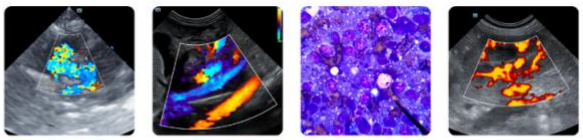
Charleston Mobile Veterinary Services
IN PARTNERSHIP WITH SONOPATH VETERINARY ULTRASOUND

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



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Cooper Tong

SPECIES

Canine

BREED

Mix

SEX

Neutered Male

AGE

2.4.17

WEIGHT

Not Provided

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

Meadowlawn Loris

REFERRING VET

Dr Phillip Graham

INVOICE

23054

DATE

5-22-26

PRESENTING CLINICAL SIGNS

Patient has a history of chronic intermittent GI signs. ALT has been elevated since at least February. At that time it was 175, now 235. Hematocrit 39%, nonregenerative. Has had a leukopenia for at least the past year and a half. Currently, white blood cell is 2800 with 816 neutrophils. 4dx negative.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone and visible portion of the proximal urethra are normal.

The prostate is normal in size (0.61 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 (3.45 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.

The right kidney is normal in size (4.06 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 (0.32 cm at cranial pole) (0.41 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 (1.03 cm at cranial pole) (0.36 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 ovreall normal in size (0.72 cm in width at the level of the hilus) with slightly irregular peripheral contours. A 1.1 x 1.0 cm hypoechoic, slightly expansile nodule, is observed approximately mid-body. The remaining parenchyma is homogenous. Splenic vasculature is normal with no evidence of thrombosis.

Liver

The liver is normal- to slightly prominent-in-size with smooth peripheral contours. The parenchyma is isoechoic relative to the spleen. Several ill-defined hypoechoic nodules are visualized (one measuring 2.2 x 1.6 cm). The remaining parenchyma is subtly mottled in appearance. Hepatic vasculature and intrahepatic 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.

Gastrointestinal

The gastric lumen is mildly distended with ingesta. The gastric wall contains prominent rugal folds. There is

PATIENT

Cooper Tong

SPECIES

Canine

BREED

Mix

SEX

Neutered Male

AGE

2.4.17

WEIGHT

Not Provided

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

Meadowlawn Loris

REFERRING VET

Dr Phillip Graham

INVOICE

23054

DATE

5-22-26

suspected wall thickening (up to 0.36 cm) with retention of the 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. The colonic lumen contains some shadowing fecal material. There is no obvious 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
The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

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

ULTRASONOGRAPHIC FINDINGS

- The gastric wall changes are suggestive of gastritis with a lower possibility of emerging neoplasia.
- The splenic nodule could be consistent with an emerging tumor (i.e., round cell, sarcoma). However, a benign lesion (i.e., focus of lymphoid hyperplasia or similar) cannot be excluded.
- The hepatic nodules could be consistent with neoplasia or benign lesions (i.e., regenerative nodules, inflammatory foci, other).

*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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

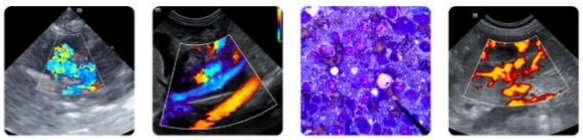
- Regarding the GI signs, consider the following:

  1. Texas GI panel including serum cobalamin, folate, PLI, TLI and resting cortisol level
  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.

- Regarding the splenic nodule, consider fine-needle aspiration (assuming normal clotting status). A 25-gauge needle should be used. Alternatively, consider a splenectomy with submission of the spleen for histopathology. If pursued, the liver nodules should also be biopsied. GI biopsies should also be obtained. Three-view thoracic radiographs are recommended prior to anesthesia.

