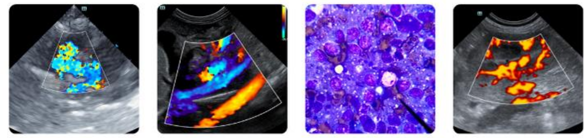
Charleston Mobile Veterinary Services
IN PARTNERSHIP WITH SONOPATH VETERINARY ULTRASOUND

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



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Maggie Marsh

SPECIES

Canine

BREED

Golden Retriever mix

SEX

Female, spayed

AGE

10 Yrs. 3 months

WEIGHT

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Meadowlawn

REFERRING VET

Dr. Clemons

INVOICE

13494

DATE
2/18/26

PRESENTING CLINICAL SIGNS

Pt has a 1 week history of not being able to walk. Abdominal radiographs suspicious for possible splenic or hepatic mass. Appears painful although it is unclear whether it is abdominal or back pain. Pt has a history of chronic skin disease. ALP 359.

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 is normal.

The left kidney is normal in size (6.31 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 hydroureter. Renal vasculature is normal.

The right kidney is normal in size (7.10 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 enlarged at the cranial pole and normal in size at the caudal pole (1.20 cm at cranial pole) (0.64 cm at caudal pole). The parenchyma at the cranial pole is heterogeneous with loss of glandular detail. The glandular echogenicity and detail at the caudal pole are unremarkable. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is enlarged (1.70 cm at cranial pole) (0.94 cm at caudal pole) with swollen peripheral contours. The glandular echogenicity and detail are unremarkable. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.62 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 curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and slightly mottled in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

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.

Gastrointestinal

The gastric lumen is mildly distended with ingesta. 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

PATIENT

Maggie Marsh

SPECIES

Canine

BREED

Golden Retriever mix

SEX

Female, spayed

AGE

10 Yrs. 3 months

WEIGHT

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Meadowlawn

REFERRING VET

Dr. Clemons

INVOICE

13494

DATE
2/18/26

dilated. The small 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 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
A prominent medial iliac lymph node is visualized, measuring 3.33 x 0.90 cm.

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.

In the right inguinal region, the subcutaneous tissue is hyperechoic with dissecting anechoic fluid in the facial layers.

ULTRASONOGRAPHIC FINDINGS

- Bilateral adrenomegaly
- Geriatric hepatic and renal changes
- The prominent medial iliac lymph node is likely reactive with a lower possibility of emerging neoplasia.
- Suspected cellulitis in the left inguinal region

*An obvious cause for the patient's lack of ambulation is not identified in this study. Orthopedic or neurologic disease is of top concern.

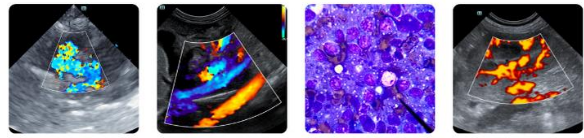
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Orthopedic and neurologic examinations are recommended. Depending on the results, focused radiographs and/or referral to a board-certified surgeon may be warranted. In the meantime, symptomatic care is recommended.
2. Consider testing for hyperadrenocorticism with a low-dose dexamethasone suppression test or ACTH stimulation test if clinical signs (i.e., PU/PD) develop in the future.
3. Further investigation for causes of cellulitis in the left inguinal region is also recommended.

