PATIENT

Rusty Sears

SPECIES

Canine

BREED

Dachshund

SEX

Neutered Male

AGE

11

WEIGHT

6.9 kg

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Island Pet
Urgent Care

REFERRING VET

Dr. Odle

INVOICE

22806

DATE

4-2-26

PRESENTING CLINICAL SIGNS

Patient has a history of suspected pancreatitis episodes. Recently has had abdominal pain and diarrhea. Seems to be feeling better today. CBC chem unremarkable.

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 anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 3.0 cm, are normal.

The prostate is mildly enlarged (1.30 cm in width) with smooth peripheral contours. The parenchyma is subtly heterogenous in appearance. The prostatic urethra is not overtly dilated.

The left kidney is normal in size (4.40 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 hydroureter. Renal vasculature is normal.

The right kidney is normal in size (5.22 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 hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.57 cm at cranial pole) (0.62 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 borderline enlarged (0.93 cm at cranial pole) (0.52 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 (1.31 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 normal in size with normal contours and structure. 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 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 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

PATIENT

Rusty Sears

SPECIES

Canine

BREED

Dachshund

SEX

Neutered Male

AGE

11

WEIGHT

6.9 kg

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Island Pet
Urgent Care

REFERRING VET

Dr. Odle

INVOICE

22806

DATE

4-2-26

intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

Pancreas
The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely 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.

Lymph Nodes
The abdominal lymph nodes are normal/not visible.

Free Abdomen
There is no obvious evidence of free fluid.

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

ULTRASONOGRAPHIC FINDINGS

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The mild prostatomegaly may be secondary to late-in-life neutering/hyperplasia (if applicable), emerging neoplasia, prostatitis, other. Correlation with the patient's clinical history is recommended.
- Borderline bilateral adrenomegaly. This may be a normal variant for this patient or may be secondary to hyperplasia.

*An obvious cause for the patient's clinical signs is not definitively identified in this study. The pancreatic changes suggest prior pancreatitis, but the parenchymal changes do not appear active at this time. Therefore, considerations include dietary indiscretion, toxicity, infectious/parasitic disease, food allergy/intolerance, inflammatory bowel disease, underlying metabolic issue, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

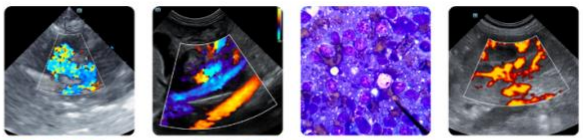
- A fecal evaluation for ova and Giardia, along with prophylactic deworming with fenbendazole are recommended (if not already performed).
- Given the patient's clinical status is improving, continued supportive care is recommended. If symptoms recur, a more comprehensive GI work-up may be indicated, and could include the following:

  1. GI panel including serum cobalamin and folate, TLI, PLI and resting cortisol level
  2. Limited antigen or hydrolyzed protein diet trial
  3. +/- endoscopic or surgical GI biopsies

- Regarding the mild prostatomegaly, if the patient was not neutered late-in-life, consider a a urine BRAF test for further evaluation of lower urinary tract neoplasia.

Charleston Mobile Veterinary Services
IN PARTNERSHIP WITH SONOPATH VETERINARY ULTRASOUND

SonoPath FOSTERING THE ART OF VETERINARY MEDICINE
www.charlestonmobile.net
info@charlestonmobile.net
800.403.5408



