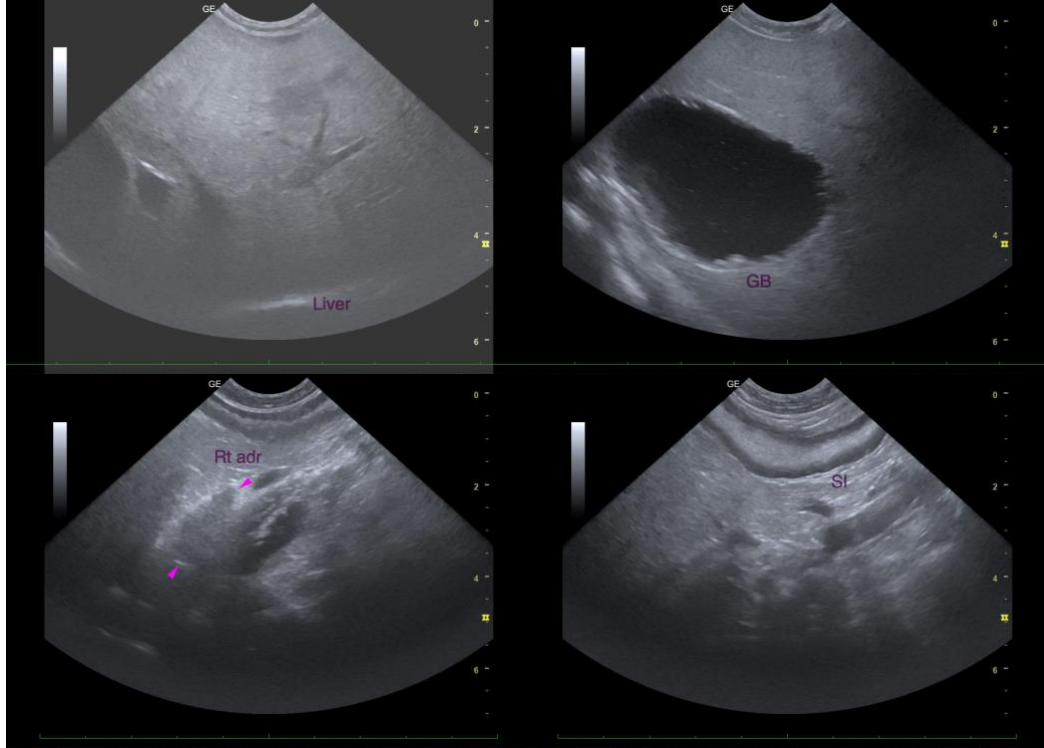
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com