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

Maggie Marsh

SPECIES

Canine

BREED

Golden Retriever mix

SEX

Female, spayed

AGE

10 Yrs. 3 months

WEIGHT

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Meadowlawn

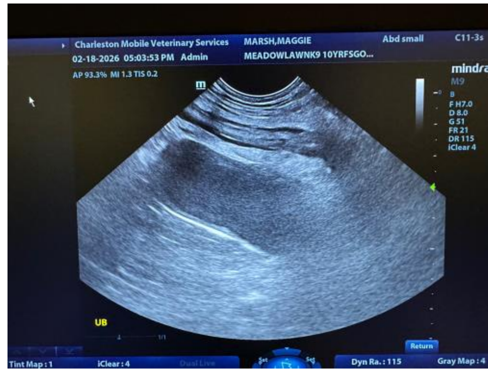
REFERRING VET

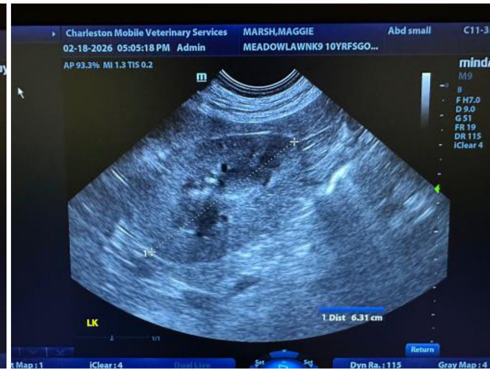
Dr. Clemons

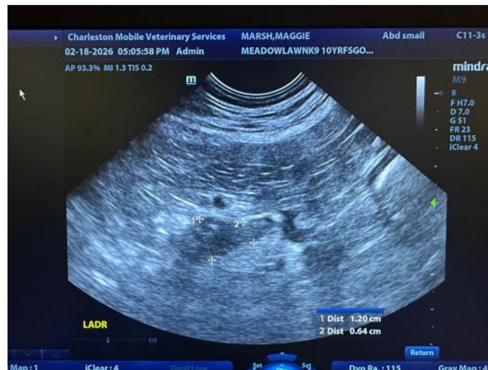
INVOICE

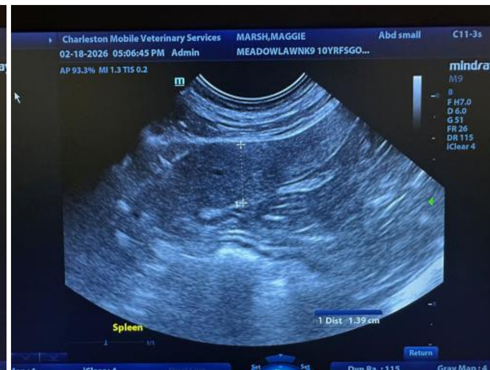
13494

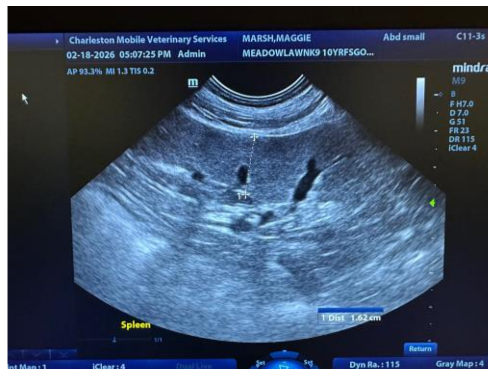
DATE
2/18/26

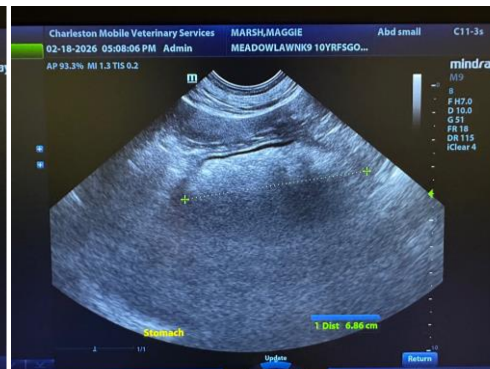


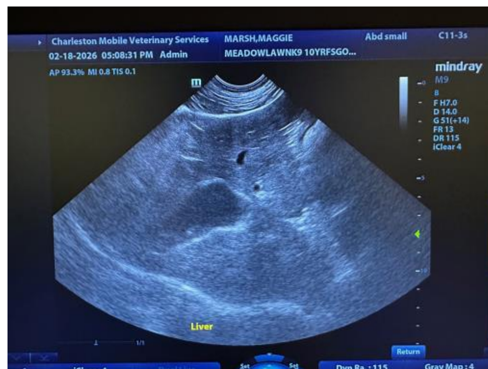


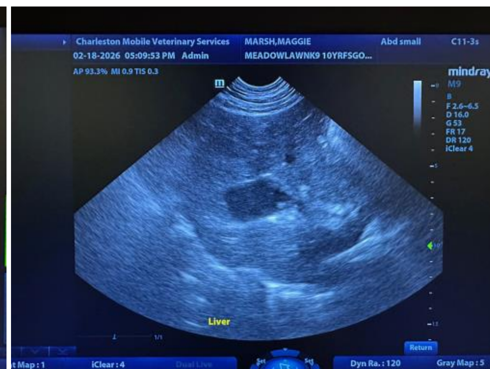






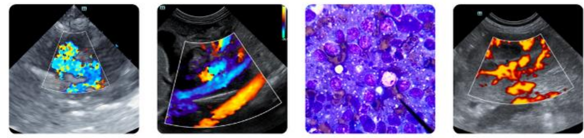






Charleston Mobile Veterinary Services
IN PARTNERSHIP WITH SONOPATH VETERINARY ULTRASOUND

