



PATIENT

Dolly Girl Perdue

SPECIES

Canine

BREED

Shih Tzu

SEX

Female Spayed

AGE

14

WEIGHT

14.24 lbs

INTERPRETED BY

Andrea Nicastrò DVM
Diplomate ACVIM
(Sm Animal Internal Med)

**IMAGING
PERFORMED BY**

Andrea Nicastrò DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

VC of Myrtle Beach

REFERRING VET

Dr Rodger

INVOICE

22295

DATE

12-19-25

PRESENTING CLINICAL SIGNS

Lengthy history including degenerative mitral valve disease, elevated ALP, urinary cystolithiasis, proteinuria, iatrogenic hypoadrenocorticism (bilateral adrenalectomies), ocular ulcers, right cranial cruciate tear, right frontal lobe mass, chronic pancreatitis, primary hyperparathyroidism. Has had a left nephrectomy as well as a parathyroidectomy. Routine scan. Is asymptomatic.

Medications: Keppra, Calcitriol, prednisolone, Epakitin, Proviabie, Clopidogrel.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder distended. The wall is normal in thickness with a smooth mucosal surface. A few, small cystic calculi, as well as a small amount of mineralized sand/debris are observed within the lumen. The region of the trigone and the proximal urethra, visible to a depth of 3 cm, are normal.

Previous left nephrectomy. The region of the left renal fossa is unremarkable.

The right kidney is normal in size (3.57 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. A few, small, nonobstructive mineralized foci are visualized. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

Previous adrenalectomy.

Spleen

The spleen is normal in size (1.21 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively prominent-to-enlarged, with swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and subtly heterogeneous in appearance, with a few, ill-defined hyperechoic areas. Hepatic vasculature and intrahepatic 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 lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of aggregated, echogenic to mineralized, partially dependent debris/sludge/sand is observed within the lumen. The cystic and common bile ducts are normal/not seen. The duodenal papilla is normal-in-size (0.29 cm in width).

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 ileoceocolic junction and colonic wall are normal. There is no obvious evidence of an obstructive pattern.

Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is slightly hyperechoic 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.



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Lymph Nodes

The abdominal lymph nodes are normal/not visible.

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Free Abdomen

There is no obvious evidence of free fluid.

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Other

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

ULTRASONOGRAPHIC FINDINGS

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- Small, cystic calculi (previously observed)
- The diffuse hepatic changes are nonspecific 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. Correlation with the patient's liver values is recommended. The hyperechoic areas within the parenchyma likely represent benign foci (i.e., regenerative nodules, myelolipomas) with a lower possibility of more insidious hepatic pathology.
- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a lower possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- Gallbladder debris/sludge/sand, non-mucocele
- Mild age-related right 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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Continued monitoring of the patient's liver values and UPC is recommended.
- Regarding the cystic calculi, a cystotomy with stone removal, analysis and culture can be considered. Alternatively, consider an attempt at medical dissolution (if not already performed).



