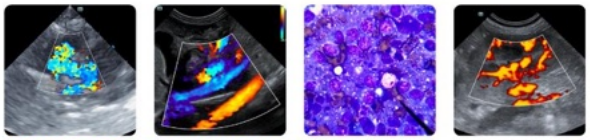


PATIENT

Juls Gay

SPECIES

Canine

BREED

Dachshund mix

SEX

Female, spayed

AGE

13.3 Yrs.

WEIGHT

31.5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jenny Russell

HOSPITAL NAME

Southwest Texas VMC

REFERRING VET

Dr. Jenny Russell

INVOICE

13465

DATE

2/10/26

PRESENTING CLINICAL SIGNS

Juls presented on 2/6 for evaluation of been having more frequent trips to the bathroom, sometimes she'll squat like she needs to urinate but nothing comes out. O says p has been drinking a lot more water. No odor or weird discoloration noticed. Still eating well, no vomit or diarrhea. O is also concerned about pendulous abdominal. BCS 7/9 Weight is stable. PE and was unremarkable. Labwork- ALP 495, calcium 12.2, T4 normal, CBC shows a thrombocytosis. USG 1.037 with 2+ proteinuria, hematuria and bacteriuria, UPC 0.4.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended. The wall is diffusely thickened (up to 0.60 cm) with an irregular mucosal surface. Luminal contents are mostly 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 (5.21 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (5.63 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is enlarged (0.59 cm at cranial pole) (0.71 cm at caudal pole) with a relatively normal shape. A 0.84 x 0.57 cm hyperechoic to heterogeneous nodule is observed at the cranial pole. The glandular echogenicity and detail at the caudal pole are unremarkable. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is mildly enlarged (1.31 cm at cranial pole) (0.71 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.

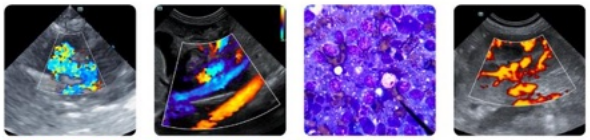
Spleen

The spleen is normal in size (1.73 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 in size with swollen curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A few polypoid like lesions are arising from the mucosal surface. A moderate amount of aggregated, echogenic, partially dependent debris/sludge is observed within the lumen. Some striations of debris are observed at the periphery. The cystic and common bile ducts are normal/not seen.



PATIENT

Juls Gay

SPECIES

Canine

BREED

Dachshund mix

SEX

Female, spayed

AGE

13.3 Yrs.

WEIGHT

31.5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jenny Russell

HOSPITAL NAME

Southwest Texas VMC

REFERRING VET

Dr. Jenny Russell

INVOICE

13465

DATE

2/10/26

Gastrointestinal

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 is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. The colonic lumen contains shadowing fecal material. There is no obvious evidence of an obstructive pattern.

Pancreas

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.

Lymph nodes

A 1.16 x 0.37 cm medial iliac lymph node is visualized. 2-3 prominent mesenteric lymph nodes are also visualized, one of the nodes measuring 1.02 x 0.88 cm. Surrounding mesentery is mildly hyperechoic.

Free Abdomen

Areas of hyperechoic mesentery are observed in the mid-abdominal region. There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The urinary bladder wall changes could be consistent with cystitis or may be artifactual due to lack of full repletion.
- Mild bilateral nonspecific, age-related renal changes with subtly dystrophic mineralization

Secondary Findings:

- Mild bilateral adrenomegaly. The left adrenal nodule could be consistent with focal nodular hyperplasia, adenoma, emerging adenocarcinoma, pheochromocytoma, other.
- The diffuse hepatic changes are non-specific 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.
- The gallbladder changes are consistent with a developing mucocele.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- The hyperechoic mesentery within the mid-abdominal region is suggestive of peritonitis, likely sterile. The etiology is unclear.
- 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).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Given the urinary signs, a urine culture and sensitivity is recommended.
2. Serial monitoring (i.e., every 3-4 months) of the patient's liver values is recommended. If liver values continue to increase, a repeat abdominal ultrasound +/- hepatic tissue sampling may be warranted.