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

Cooper Tong

SPECIES

Canine

BREED

Mix

SEX

Neutered Male

AGE

2.4.17

WEIGHT

Not Provided

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

Meadowlawn Loris

REFERRING VET

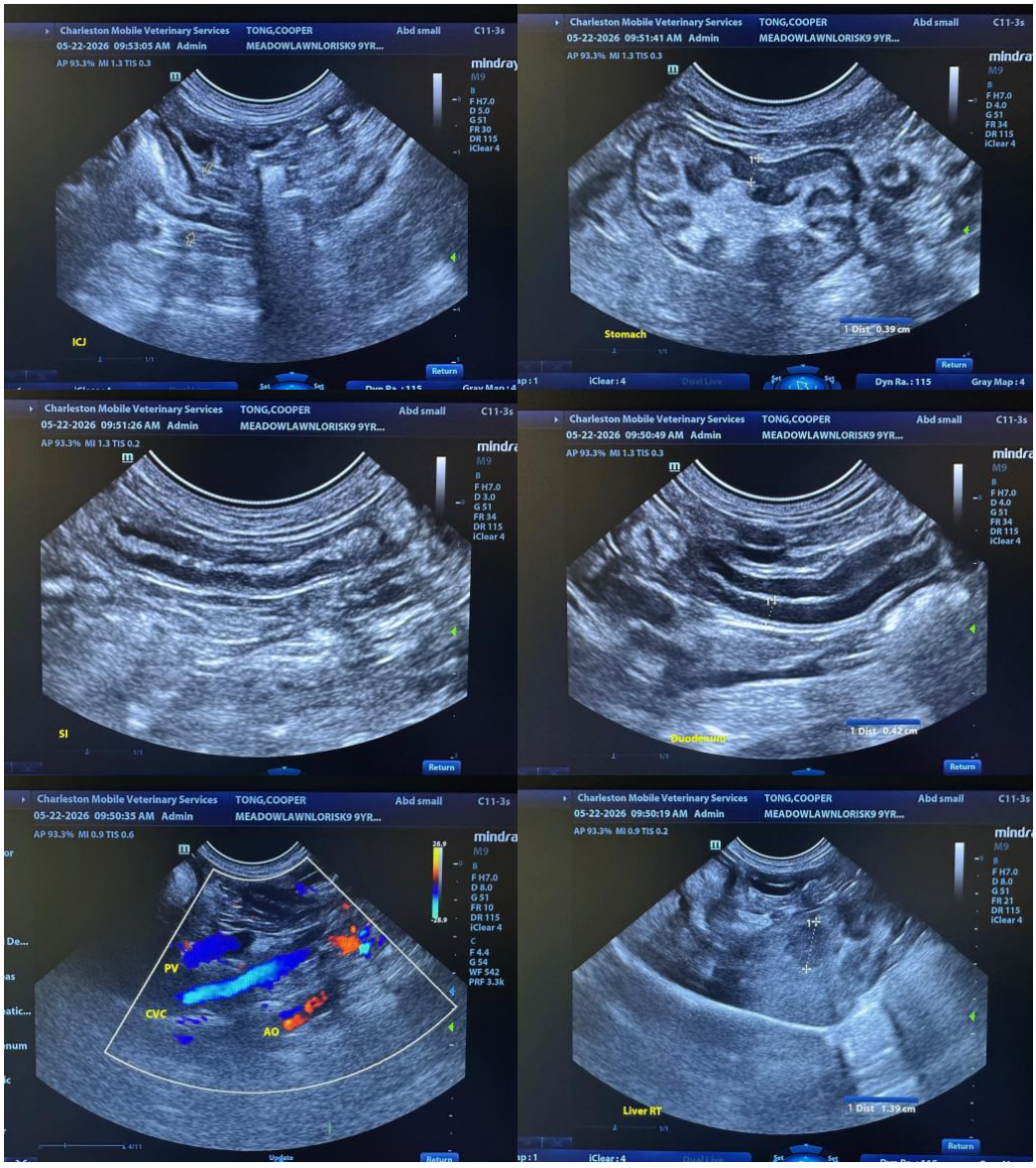
Dr Phillip Graham

INVOICE

23054

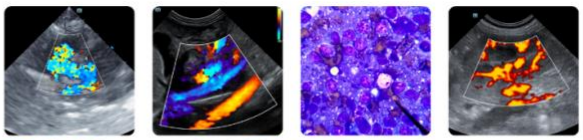
DATE

5-22-26



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

Cooper Tong

SPECIES

Canine

BREED

Mix

SEX

Neutered Male

AGE

2.4.17

WEIGHT

Not Provided

