



PATIENT PRESENTING CLINICAL SIGNS

Jagger Steiner History: lethargy shaking arching back
Abnormal PE/Chem/CBC/UA Results: WBC 33.93 GGT 14 Lipase

SPECIES

Canine

BREED

Shih Tzu Mix

SEX

Female Spayed

AGE

16

WEIGHT

15

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr Maniar

INVOICE

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DATE

11-10-25

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended with anechoic urine. The wall is of appropriate thickness for the level of repletion. The mucosal surface is mostly smooth. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The left kidney is normal in size (4.10 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. At least one small cortical cyst is seen. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (3.90 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 hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.54 cm at cranial pole) (0.47 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 enlarged (1.37 cm at cranial pole) (1.38 cm at caudal pole) (3.57 cm in length) with swollen contours and a mass effect. The parenchyma is heterogenous with loss of glandular detail. Cavitated areas are visualized (the largest measuring 1.33 cm in its longest dimension). There is no obvious evidence of vascular invasion.

Spleen

The spleen is subjectively normal-in-size with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is normal to prominent-in-size with smooth peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and 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. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. 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. There is no evidence of an obstructive pattern.



PATIENT *Pancreas*

Jagger Steiner

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.

SPECIES *Lymph Nodes*

Canine

The abdominal lymph nodes are normal/not visible.

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Free Abdomen

A focal area of hypoechoic mesentery is observed along the greater curvature of the stomach. There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

SEX

Female Spayed

Primary Findings

- Right adrenomegaly/mass effect. Neoplasia (i.e., adenocarcinoma, pheochromocytoma, hemangiosarcoma) is suspected with a lower possibility of adrenalitis, adenoma, other.
- Focal peritonitis in the cranial abdomen, adjacent to the greater curvature of the stomach. The cause of this is unclear. it may be secondary to mild pancreatitis, resolving gastritis, other.

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Secondary Findings

- The diffuse hepatic changes are most consistent with vacuolar hepatopathy (i.e., endocrine, idiopathic) with a lower possibility of inflammatory disease, infiltrative neoplasia, or other hepatopathy.
- Gallbladder debris, non-mucocele
- Minor bilateral age-related renal changes

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*It is unclear whether any of the sonographic findings are associated with the patient's current clinical signs.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Orthopedic and neurologic examinations are recommended to assess for nonmetabolic causes of the patient's clinical signs.

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- Three-view thoracic radiographs should also be considered to assess for occult disease in the chest.

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- Given the leukocytosis, a CBC with clinical pathology review should also be considered.
- A urinalysis +/- culture and sensitivity should also be considered (if not already performed).
- Regarding the right adrenal changes, consider the following:

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1. Baseline blood pressure measurement
2. Further testing for a functional tumor (i.e., low-dose dexamethasone suppression test, urine/blood catecholamine levels)
3. +/- an abdominal CT scan, particularly if a right adrenalectomy is to be considered



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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.

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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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