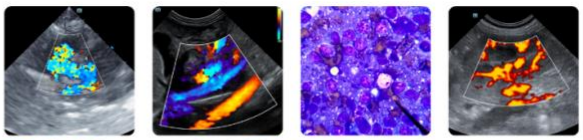
Charleston Mobile Veterinary Services
IN PARTNERSHIP WITH SONOPATH VETERINARY ULTRASOUND

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



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Mary Jane Ghiorzi

SPECIES

Canine

BREED

Chihuahua

SEX

Female Spayed

AGE

13

WEIGHT

5.10 lbs

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Kelly Vazquez, CVT

HOSPITAL NAME

VCA Palmetto AH

REFERRING VET

Dr. Ghiorzi

INVOICE

23214

DATE

6-17-26

PRESENTING CLINICAL SIGNS

History: Patient with previous history of grade 4/6 murmur 6/6/2025. Previously diagnosed with stage B1 degenerative valve disease. 10/1/2025 recheck echo: Recheck degenerative valve disease and PH. Receiving pimobendan. Asymptomatic. Follow-up echo today along with abdominal scan, owner concerned about possible cardiac disease progression.
Abnormal PE/Chem/CBC/UA Results: None submitted.

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 is normal.

The left kidney is normal in size (3.48 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate- to severe loss of corticomedullary distinction. A 0.83 x 0.57 cortical cyst is observed at the caudal pole. Several, small, nonobstructive mineralized foci are visualized. Trace pyelectasia is present. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.28 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. A few, small, nonobstructive mineralized foci are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is borderline enlarged (0.54 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.

The right adrenal gland is mildly enlarged (1.12 cm at cranial pole) (0.75 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 (1.08 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. Small, ill-defined cystic areas are observed throughout the parenchyma. Splenic vasculature is normal.

Liver

The liver is subjectively enlarged, with swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and subtly heterogenous in appearance. A 2.55 x 1.4 cm heterogenous nodule is observed on the right side, adjacent to the diaphragm. A 0.61 cm septated cystic nodule is also observed in the right lateral lobe. At least two, small, ill-defined hypoechoic nodules are also seen (one of the larger measuring 0.96 cm in its longest dimension). Hepatic vasculature and intrahepatic 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. A few, small, polypoid-like lesions are arising from the mucosal surface. No choleliths are

PATIENT

Mary Jane Ghiorzi

SPECIES

Canine

BREED

Chihuahua

SEX

Female Spayed

AGE

13

WEIGHT

5.10 lbs

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Kelly Vazquez, CVT

HOSPITAL NAME

VCA Palmetto AH

REFERRING VET

Dr. Ghiorzi

INVOICE

23214

DATE

6-17-26

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

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 colonic wall is normal. There is no 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 obvious evidence of pericardial or pleural effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The cystic splenic parenchymal lesions could be consistent with benign cysts. However, emerging neoplasia cannot be excluded.
- The right hepatic nodule could be consistent with a benign focus (i.e., regenerative nodule, inflammatory lesion). Alternatively, an emerging primary hepatic tumor cannot be excluded. The diffuse hepatic parenchymal changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory disease, infiltrative neoplasia and other hepatopathies are considered less likely.
- Mild bilateral adrenomegaly

Secondary Findings

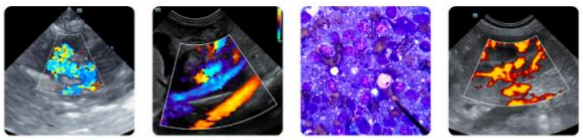
- Bilateral nonspecific age-related renal changes with minor nonobstructive renal mineralization and trace left pyelectasia, as well as a left cortical cyst
- Gallbladder changes, non-mucocele

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A minimum database (including a CBC, chemistry panel, urinalysis, and T4) is recommended to assess overall metabolic function (if not already performed).
- If an aggressive approach is desired, consider a splenectomy with submission of the spleen for histopathology, along with biopsies of the liver nodule and other liver lobes. Prior to surgery, three-view thoracic radiographs are recommended to assess cardiopulmonary status. If a more conservative approach is desired, consider a recheck ultrasound in 1-2 months.

