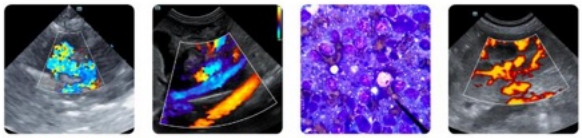


PATIENT

Holly Golightly

SPECIES

Canine

BREED

Cavalier King Charles

SEX

Female, spayed

AGE

11 Yrs. 7 months

WEIGHT

26.2 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

Salt Marsh AH

REFERRING VET

Dr. Thompson

INVOICE

13668

DATE

4/21/26

PRESENTING CLINICAL SIGNS

Pt has a history of GI hypomotility. Currently, has been polyphagic and polydypsic. Current medications include Gabapentin, Cisapride, Incurin, Fluoxetine, Proviable, Simparica trio and Movoflex. Recent bloodwork reveals a hematocrit of 37%, non-regenerative anemia, lipase 538, T4 normal, 4DX negative, urine specific gravity 1.027, proteinuria, inactive sediment.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal in size (4.63 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild 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 (5.73 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild 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 (0.43 cm at cranial pole) (0.62 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 (0.74 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.

Spleen

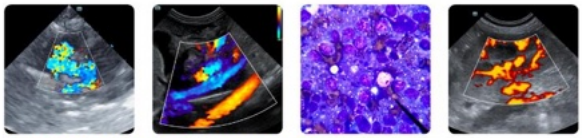
The spleen is normal in size (1.27 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.53 x 0.49 cm irregular hypoechoic nodule is observed cranial to mid-body. Splenic vasculature is normal.

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 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. The duodenal papilla is normal in size (0.39 cm in width).

Gastrointestinal



PATIENT

Holly Golightly

SPECIES

Canine

BREED

Cavalier King Charles

SEX

Female, spayed

AGE

11 Yrs. 7 months

WEIGHT

26.2 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

Salt Marsh AH

REFERRING VET

Dr. Thompson

INVOICE

13668

DATE

4/21/26

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 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.

Lymph nodes

A 1.86 x 0.65 cm medial iliac lymph node is visualized.

Free Abdomen

There is no obvious evidence of free fluid.

Other

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The hypoechoic splenic nodule could be consistent with a benign focus (i.e., lymphoid hyperplasia or similar). Alternatively, an emerging tumor cannot be excluded.
- Mild bilateral nonspecific, age-related renal changes
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

Secondary Findings:

- The prominent medial iliac lymph node Is likely reactive with a lower possibility of emerging neoplasia.

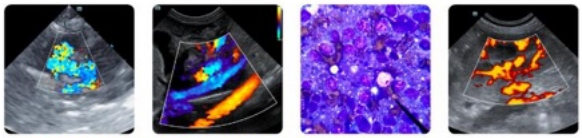
*An obvious cause for the patient's polydipsia and polyphagia is not identified in this study. These clinical signs, when seen together, are often associated with hyperadrenocorticism. However, in the absence of an elevated ALP and bilaterally normal-appearing adrenal glands sonographically, this differential is considered less likely. Two separate problems should be considered.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Regarding the polydipsia consider a urine culture and sensitivity to assess for occult infection.
2. Consider a fecal evaluation for ova and Giardia as well as a GI panel as well as a serum cobalamin, folate, TLI and resting cortisol level.
3. Depending on the results of the above diagnostics, further workup may be indicated.
4. Regarding the splenic nodule, consider a recheck ultrasound in 4-6 weeks to assess for growth.

