

**PATIENT PRESENTING CLINICAL SIGNS**

**Charli Vik** History: developed vomiting and bloody diarrhea in July. Improved with metronidazole and Cerenia, but symptoms recurred when medications were discontinued. Also lethargic. Still eating  
**SPECIES** Bloodwork showed eosinophilia and mild neutrophilia. Otherwise unremarkable.

**Canine** Abdominal radiographs are unremarkable.

**BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Maltese

**Urinary System**

**SEX** 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 is normal.  
**Spayed Female**

**AGE**

13 years

The left kidney is normal in size (3.01 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature appears normal.

**WEIGHT**

4.8 lbs

The right kidney is normal in size (3.23 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature appears normal.

**INTERPRETED BY**

Andrea Nicastro, DVM,  
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**IMAGING PERFORMED BY**

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**HOSPITAL NAME**

Pet Vet Mt Pleasant

**Adrenal Glands**

The left adrenal gland is normal in size (0.46 cm at cranial pole) (0.48 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 appear normal.

The right adrenal gland is in normal size (0.45 cm at cranial pole) (0.44 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 appear normal.

**Spleen**

The spleen is normal in size (1.01 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature appears normal.

**REFERRING VET**

Dr. Lara Allison

**Liver**

**INVOICE** The liver is normal to slightly prominent in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen. A few hypoechoic nodules are seen (the largest measuring 1.59 x 0.84 cm). Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.  
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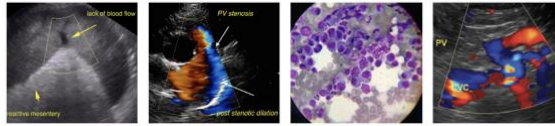
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The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

**Gastrointestinal**

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly fluid-distended. The gastric wall and pylorus are normal in thickness with a normal layering



**PATIENT** Charli Vik  
**SPECIES** Canine  
The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal to borderline thickened (up to 0.31 cm) with a normal layering pattern. There is slight disruption in the normal 1:3 muscularis: mucosal ratio in a few segments. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

**BREED** Maltese  
**Pancreas**

The right limb of the pancreas is visible 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.

**SEX** Spayed Female  
**Free Abdomen**

There is no obvious evidence of free fluid. One-to-two prominent mesenteric lymph nodes are visualized (the largest measuring 1.13 x 0.81 cm). The larger node is slightly rounded and mildly hypoechoic. Surrounding mesentery is slightly hyperechoic.

**AGE** 13 years  
**Other**

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

**WEIGHT** 4.8 lbs

## ULTRASONOGRAPHIC FINDINGS

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### Primary Findings

- The abdominal lymphadenopathy could be consistent with lymphoid hyperplasia, reactive lymphadenitis or emerging neoplasia (i.e., lymphoma). A benign process is favored.
- The small intestinal wall changes are suggestive of an inflammatory process with a lower possibility of emerging lymphoma.

### Secondary Findings

- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.
- Bilateral chronic age-related renal changes

### REFERRING VET

Dr. Lara Allison

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Despite the negative fecal evaluation, consider prophylactic deworming with Fenbendazole.
- Also consider initiation of a probiotic with a high colony count, as well as a fiber supplement (i.e., psyllium).
- Other diagnostic/therapeutic considerations include the following:

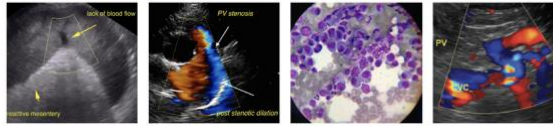
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1. Texas GI panel including serum cobalamin and folate, TLI, PLI and resting cortisol level.
2. Hypoallergenic diet or hydrolyzed protein diet trial
3. +/- endoscopic or surgical GI biopsies. If biopsies are pursued, three-view thoracic radiographs are recommended prior to anesthesia.