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

Meadowlawn Loris

REFERRING VET

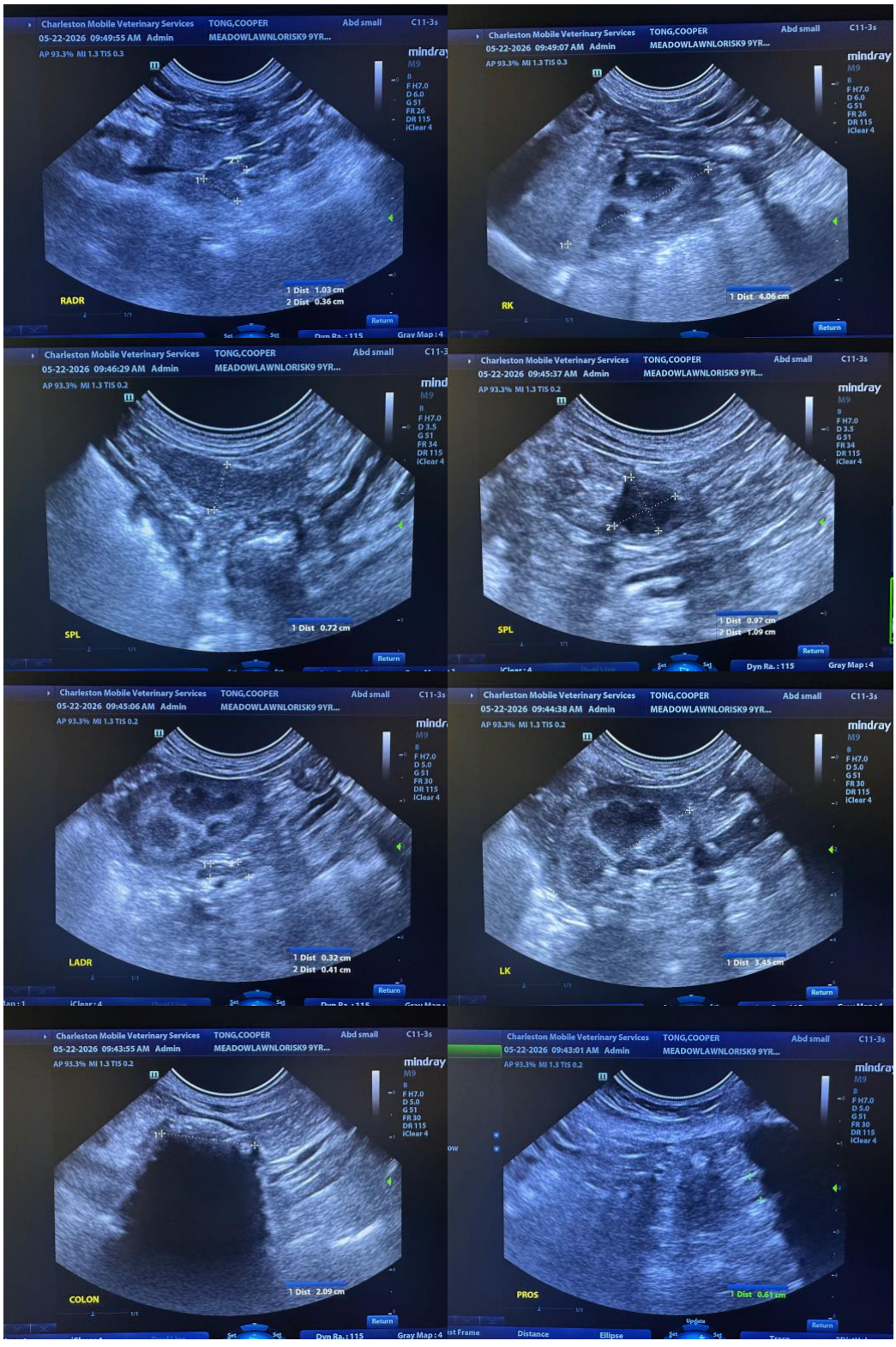
Dr Phillip Graham

INVOICE

23054

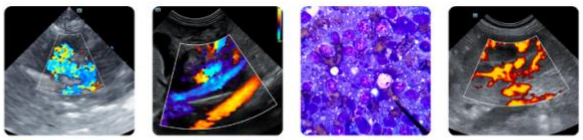
DATE

5-22-26



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

Cooper Tong

SPECIES

Canine

BREED

Mix

SEX

Neutered Male

AGE

2.4.17

WEIGHT

Not Provided

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

Meadowlawn Loris

REFERRING VET

Dr Phillip Graham

INVOICE

23054

DATE

5-22-26

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