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

Holly Golightly

SPECIES

Canine

BREED

Cavalier King Charles

SEX

Female, spayed

AGE

11 Yrs. 7 months

WEIGHT

26.2 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

Salt Marsh AH

REFERRING VET

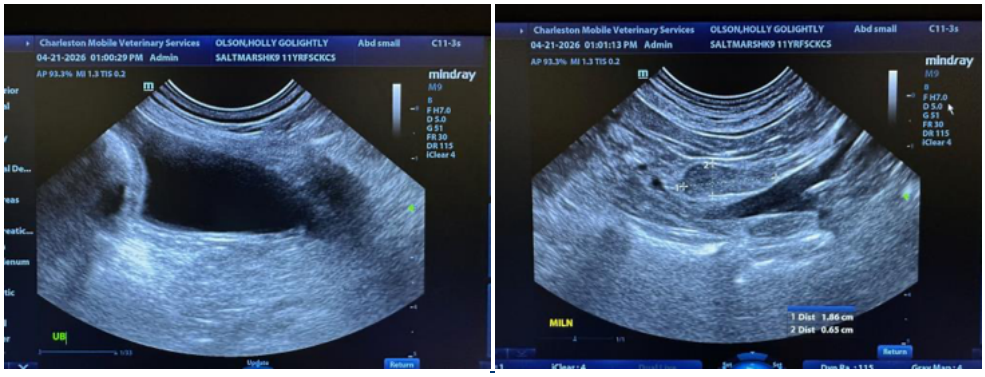
Dr. Thompson

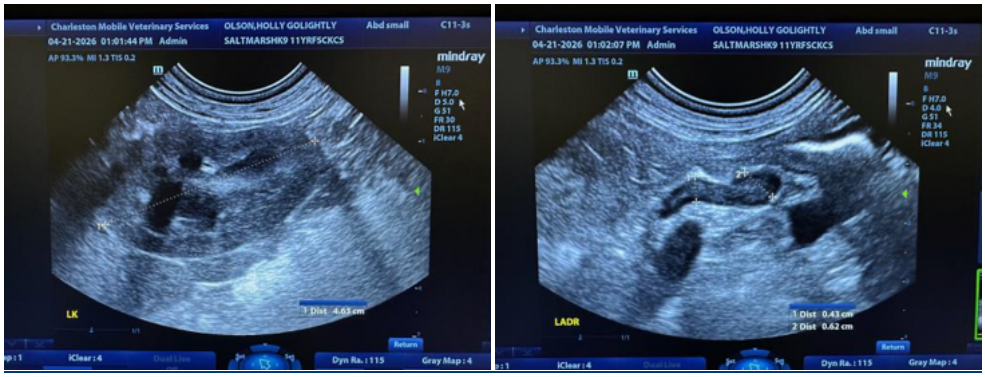
INVOICE

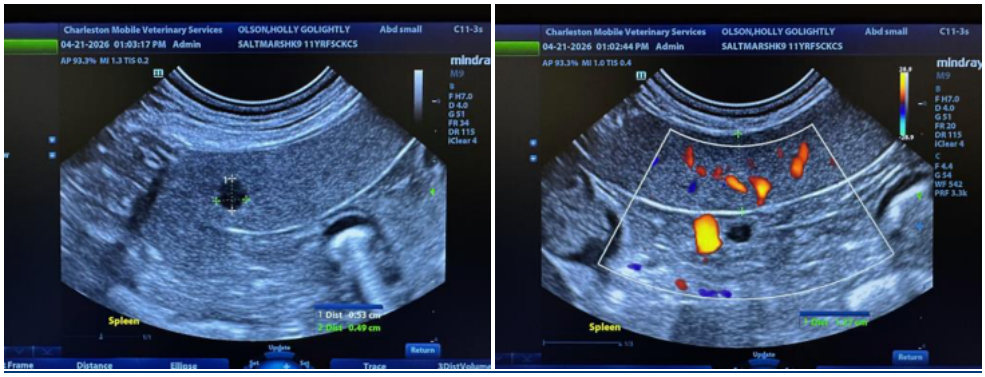
13668

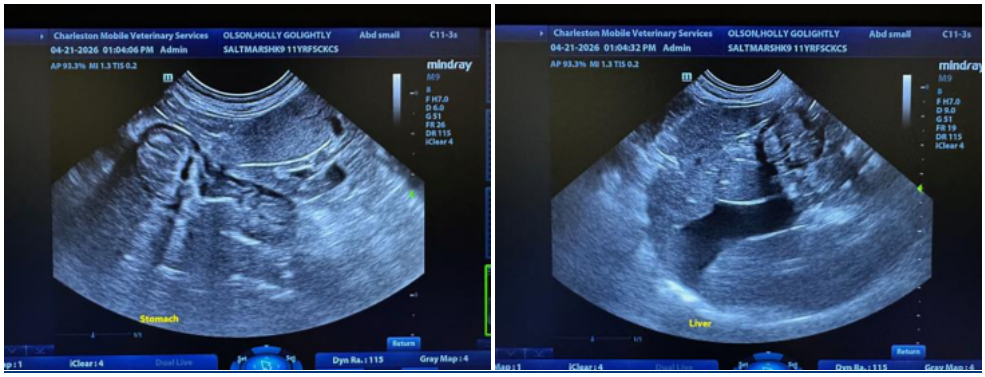
DATE

4/21/26



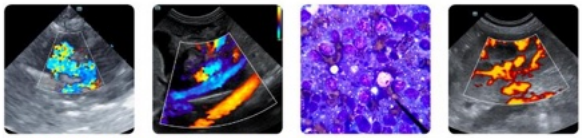






Charleston Mobile Veterinary Services
IN PARTNERSHIP WITH SONOPATH VETERINARY ULTRASOUND