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Rusty Sears

SPECIES

Canine

BREED

Dachshund

SEX

Neutered Male

AGE

11

WEIGHT

6.9 kg

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Island Pet
Urgent Care

REFERRING VET

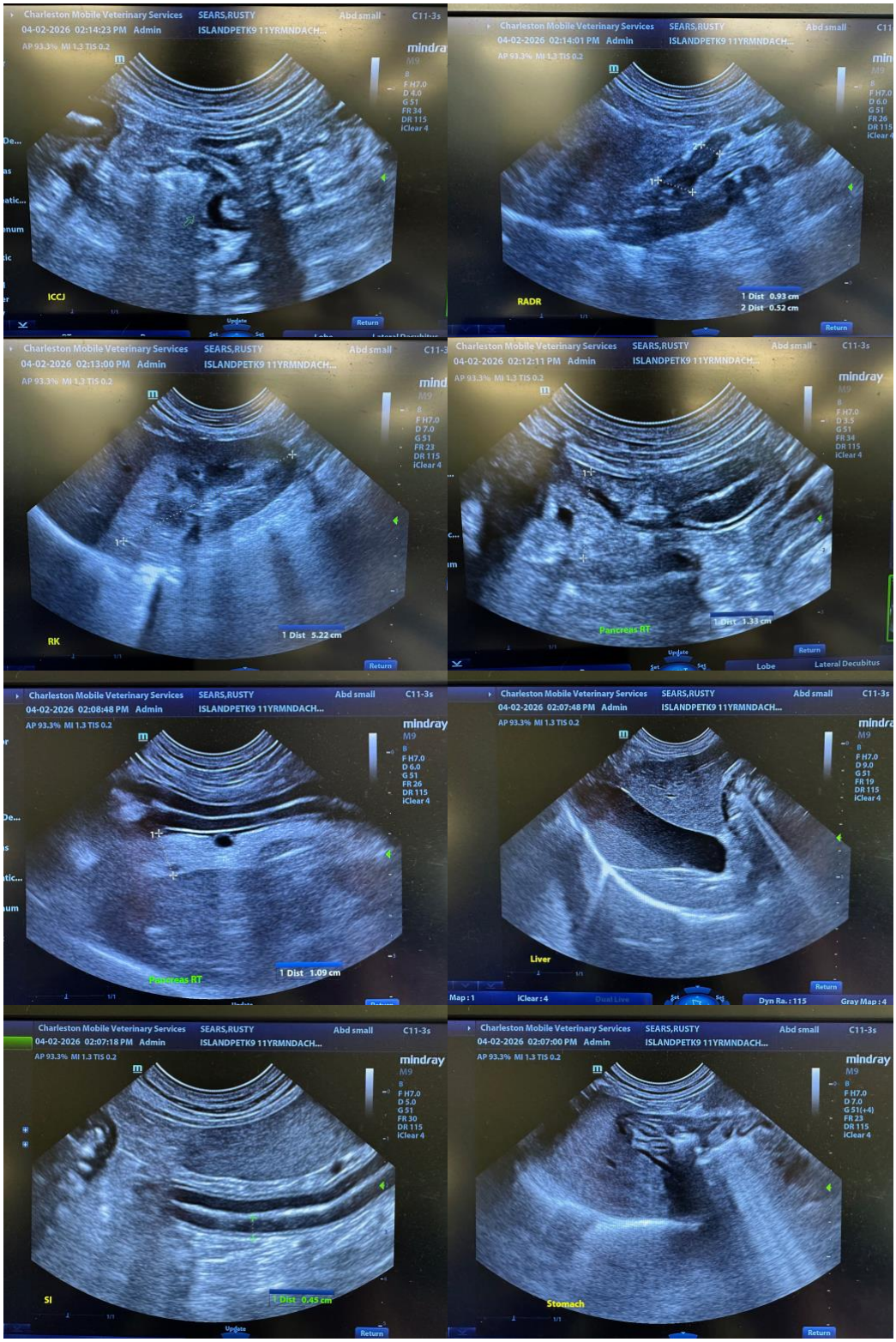
Dr. Odle

INVOICE

22806

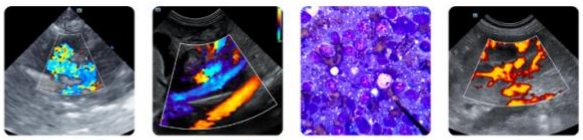
DATE

4-2-26



Charleston Mobile Veterinary Services
IN PARTNERSHIP WITH SONOPATH VETERINARY ULTRASOUND

SonoPath FOSTERING THE ART OF VETERINARY MEDICINE
www.charlestonmobile.net
info@charlestonmobile.net
800.403.5408



