



**PATIENT PRESENTING CLINICAL SIGNS**

**Pudgy Tenny**  
P presented for a laser tech appt. P was noticed to have pale gums by tech, and Dr AC was brought in to examine P. After speaking with O about concern for pale & tacky mm, O then reported P has had decreased appetite for ~1mo, increased thirst, normal urination and defecation, decreased energy. Occasional regurgitation of food after eating. P has had a few episodes of legs giving out from under him in past few weeks as well. Per O, P is not himself. Housemate was euthanized ~1mo ago, and O thought P has been grieving and didn't think much of it

**SPECIES**

Canine

**BREED**

Great Pyrenees mix

**SEX**

Male, neutered

**AGE**

5/21/2010

**WEIGHT**

86.9 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

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

**HOSPITAL NAME**

Sun Dog Cat Moon VC

**REFERRING VET**

Dr. Abby Clayton

**INVOICE**

13089

**DATE**

3/8/22

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is not definitively visualized due to its pelvic location.

The left kidney is normal size (7.54 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (6.93 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is normal size (0.80 cm at cranial pole) (0.81 cm at caudal pole) (2.61 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

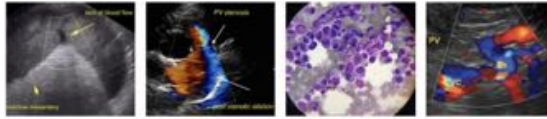
The right adrenal gland is mildly enlarged (3.20 cm at cranial pole) (1.07 cm at caudal pole) (1.68 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

**Spleen**

The spleen is normal in size (2.50 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. 1-2 small hyperechoic nodules are observed. Splenic vasculature is normal.

**Liver**

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of



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congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A 1.79 cm cholelith is observed within the lumen along with a small amount of adhered echogenic material. The cystic and common bile ducts are normal/not seen.

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***Gastrointestinal***

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly distended with ingesta. 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 thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

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***Pancreas***

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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.

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***Free Abdomen***

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

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***Other***

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

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Medicine*)

**ULTRASONOGRAPHIC FINDINGS**

- The hepatic changes are consistent with age-related parenchymal remodeling and are not considered clinically significant at this time.
- Non-obstructive cholelith- incidental.
- The remainder of the abdomen is unremarkable.

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\*An obvious cause for the patient's clinical signs is not identified in this study. Considerations include reduced appetite secondary to grieving from loss of housemate, underlying metabolic issue, other.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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- Consider three-view thoracic radiographs to assess for occult neoplasia in the chest.
- Given the episodes of collapse, consider orthopedic and neurologic examinations, +/- EKG and echocardiogram as well as a thorough evaluation of the skin for possible mast cell tumors (which can intermittently degranulate and cause episodes of collapse).

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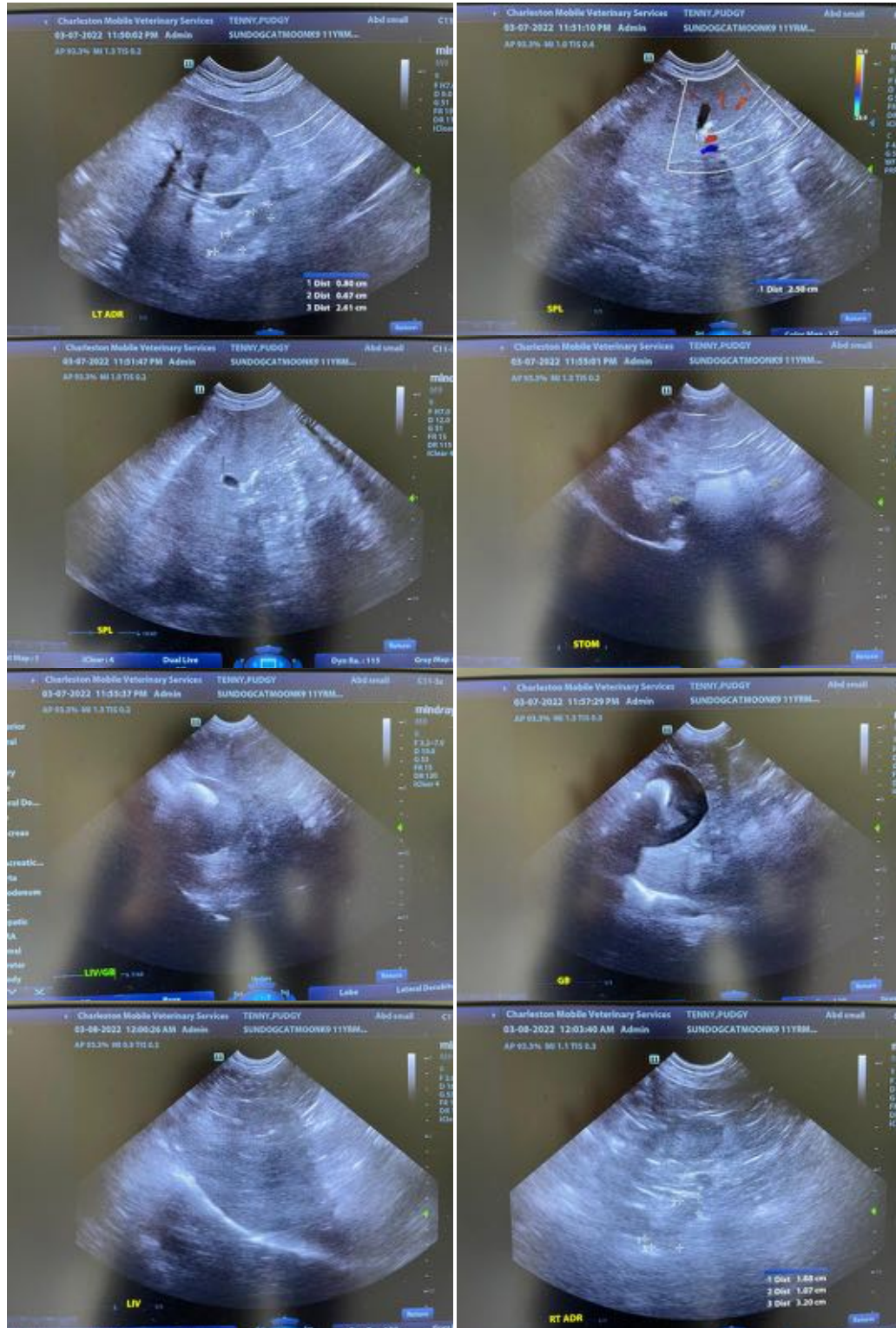
Dr. Abby Clayton

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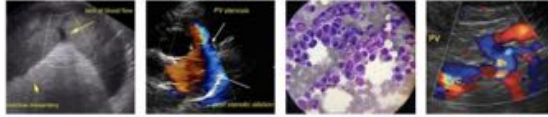
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The information and recommendations provided are based on the images presented by the referring



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veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

[Andrea.Nicastro@CharlestonMobile.net](mailto:Andrea.Nicastro@CharlestonMobile.net)

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