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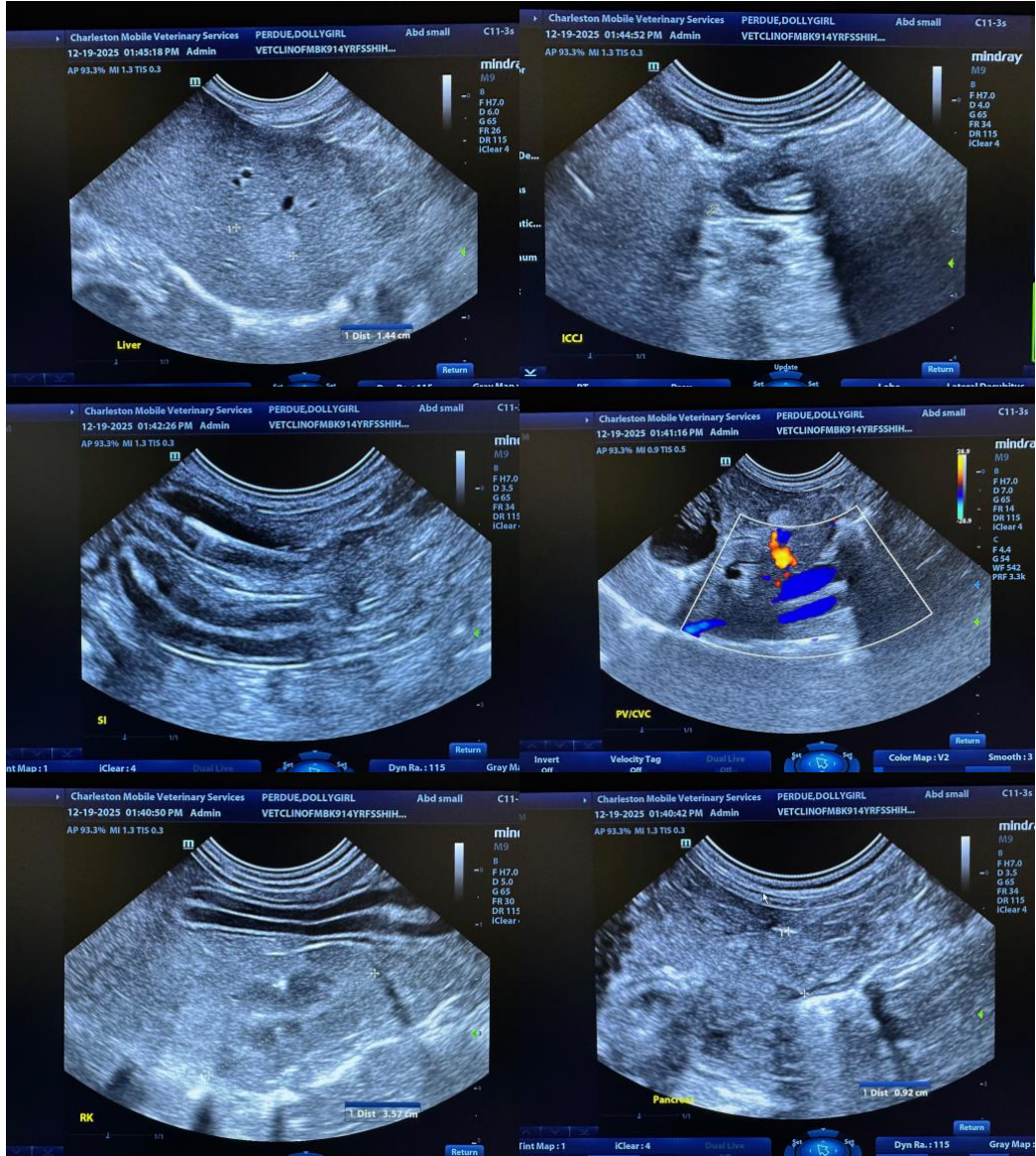
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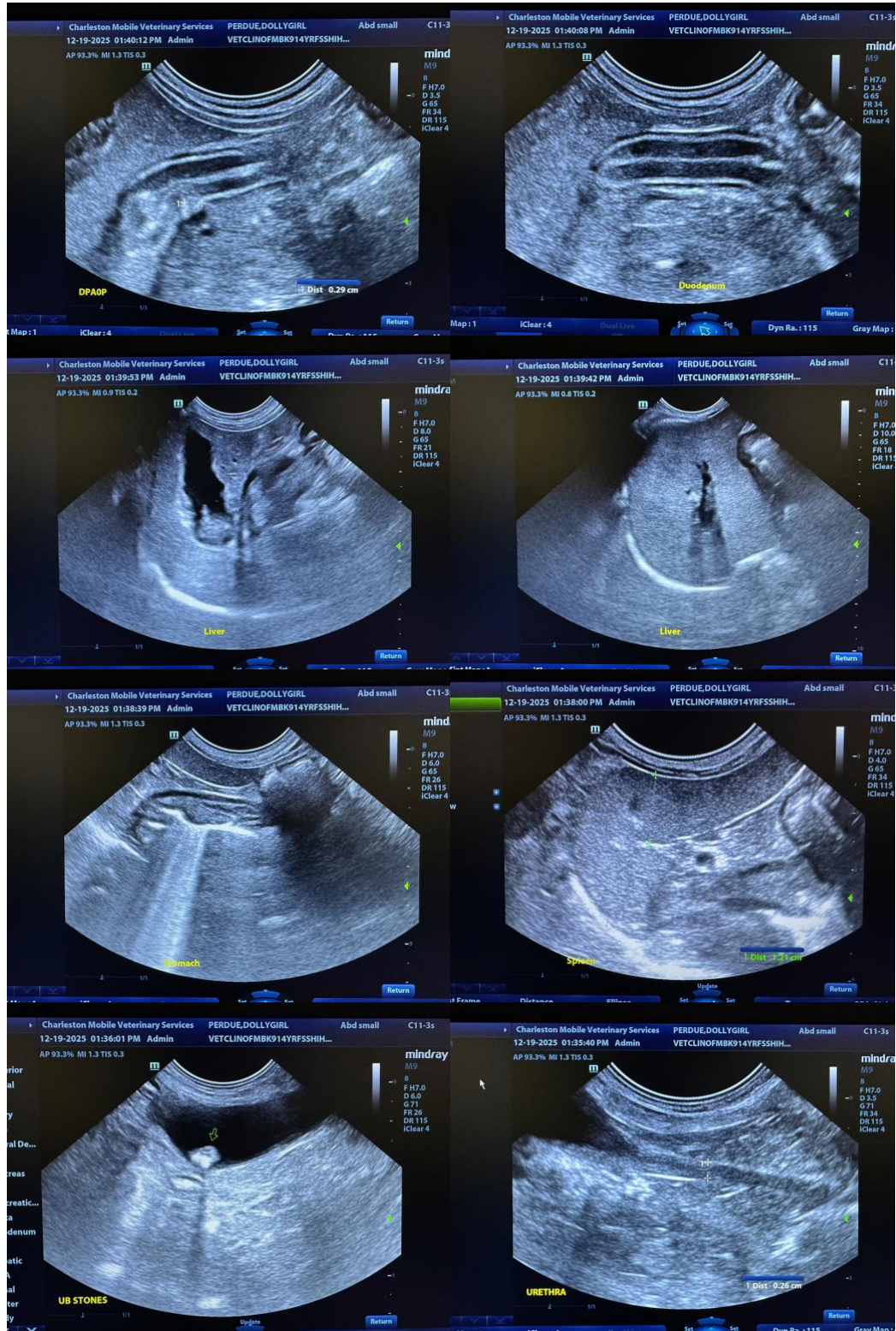
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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 Nicaastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com

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