

**DATE**

5-18-26

**PRESENTING CLINICAL SIGNS**

**Patient History:** Vomiting for approximately 1 week, resolved after veterinary visit yesterday.

**PATIENT**

Charlie Guerin

**Current Medications:** SQ fluids administered at another vet yesterday. Prescribed anti-vomiting medication (was not administered in clinic per owner). On gabapentin and trazodone usually for vet visits. Ondansetron 8 mg every 12 hours-owner has not been giving, just gave maropitant 1 mg/kg iv

**SPECIES**

Canine

**Labwork Results:** Labwork not submitted. Reported as CBC/Chem 17/Lytes-wnl. Visited another veterinarian yesterday: Abdominal radiographs taken: inconclusive for obstruction, one vet noted possible fecal material, second vet disagreed; areas of concern identified for ultrasound evaluation - Blood work performed (results pending) - Only one kidney visualized on radiographs

**BREED**

Mixed Breed

**Date of Previous IntraPet Ultrasound:** No previous.

**Sedation:** dex dom required to complete full diagnostic ultrasound.

**Stat Report:** Requested.

**Imaging Performed by:** Andi Parkinson RDMS

**SEX**

Neutered Male

**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 is normal.

**AGE**

5/14/2013

The left kidney is normal in size (5.01 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.

**WEIGHT**

15.2kg

The right kidney is normal in size (5.65 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.

**INTERPRETED BY**

Andrea Nicastro DVM  
Diplomate ACVIM  
(Sm Animal Internal Med)

**Adrenal Glands**

The left adrenal gland is normal in size (0.57 cm at cranial pole) (0.66 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.

**HOSPITAL NAME**

VEG Pikesville

The right adrenal gland is normal in size (0.61 cm at cranial pole) (0.54 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.

**REFERRING VET**

Dr. King

**Spleen**

The spleen is normal in size (1.28 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is diffusely mottled, bordering on a "moth-eaten" appearance. At least two, ill-defined hypoechoic nodules are visualized (one measuring 1.1 x 0.8 cm). Splenic vasculature is normal.

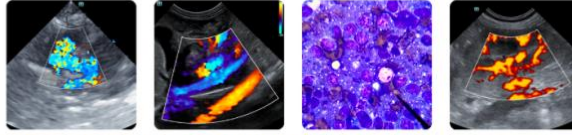
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**Liver**

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 lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly



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anechoic. The cystic and common bile ducts are normal/not seen.

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**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 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.

Charlie Guerin

**SPECIES**

**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.

Canine

**BREED**

**Lymph Nodes**

Several, enlarged, rounded, hypoechoic lymph nodes are observed throughout the abdomen (one measuring 2.2 x 1.6 cm). Surrounding mesentery is hyperechoic.

Mixed Breed

**SEX**

**Free Abdomen**

There is no evidence of free fluid.

Neutered Male

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

- The splenic parenchymal changes are concerning for infiltrative neoplasia (i.e., lymphoma, mast cell tumor) with a lower possibility of lymphoid hyperplasia or lymphadenitis.

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- The abdominal lymphadenopathy could be consistent with infiltrative neoplasia (i.e., round cell tumor), lymphadenitis or lymphoid hyperplasia.

**WEIGHT**

15.2kg

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

- Consider fine-needle aspiration of the spleen and enlarged abdominal lymph nodes (assuming normal clotting status). Twenty-five gauge-needles should be used.
- Also consider three-view thoracic radiographs to assess cardiopulmonary status.
- Depending on the results of the above diagnostics, further work-up and/or consultation with a board-certified oncologist may be indicated.

Andrea Nicastro DVM  
Diplomate ACVIM  
(Sm Animal Internal Med)

