

**PATIENT**

Reagan McCurdy

**SPECIES**

Canine

**BREED**

Dachshund Mix

**SEX**

Female Spayed

**AGE**

10 years

**WEIGHT**

53.6 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Jenna Walsh, CVT

**HOSPITAL NAME**

Town and Country  
Animal Clinic

**REFERRING VET**

Dr. McCurdy

**DATE**

9/16/21

**INVOICE**  
11835kk

**PRESENTING CLINICAL SIGNS**

History: ADR, suspect enlarged spleen. Tramadol PRN, Meloxidyl SID.

Abnormal PE/Chem/CBC/UA Results:

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

The urinary bladder is moderately distended with mostly anechoic urine. The wall in the region of the apex is mildly thickened (up to 0.67 cm) with a slightly irregular mucosal surface. The wall tapers to a normal thickness as it extends towards the urinary bladder neck. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal size (5.47 cm in length); normal shape and architecture with 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 hydronephrosis. Renal vasculature is normal.

The right kidney is enlarged (9.43 cm in length) with a slightly irregular shape. A 7.47 x 5.74 cm cortical cyst is arising from the cranial pole. The cyst causes capsular expansion and disruption of the normal renal architecture. In the remainder of the kidney, there are smooth, curvilinear peripheral contours and a normal 1:3 cortex to medulla ratio. There is slight 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 mildly enlarged (0.66 cm at cranial pole) (0.84 cm at caudal pole) (2.21 cm in length) with a normal shape and smooth peripheral contours. The parenchyma is subtly heterogeneous in appearance with a few, ill-defined, hyperechoic areas at the poles. There is some loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.

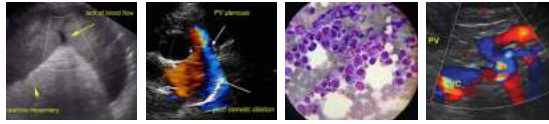
The right adrenal gland is enlarged (1.65 cm at cranial pole) (0.85 cm at caudal pole) (2.68 cm in length) with a normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

*Spleen*

The spleen is normal in size (2.20 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 slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder 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.



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***Gastrointestinal***

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. 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 thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

***Pancreas***

The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

***Free Abdomen***

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

***Other***

A brief echocardiogram reveals no evidence of pericardial effusion.

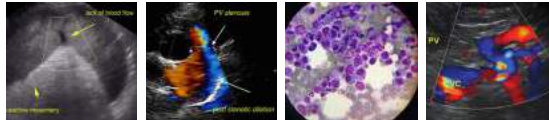
**ULTRASONOGRAPHIC FINDINGS**

- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely. However, correlation with the patient's lab work is recommended.
- Mild bilateral adrenomegaly.
- Right renal cyst - incidental.
- The bladder wall changes could be consistent with cystitis; however, correlation with clinical findings is recommended.

\*\*An obvious cause for the patient's clinical signs is not identified in this study.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

1. Three-view thoracic radiographs are recommended to assess cardiopulmonary status.
2. Baseline lab work including a CBC chemistry panel, urinalysis, and T4 is recommended if not already performed.
3. Consider thorough neurologic and orthopedic examinations to assess for non-metabolic causes of general malaise.



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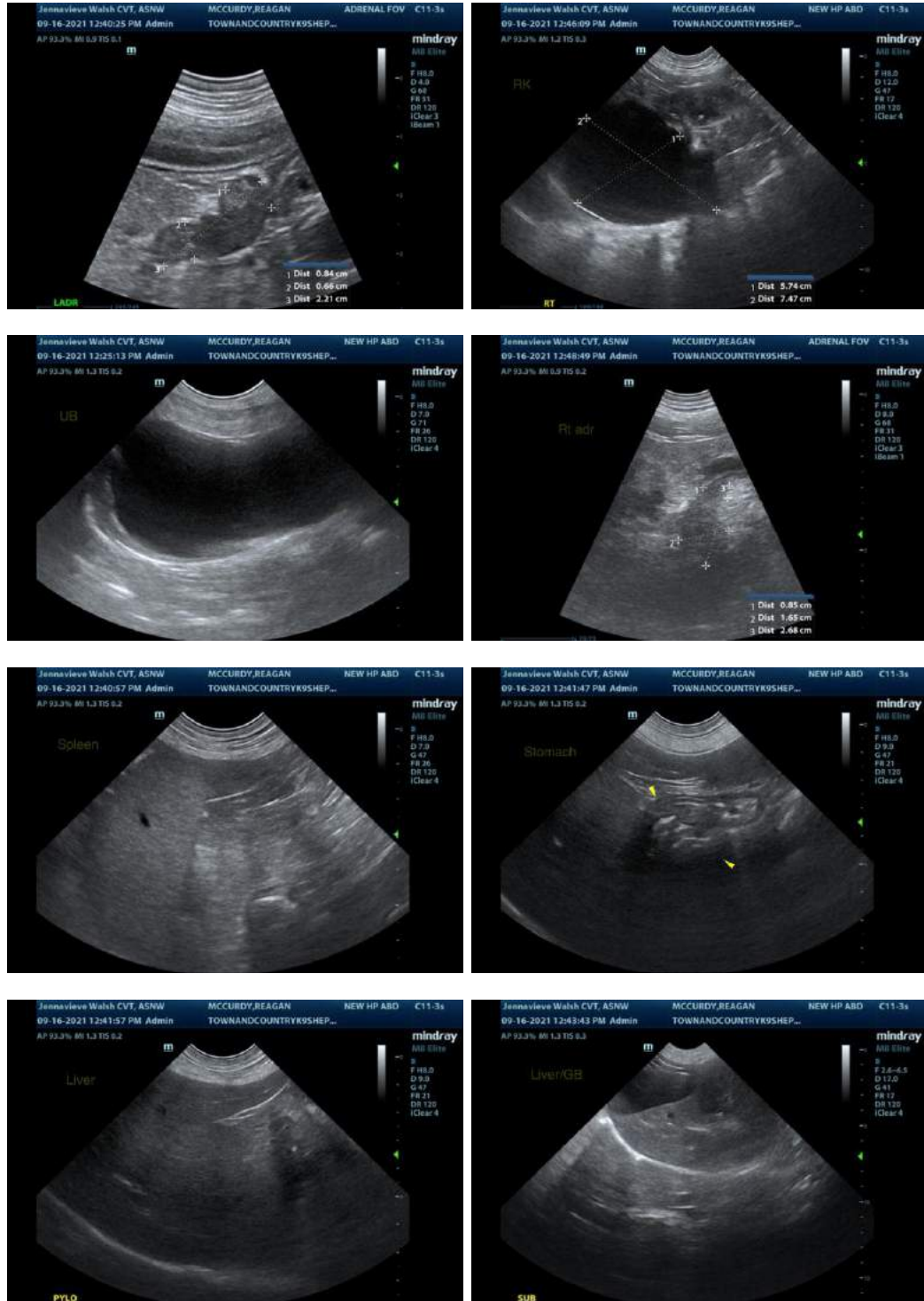
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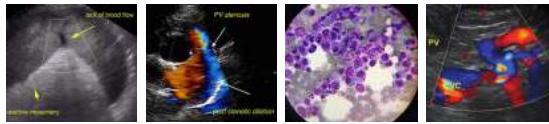
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)  
Andrea.nicastro@sonopath.com