



## PATIENT PRESENTING CLINICAL SIGNS

**PATIENT** Benji Womack  
**SPECIES** Canine  
**BREED** Dachshund  
**SEX** Neutered Male  
**AGE** 9

**PRESENTING CLINICAL SIGNS**  
 History: Prior emergency visit ~ 2-3 weeks ago: decreased appetite and possible back pain, treated with steroids; weaned off ~June 8; never returned to baseline activity level  
 - Weekend prior to presentation: vomiting, grass eating  
 - Monday: complete anorexia, marked lethargy  
 - Primary vet visit yesterday: bloodwork and radiographs performed, Cerenia administered; no specific diagnosis reached  
 - Post-Cerenia at home: interested in boiled chicken but unable to eat past 3rd bite; vomited ~9pm, 1am, 3am  
 - Polydipsia/polyuria x ~2 days  
 - Mild fever documented at prior emergency visit  
 Dull mentation, uncomfortable on abdominal palpation, no obvious back pain

Abnormal PE/Chem/CBC/UA Results: rDVM 6/17: CBC- neut. 13.96K H, mono 1.3K H Chem- wnl  
 Abdominal rads- no obvious obstruction UA- USG 1.018 HAEC 6/18: Pancreatic lipase- 219 H (equivocal)  
 EPOC, PCV/TS pending

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

**WEIGHT** 15.5 kg

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 3.5 cm, are normal.

### INTERPRETED BY

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

### IMAGING PERFORMED BY

Dr. Meghan Myers

### HOSPITAL NAME

Hershey Animal  
 Emergency Center

### REFERRING VET

Dr. Cara Sinopoli

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### DATE

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The prostate is normal in size (0.71 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (5.23 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild- to moderate 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 (5.19 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild- to moderate 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 normal in size (0.47 cm at cranial pole) (0.54 cm at caudal pole) with slightly irregular shape. A 0.50 x 0.44 cm ill-defined hyperechoic nodule/area is observed at the cranial- to mid-aspect. The remaining glandular echogenicity and detail are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.43 cm at cranial pole) (0.30 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 (1.33 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.



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### Liver

The liver is normal- to prominent in size with smooth 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 gallbladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen. The duodenal papilla is normal-in-size (0.40 cm in width).

### Gastrointestinal

The gastric lumen is mildly- to moderately distended with ingesta, fluid, and soft, shadowing material. The gastric wall is normal in thickness with a normal layering pattern. Shadowing material is suspected to pass through the pyloric lumen and into the proximal duodenum. A hyperechoic linear structure is observed within the duodenal lumen. The duodenum itself is mildly corrugated in appearance. The small intestinal wall is normal- to borderline thickened (up to 0.55 cm) with a normal layering pattern. Shadowing material is observed within some jejunal segments. The mesentery effacing the serosal surface in these segments is hyperechoic. A few jejunal loops are fluid-distended, others are empty. Discreet masses are not identified. The colonic wall is normal.

### 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.

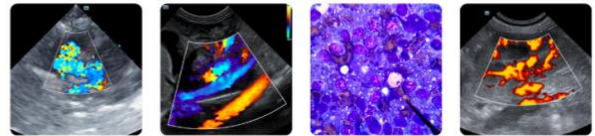
## ULTRASONOGRAPHIC FINDINGS

### Primary Findings

- Suspected gastric and small intestinal foreign material, possibly a linear body
- Mild peritonitis

### Secondary Findings

- Bilateral nonspecific age-related renal changes with dystrophic mineralization
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- 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. Correlation with the patient's liver values is recommended.



