



PATIENT

Maggie Townsend

SPECIES

Canine

BREED

Dachshund mix

SEX

Female, spayed

AGE

14 Yrs.

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

Dunes VC

REFERRING VET

Dr. Soileau

INVOICE

13585

DATE

3/4/26

PRESENTING CLINICAL SIGNS

Hx of diarrhea which responds to Metronidazole. Also has a mild azotemia, creatinine 1.7, BUN 61, SDMA 14, ALP 283, phosphorus 6.4, USG 1.018, UPC 3.0. Had an elevated total calcium with a normal ionized calcium at 1.32. PTH elevated, PTHrP 0. PTH levels in conjunction with normal ionized calcium support renal secondary hyperparathyroidism most likely. Currently taking Librela, Gabapentin, Carprofen and Enalapril.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface in the region of the apex is slightly irregular. 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 3.5-4 cm, are normal.

The left kidney is normal in size (4.20 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with poor corticomedullary distinction. Numerous varying sized cortical cysts are seen. Trace pyelectasia is present. Pinpoint hyperechoic to mineralized foci are observed within the cortex. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.69 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with poor corticomedullary distinction. Numerous varying sized cortical cysts are seen. Trace pyelectasia is present. Pinpoint hyperechoic to mineralized foci are observed within the cortex. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is enlarged (0.61 cm at cranial pole) (0.81 cm at caudal pole) with swollen peripheral contours. The glandular echogenicity and detail are unremarkable. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is enlarged (0.86 cm at cranial pole) (0.80 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 (1.18 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 portal vein to caudal vena cava ratio is approximately 1:1.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of mostly gravity-dependent echogenic to mineralized debris/sand is observed within the lumen. The



PATIENT

Maggie Townsend

SPECIES

Canine

BREED

Dachshund mix

SEX

Female, spayed

AGE

14 Yrs.

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

Dunes VC

REFERRING VET

Dr. Soileau

INVOICE

13585

DATE

3/4/26

cystic and common bile ducts are normal/not seen. The duodenal papilla is normal in size (0.23 cm in width).

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 dilated. The small intestinal wall is normal in thickness with retention of the normal layering pattern. There is evidence of mild mucosal speckling in some segments. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. There is no obvious evidence of an obstructive pattern.

Pancreas

The base and limbs of the pancreas are visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic to 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

Primary Findings:

- Bilateral chronic nephropathy with cortical cysts, dystrophic mineralization and trace left pyelectasia. These findings, in conjunction with the patient's UPC, are most concerning for a protein losing nephropathy (PLN). Most PLNs are idiopathic. However, they can be secondary to infectious, inflammatory, immune mediated or neoplastic diseases and therefore, if possible, an underlying cause should be sought.
- The small intestinal mucosal speckling is a non-specific finding that can be associated with enteritis but may be a normal variant for this patient.

Secondary 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 diffuse hepatic changes are most consistent with vacuolar hepatopathy (i.e., endocrine, idiopathic) with a lower possibility of inflammatory disease, infiltrative neoplasia, or other hepatopathy.
- Gallbladder debris/sand, non-mucocele
- Bilateral adrenomegaly

*An obvious cause for the patient's recurring diarrhea is not identified in this study. Considerations include food allergy/intolerance, inflammatory bowel disease, infectious /parasitic disease, underlying metabolic issue, other.



PATIENT

Maggie Townsend

SPECIES

Canine

BREED

Dachshund mix

SEX

Female, spayed

AGE

14 Yrs.

WEIGHT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the diarrhea, consider the following:
 1. Fecal evaluation for ova and Giardia
 2. Prophylactic deworming with Fenbendazole
 3. GI panel including serum cobalamin, folate, TLI and PLI
 4. 3-4 week limited antigen or hydrolyzed protein diet trial
 5. +/- endoscopic or surgical GI biopsies
 6. In the meantime, symptomatic care (including a probiotic and fiber supplement) is recommended.
- Regarding the suspected protein losing nephropathy, consider the following:
 1. Switching to an angiotensin receptor blocker (i.e., Telmisartan)
 2. Baseline blood pressure measurement to assess for systemic hypertension
 3. Initiation of omega 3 fatty acids
 4. Consider a diet that will address both the renal and GI issues. Consider consultation with a nutritionist (i.e., University of Tennessee).
 6. Serial monitoring of the patient's renal values, serum albumin, blood pressure and UPC to assess progression of disease.