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Charli Vik

**SPECIES**

Canine

**BREED**

Maltese

**SEX**

Spayed Female

**AGE**

13 years

**WEIGHT**

4.8 lbs

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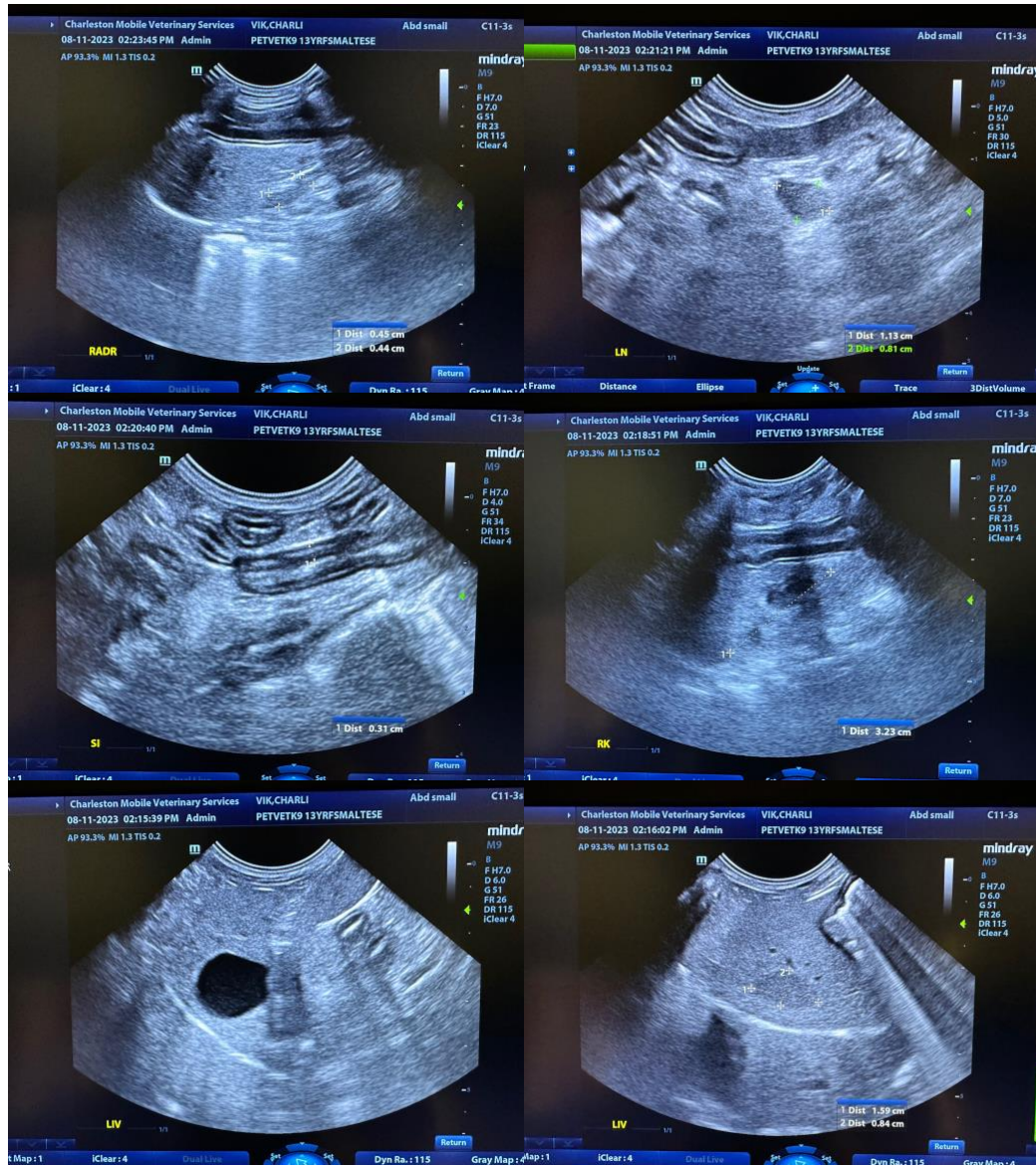
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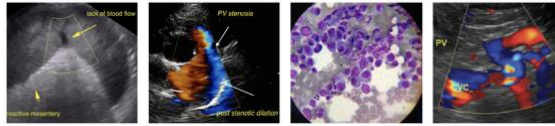
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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