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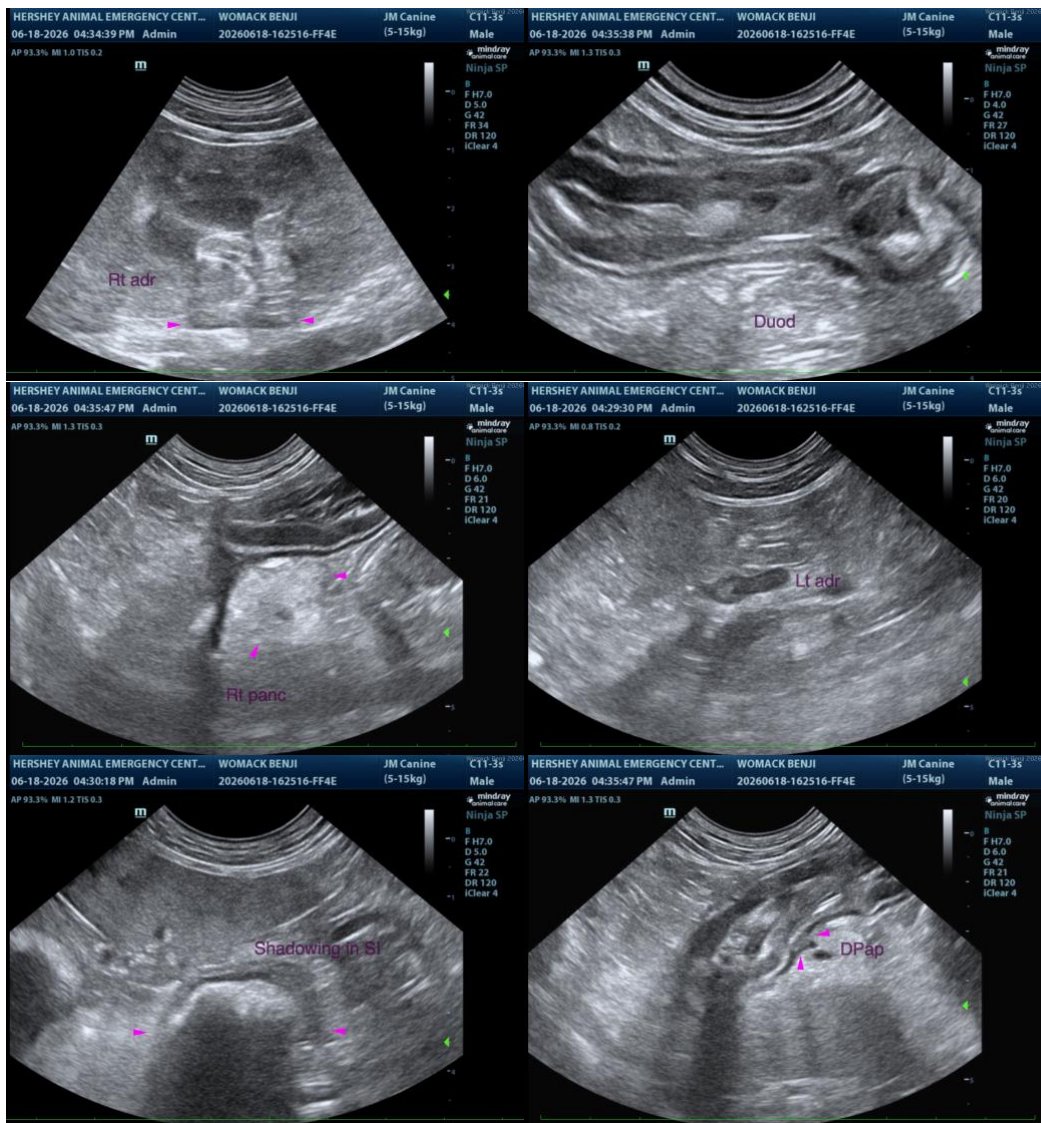
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- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a lower possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- The left adrenal nodule trends toward the benign (i.e., focal nodular hyperplasia, adenoma) with a lower possibility of an emerging malignancy.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- An abdominal exploratory is recommended to assess for and remove any gastrointestinal foreign material. Also consider obtaining gastrointestinal biopsies to assess for microscopic disease.
- Three-view thoracic radiographs are recommended prior to anesthesia to assess for occult aspiration pneumonia.





