

## PATIENT

Zoe Dupis

## SPECIES

Canine

## BREED

Terrier mix

## SEX

Female, spayed

## AGE

12 Yrs. 4 months

## WEIGHT

5.5 kg.

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Jill Rankin

## HOSPITAL NAME

Little Creek VC

## REFERRING VET

Dr. Dani

## INVOICE

13626

## DATE

3/23/26

## PRESENTING CLINICAL SIGNS

History: Zoe presents with a history of intermittent vomiting and diarrhea. The primary clinical concern for Zoe is intermittent vomiting and diarrhea. CBC chem from Dec 2025 unremarkable.

## 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 (3.93 cm in length) with a normal shape, architecture and smooth peripheral margins. Several small cortical cysts are seen. 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.

The right kidney is normal in size (4.53 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 upper limits of normal in size (0.52 cm at cranial pole) (0.54 cm at caudal pole) with a normal shape. 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 (0.70 cm at cranial pole) (0.46 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 (1.14 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. 2-3 small multi-septated cystic nodules 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 small amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

### 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



## PATIENT

Zoe Dupis

## SPECIES

Canine

## BREED

Terrier mix

## SEX

Female, spayed

## AGE

12 Yrs. 4 months

## WEIGHT

5.5 kg.

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Jill Rankin

## HOSPITAL NAME

Little Creek VC

## REFERRING VET

Dr. Dani

## INVOICE

13626

## DATE

3/23/26

detail. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. There is no 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**

The abdominal lymph nodes are normal/not visible.

### **Free Abdomen**

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

## ULTRASONOGRAPHIC FINDINGS

- 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.
- Borderline left adrenomegaly
- Bilateral nonspecific, age-related renal changes with subtle right dystrophic mineralization
- The cystic splenic nodules may represent benign cysts. However, emerging vascular neoplasia cannot be completely excluded.

\*\*An obvious cause for the patient's clinical signs is not definitively identified in this study. Considerations include a microscopic enteropathy (i.e., food allergy/intolerance, inflammatory bowel disease, infectious/parasitic disease), underlying metabolic issue, other.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- The following diagnostics/treatment recommendations can be considered:
  1. Texas GI panel including serum cobalamin, folate, PLI, TLI and resting cortisol level
  2. Fecal evaluation for ova/Giardia
  3. Prophylactic deworming with Fenbendazole.
  4. 3-4 week hypoallergenic or hydrolyzed protein diet trial
  5. Initiation of a probiotic with a high colony count +/- fiber supplement (i.e., psyllium).
  6. Depending on the results of the above diagnostics/therapeutics, endoscopic or surgical gastrointestinal biopsies may be warranted. Three-view thoracic radiographs should be performed prior to any anesthetic event.
- Regarding the splenic lesions, consider a recheck ultrasound in 2-3 months to assess for growth of the lesions.



## PATIENT

Zoe Dupis

## SPECIES

Canine

## BREED

Terrier mix

## SEX

Female, spayed

## AGE

12 Yrs. 4 months

## WEIGHT

5.5 kg.

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Jill Rankin

## HOSPITAL NAME

Little Creek VC

## REFERRING VET

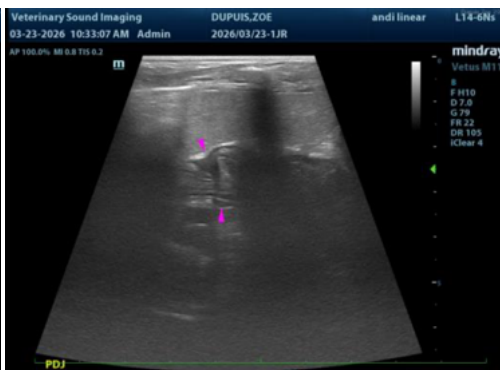
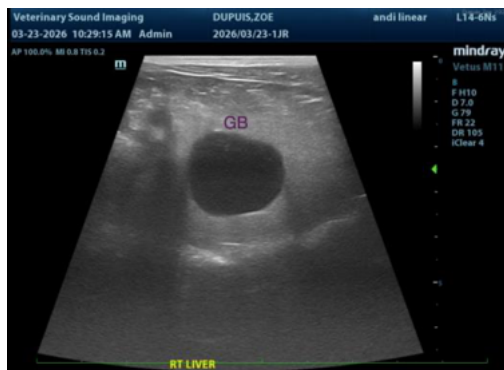
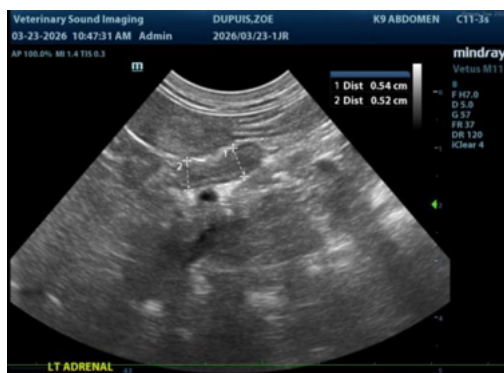
Dr. Dani