PATIENT

Juls Gay

SPECIES

Canine

BREED

Dachshund mix

SEX

Female, spayed

AGE

13.3 Yrs.

WEIGHT

31.5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jenny Russell

HOSPITAL NAME

Southwest Texas VMC

REFERRING VET

Dr. Jenny Russell

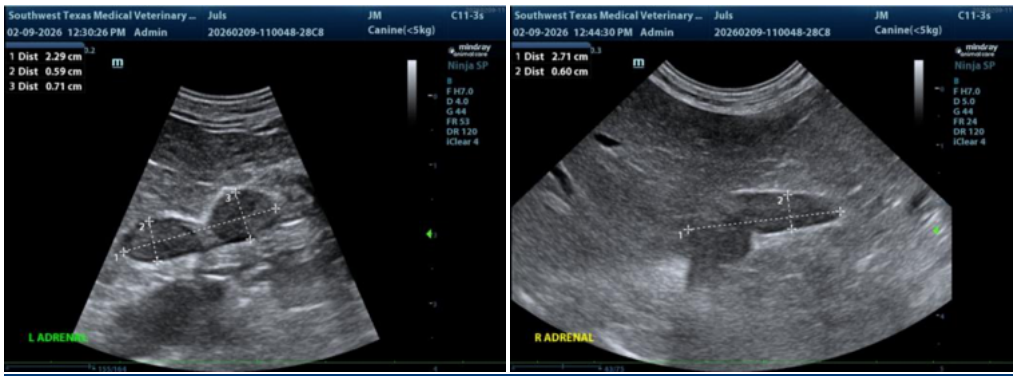
INVOICE

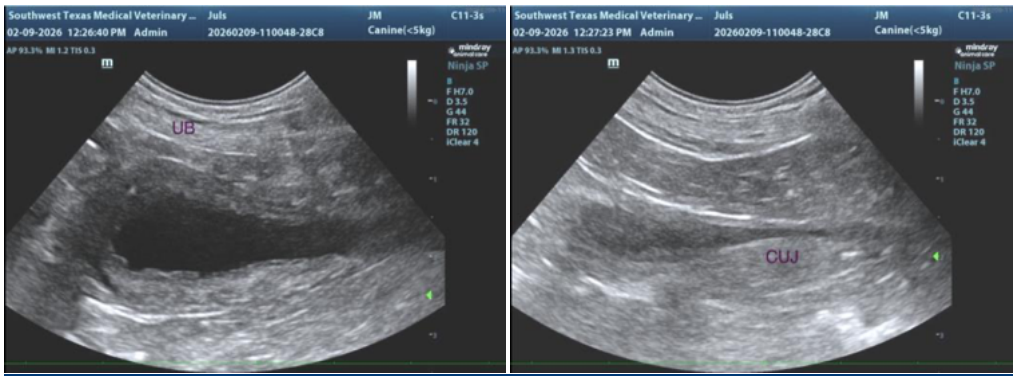
13465

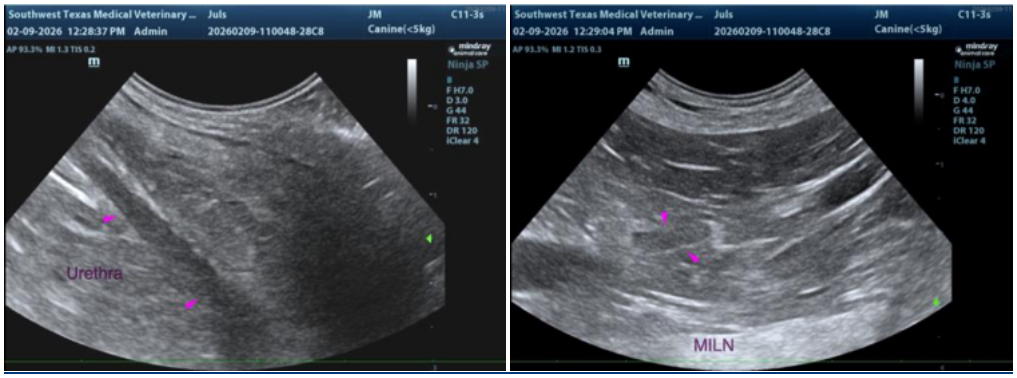
DATE

2/10/26

3. Consider testing for hyperadrenocorticism with a low-dose dexamethasone suppression test or ACTH stimulation test if clinical signs (i.e., PU/PD) develop in the future.
4. Given the gall bladder changes, Ursodeoxycholic acid (Ursodiol) is recommended. Serial sonographic