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

Mary Jane Ghiorzi

SPECIES

Canine

BREED

Chihuahua

SEX

Female Spayed

AGE

13

WEIGHT

5.10 lbs

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Kelly Vazquez, CVT

HOSPITAL NAME

VCA Palmetto AH

REFERRING VET

Dr. Ghiorzi

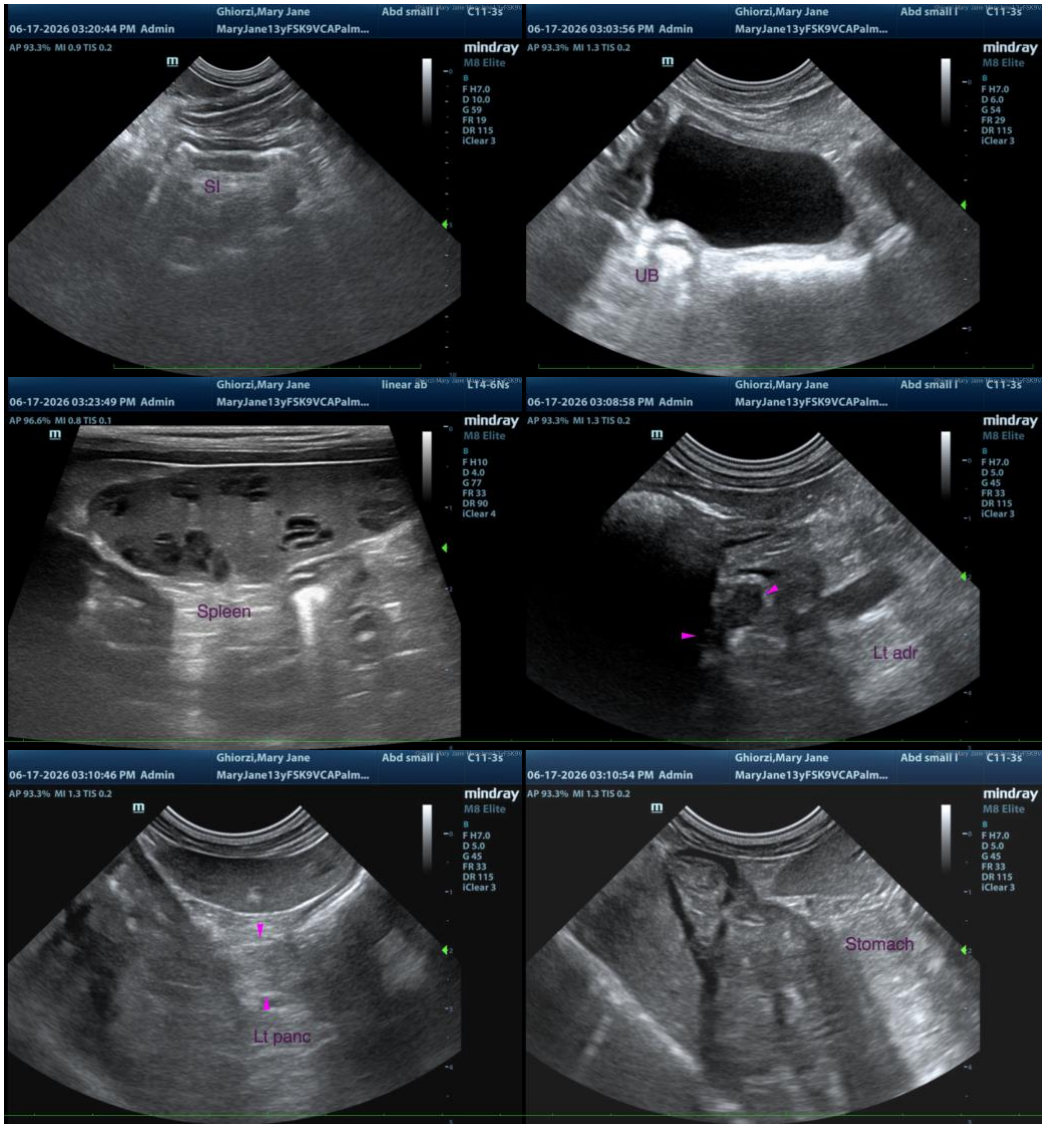
INVOICE

23214

DATE

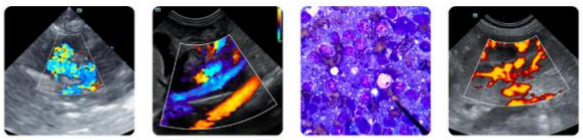
6-17-26

- Further recommendations should be based on the echocardiogram report.