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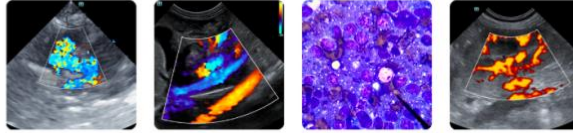
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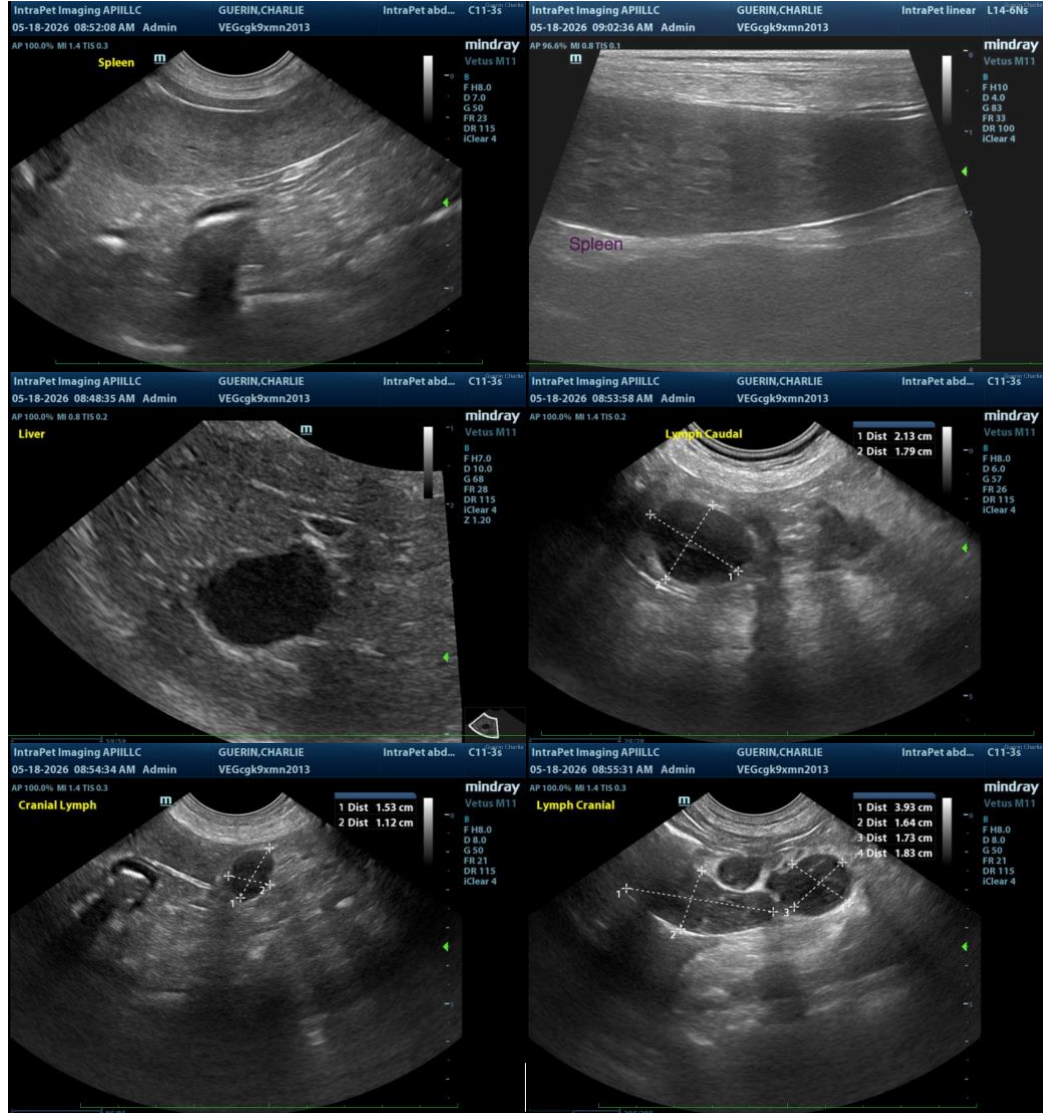
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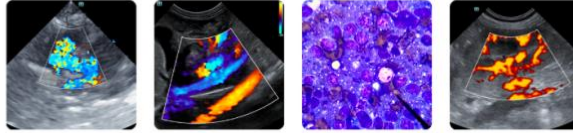
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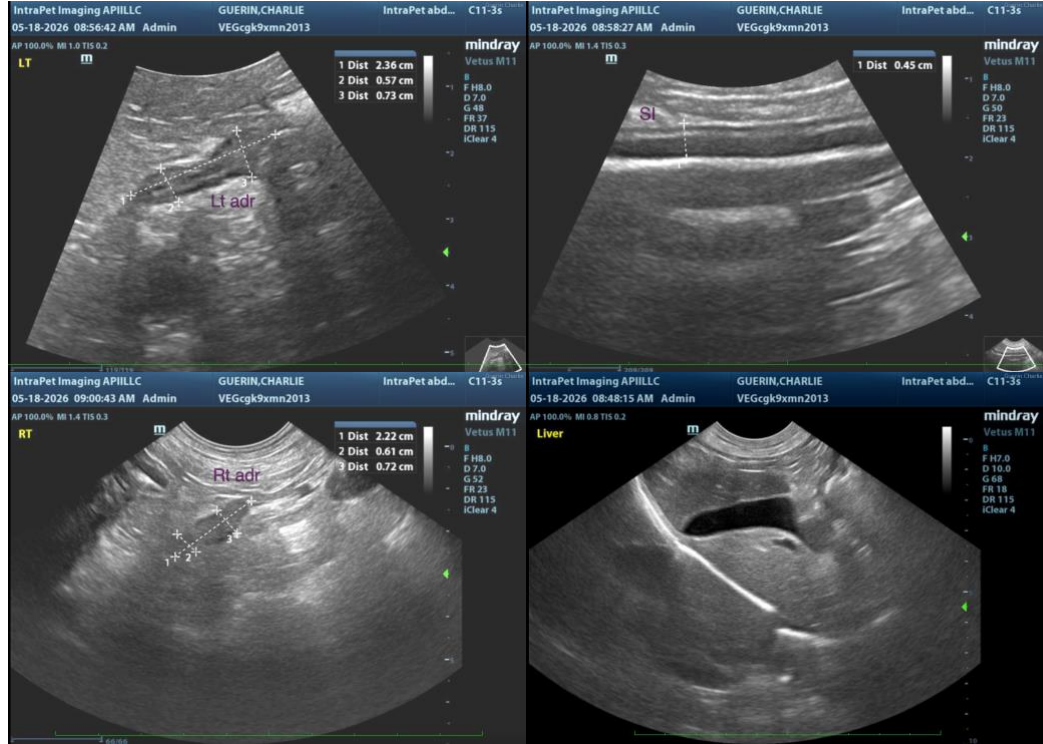
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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