



PATIENT

Pippin Marsh

SPECIES

Canine

BREED

Dachshund

SEX

Female Spayed

AGE

12

WEIGHT

19.6 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

Sun Dog Cat Moon

REFERRING VET

Dr Pruitt

INVOICE

22564

DATE

2-16-26

PRESENTING CLINICAL SIGNS

History of PU/PD and polyphagia. Also have urine accidents in the house at night. ALP in 1400s. ALT in 200s. Ultrasound performed in May of 2024 revealed hepatic parenchymal changes, bilateral adrenomegaly with a left adrenal nodule, age-related pancreatic changes, and a prominent medial iliac lymph node.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. 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 (4.69 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (4.56 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with 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 enlarged (1.29 cm at cranial pole) (0.95 cm at caudal pole) with swollen peripheral contours. A 1.32 x 0.88 cm hyperechoic-to-heterogenous nodule is observed at the cranial pole. The parenchyma at the caudal pole is mildly heterogenous, with some loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is enlarged (0.97 cm at cranial pole) (0.87 cm at caudal pole) with swollen peripheral contours. At the cranial pole, a 0.95 x 0.67 cm ill-defined, hyperechoic-to-heterogenous nodule is seen. The remaining parenchyma is mildly heterogenous in appearance, with some loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.08 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively enlarged, with swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and mildly heterogenous in appearance. At least two, small, hypoechoic nodules are observed (one on the left side measures 0.81 cm in its longest dimension / one on the right side measures 0.58 cm in its longest dimension). 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 lumen is moderately distended. The wall is thin and smooth. A moderate amount of gravity-dependent, echogenic-to-mineralized debris/sand is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly distended with ingesta, consistent with a post-prandial presentation. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is



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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 evidence of an obstructive pattern.

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Pancreas

The base and limbs of the pancreas are visible with normal curvilinear peripheral contours. The parenchyma is isoechoic to slightly hypoechoic 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

The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

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Other

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

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bilateral adrenomegaly with bilateral adrenal nodules. The left adrenal nodule is slightly larger compared to the previous sonogram. The right adrenal nodule is new. The nodules may represent focal nodular hyperplasia, adenomas, emerging adenocarcinomas, pheochromocytomas, 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 hypoechoic hepatic nodules are a new finding and trend toward the benign (i.e., regenerative nodules) with a lower possibility of emerging neoplasia, inflammatory foci, other.

Secondary Findings

- 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. Changes are similar to the previous sonogram.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the patient's clinical signs, further testing for Cushing's disease (i.e., low-dose dexamethasone suppression test) should be considered.
- Given the urine accidents, a urinalysis with a culture and sensitivity are also recommended.