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Rusty Sears

SPECIES

Canine

BREED

Dachshund

SEX

Neutered Male

AGE

11

WEIGHT

6.9 kg

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Island Pet
Urgent Care

REFERRING VET

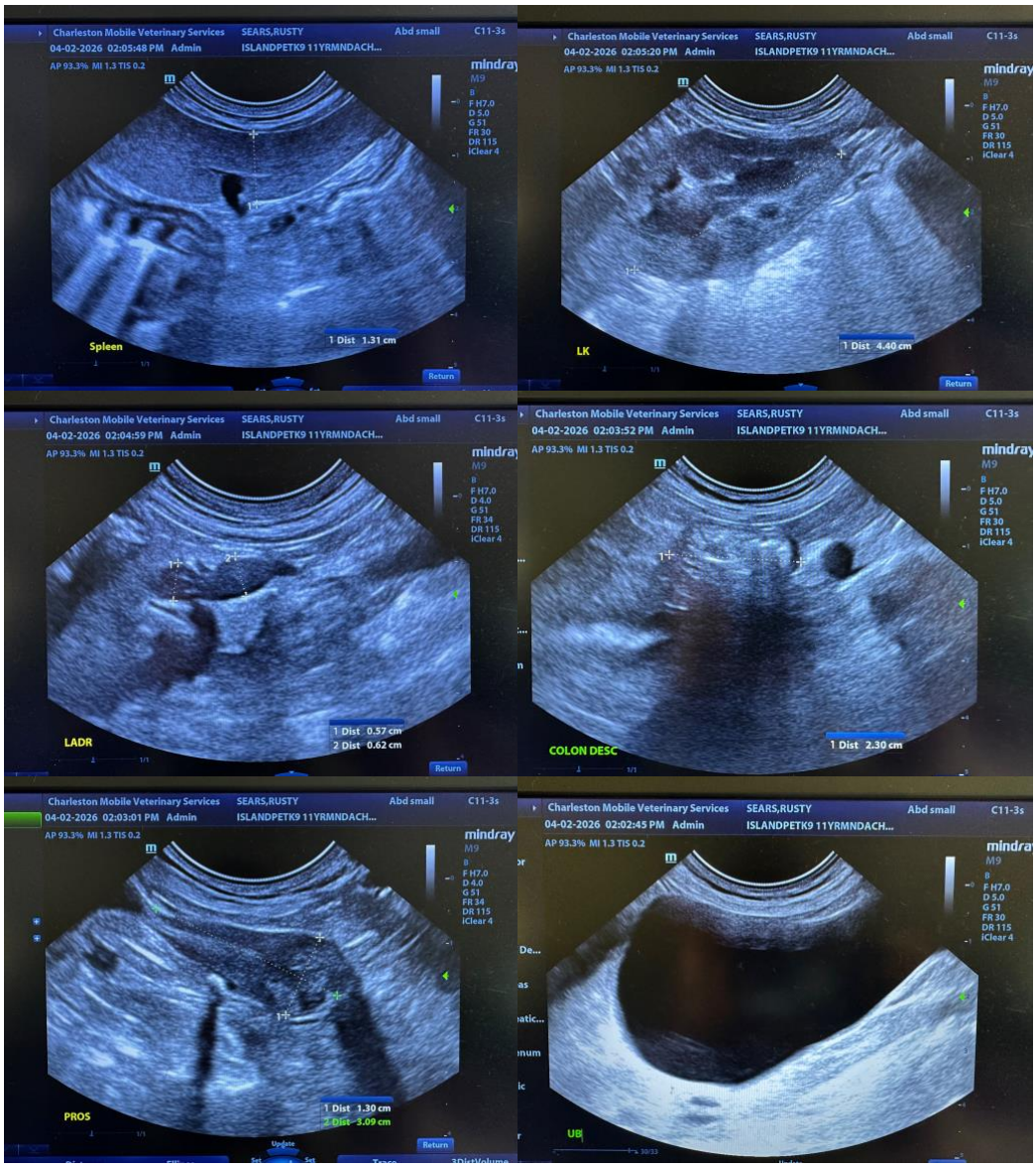
Dr. Odle

INVOICE

22806

DATE

4-2-26



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