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

Mary Jane Ghiorzi

SPECIES

Canine

BREED

Chihuahua

SEX

Female Spayed

AGE

13

WEIGHT

5.10 lbs

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Kelly Vazquez, CVT

HOSPITAL NAME

VCA Palmetto AH

REFERRING VET

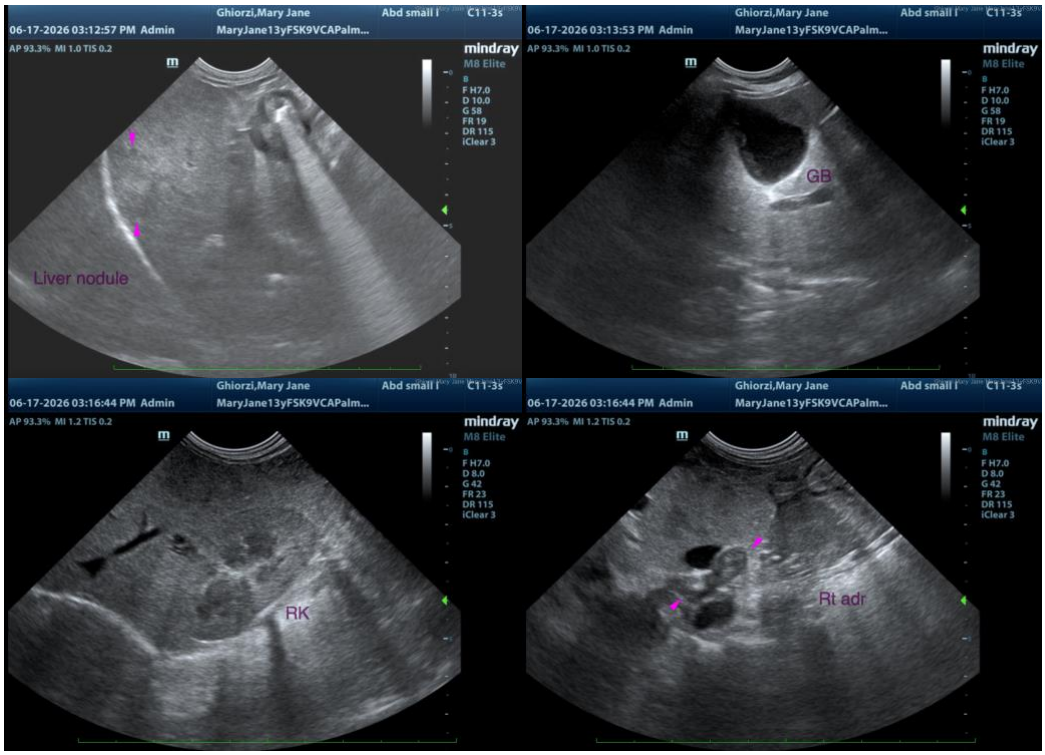
Dr. Ghiorzi

INVOICE

23214

DATE

6-17-26



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