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



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Maggie Marsh

SPECIES

Canine

BREED

Golden Retriever mix

SEX

Female, spayed

AGE

10 Yrs. 3 months

WEIGHT

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Meadowlawn

REFERRING VET

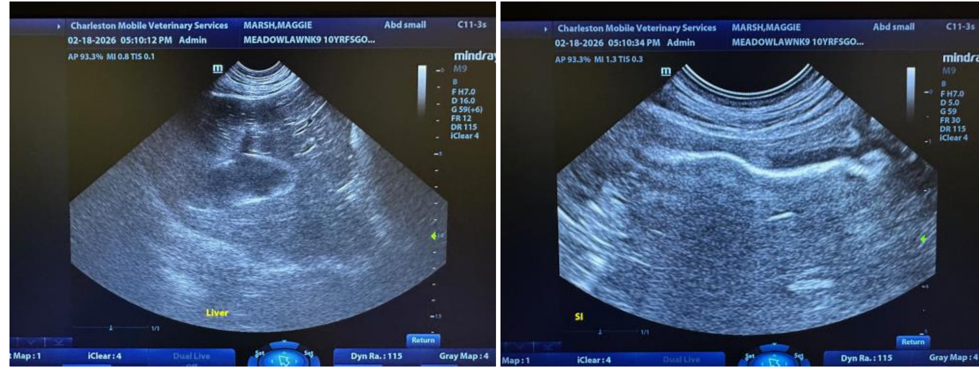
Dr. Clemons

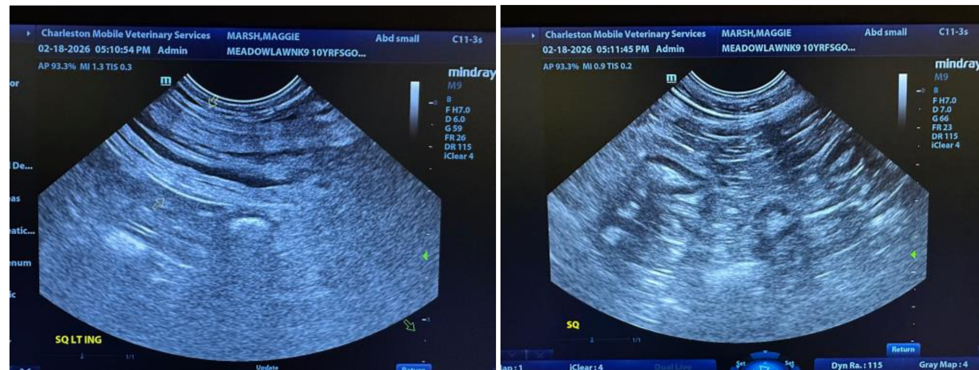
INVOICE

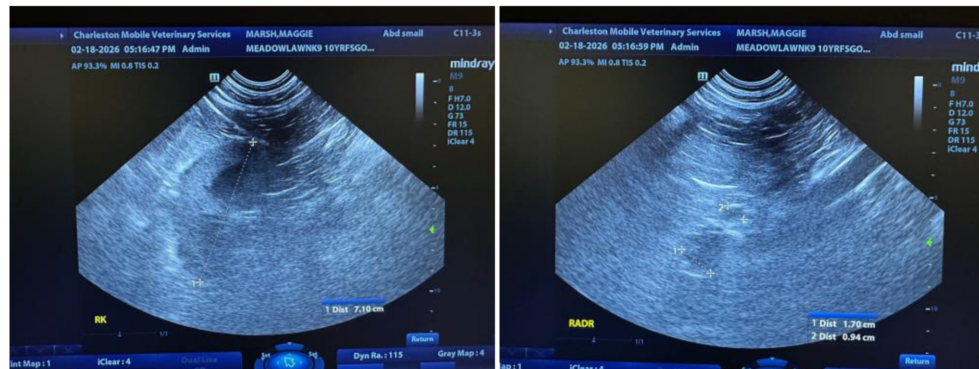
13494

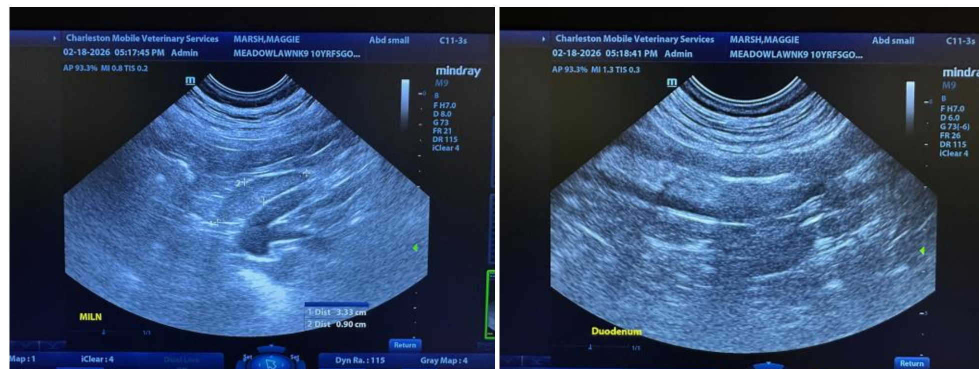
DATE

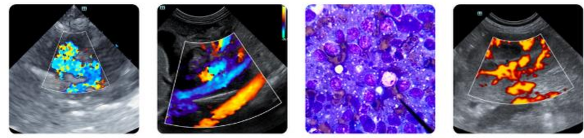
2/18/26











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

PATIENT

Maggie Marsh

SPECIES

Canine

BREED

Golden Retriever mix

SEX

Female, spayed

AGE

10 Yrs. 3 months

WEIGHT

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Meadowlawn

REFERRING VET

Dr. Clemons

INVOICE

13494

DATE

2/18/26

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