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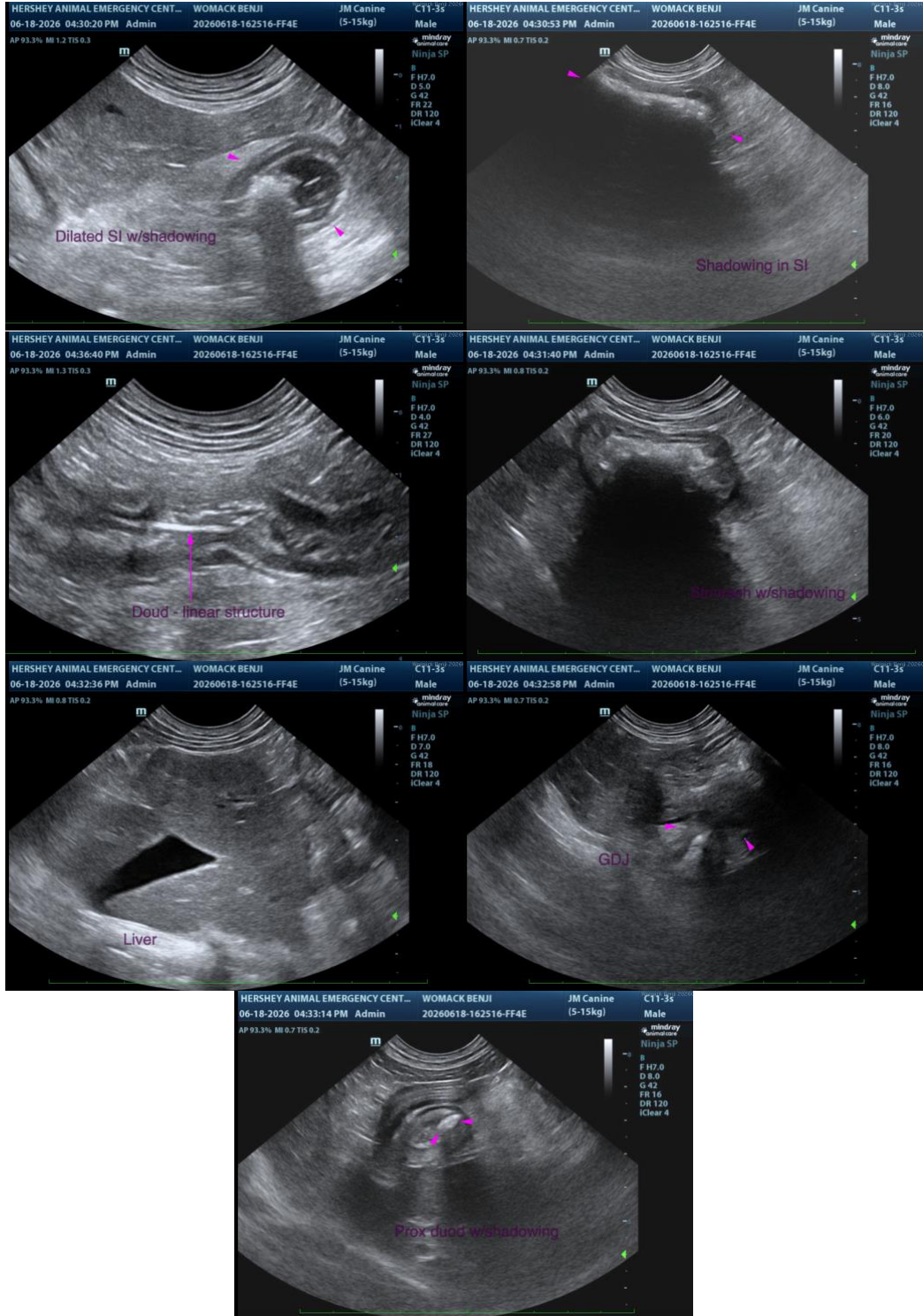
Dr. Cara Sinopoli

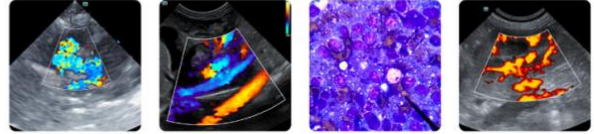
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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 Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)**  
[info@SonoPath.com](mailto:info@SonoPath.com)

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