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



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Holly Golightly

SPECIES

Canine

BREED

Cavalier King Charles

SEX

Female, spayed

AGE

11 Yrs. 7 months

WEIGHT

26.2 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

Salt Marsh AH

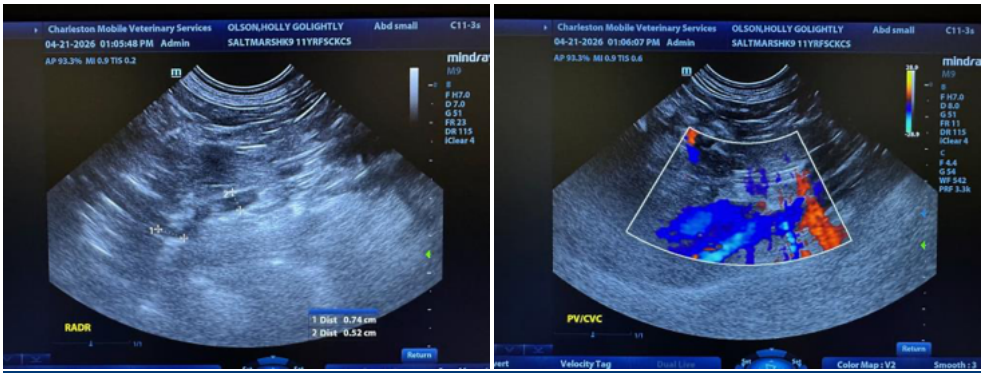
REFERRING VET

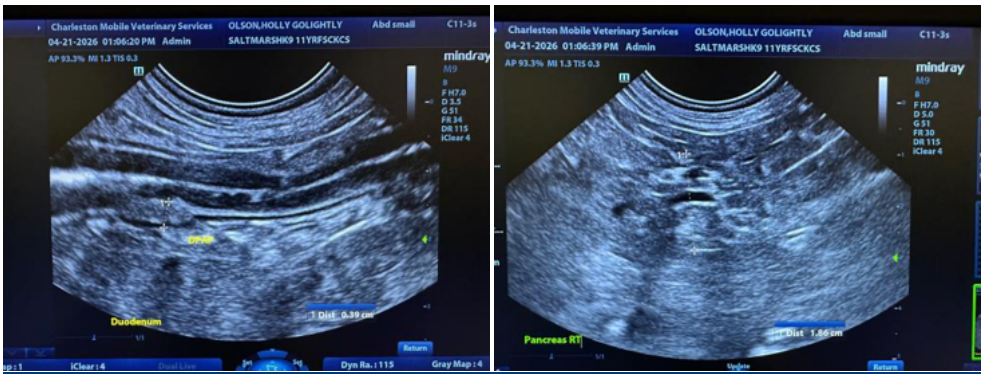
Dr. Thompson

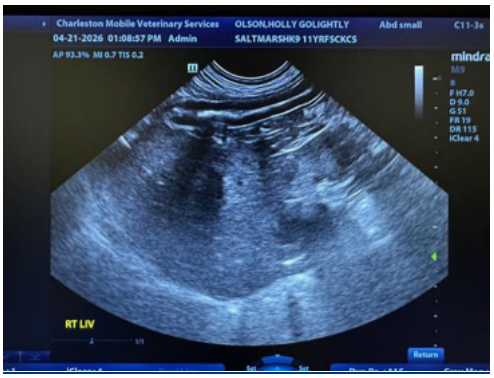
INVOICE

13668

DATE
4/21/26

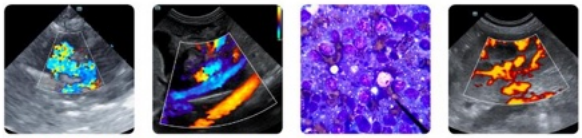






Charleston Mobile Veterinary Services
IN PARTNERSHIP WITH SONOPATH VETERINARY ULTRASOUND

SonoPath www.charlestonmobile.net
info@charlestonmobile.net 800.403.5408



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Holly Golightly

SPECIES

Canine

BREED

Cavalier King Charles

SEX

Female, spayed

AGE

11 Yrs. 7 months

WEIGHT

26.2 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

Salt Marsh AH

REFERRING VET

Dr. Thompson

INVOICE

13668

DATE

4/21/26

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