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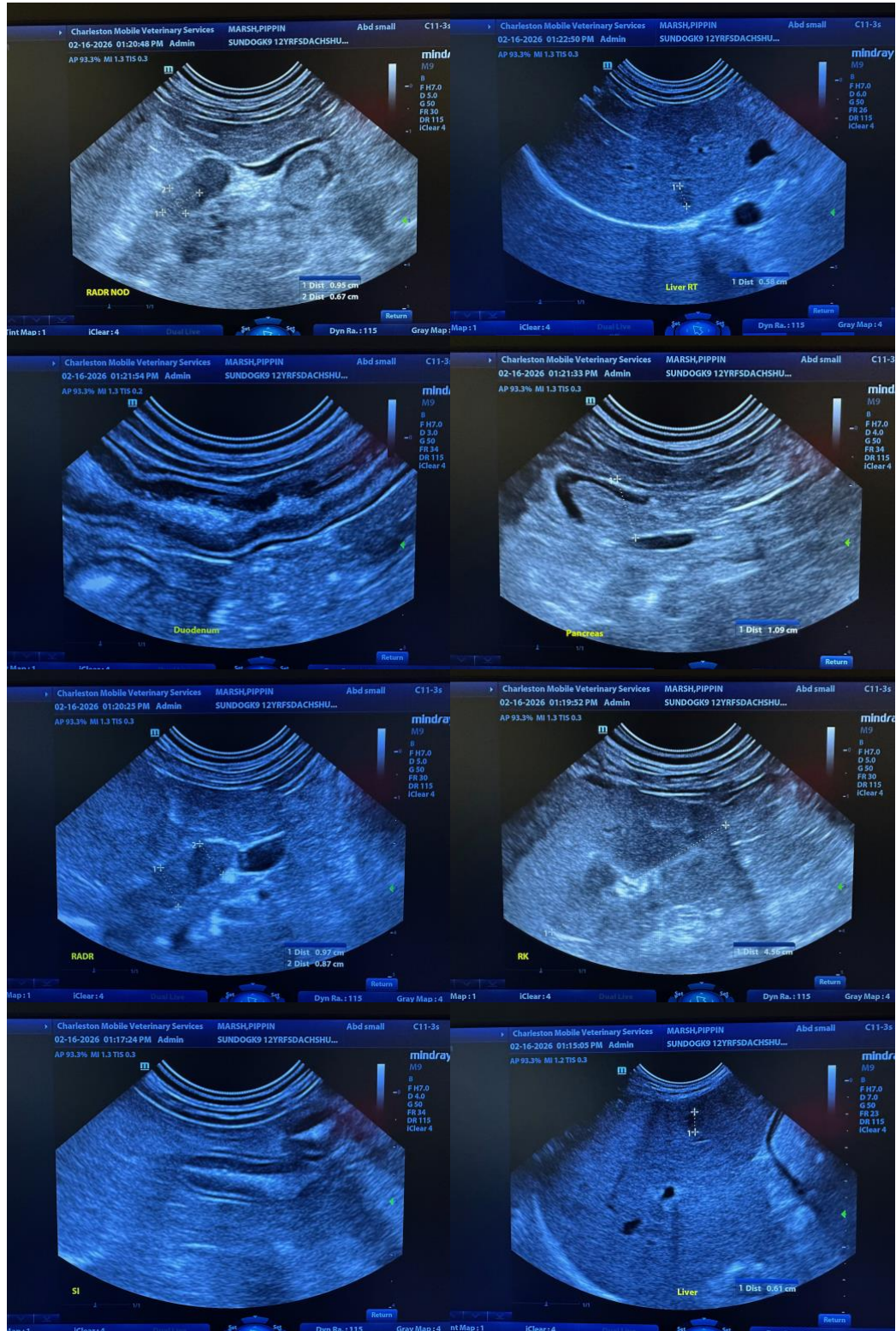
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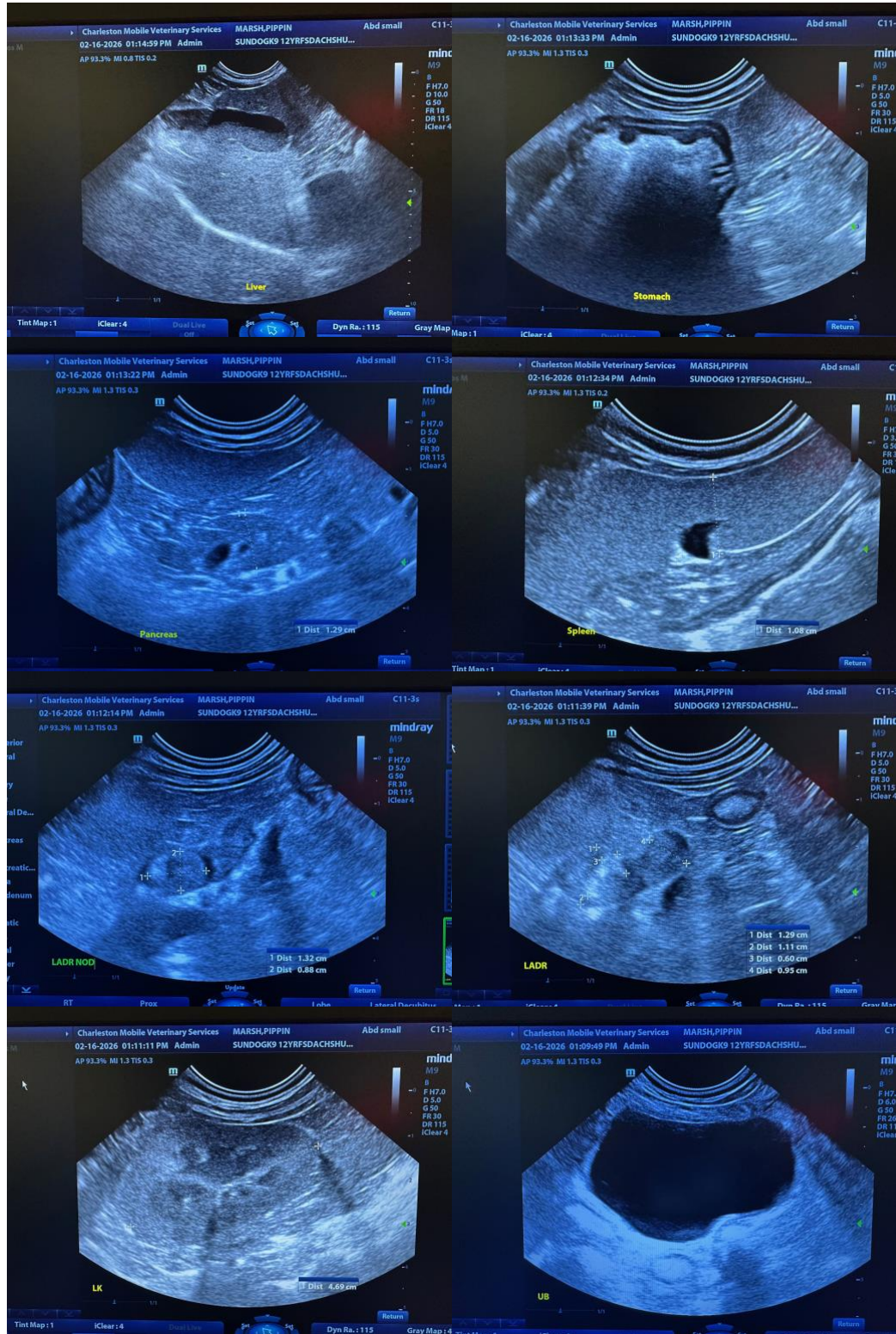
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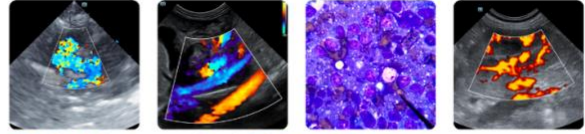
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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