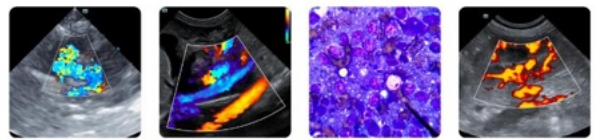
## INVOICE

13626

## DATE

3/23/26





## PATIENT

Zoe Dupis

## SPECIES

Canine

## BREED

Terrier mix

## SEX

Female, spayed

## AGE

12 Yrs. 4 months

## WEIGHT

5.5 kg.

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Jill Rankin

## HOSPITAL NAME

Little Creek VC

## REFERRING VET

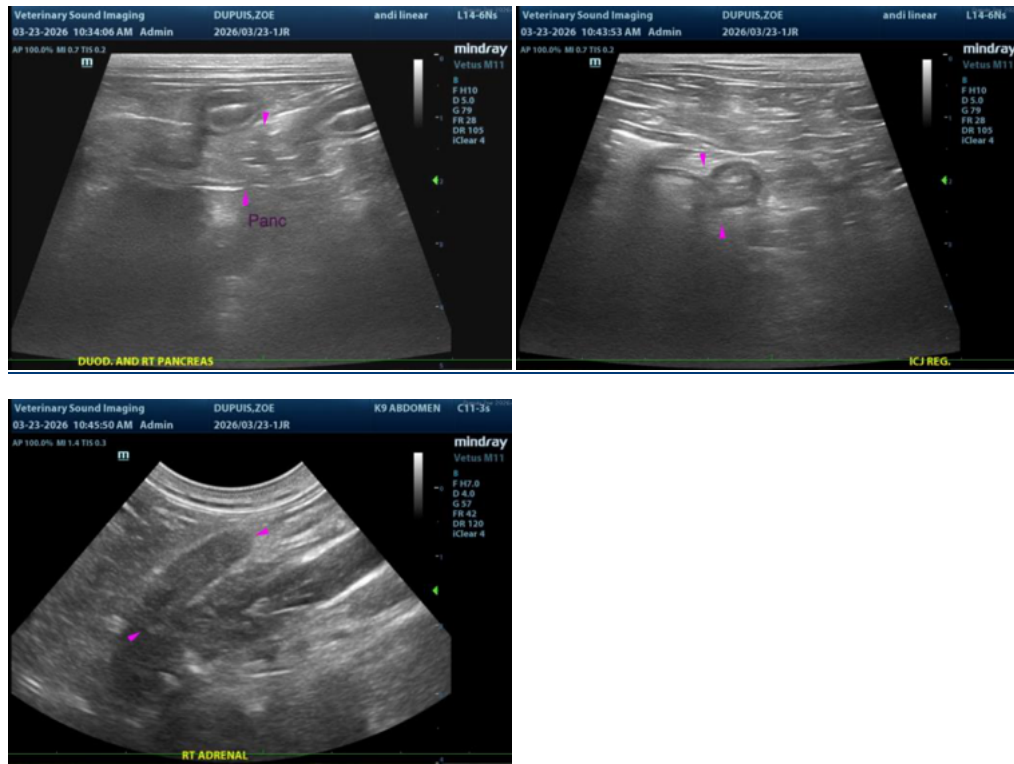
Dr. Dani

## INVOICE

13626

## DATE

3/23/26



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](mailto:info@SonoPath.com)