monitoring (e.g., every 6-8 weeks) of the gall bladder is recommended to assess for progression to a fully formed mucocele. If progression occurs, a cholecystectomy may be warranted.
5. Regarding the hyperechoic mesentery, consider a recheck ultrasound in 3-4 weeks to assess for persistence.







PATIENT

Juls Gay

SPECIES

Canine

BREED

Dachshund mix

SEX

Female, spayed

AGE

13.3 Yrs.

WEIGHT

31.5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jenny Russell

HOSPITAL NAME

Southwest Texas VMC

REFERRING VET

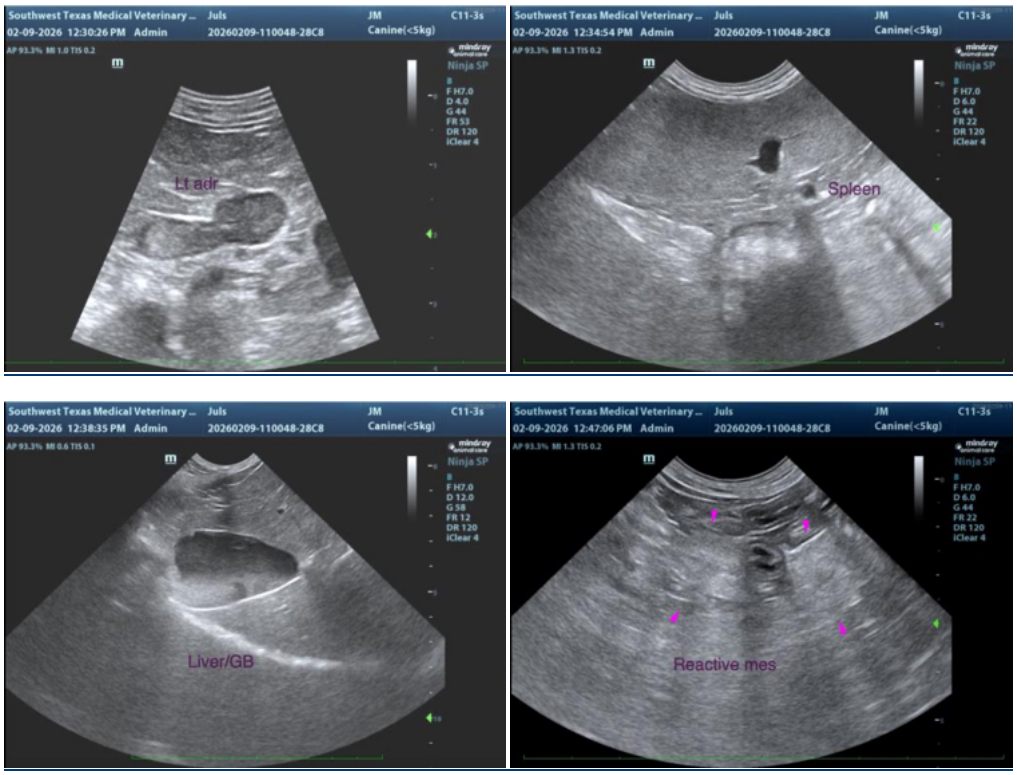
Dr. Jenny Russell

INVOICE

13465

DATE

2/10/26



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