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

Dunes VC

REFERRING VET

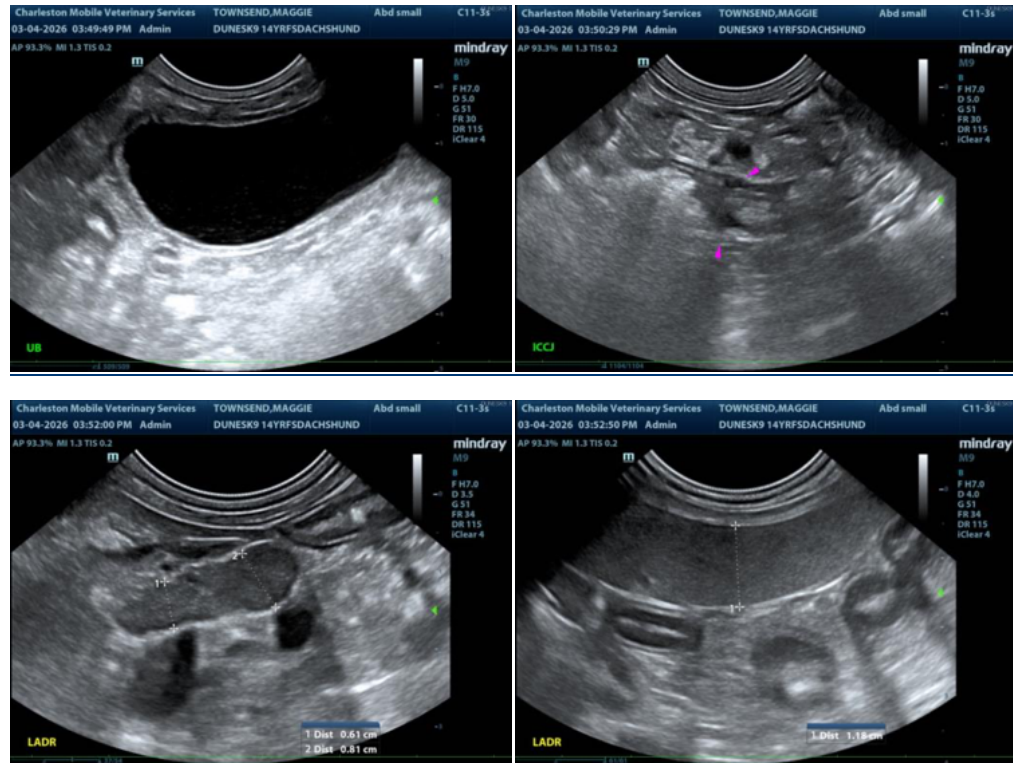
Dr. Soileau

INVOICE

13585

DATE

3/4/26





PATIENT

Maggie Townsend

SPECIES

Canine

BREED

Dachshund mix

SEX

Female, spayed

AGE

14 Yrs.

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

Dunes VC

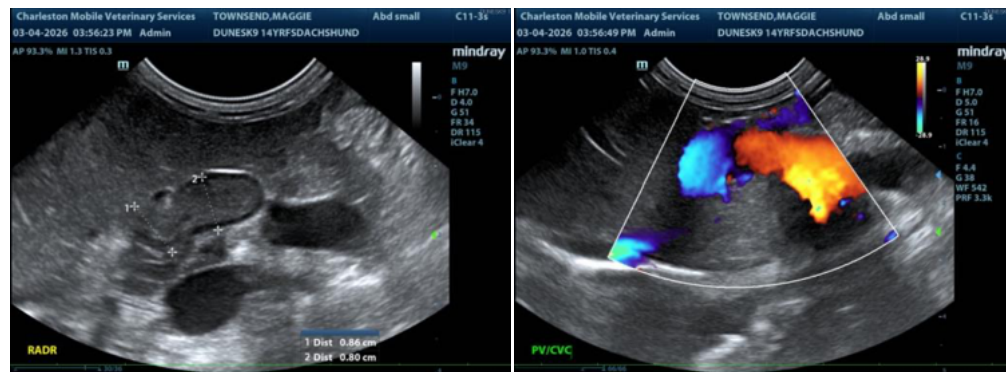
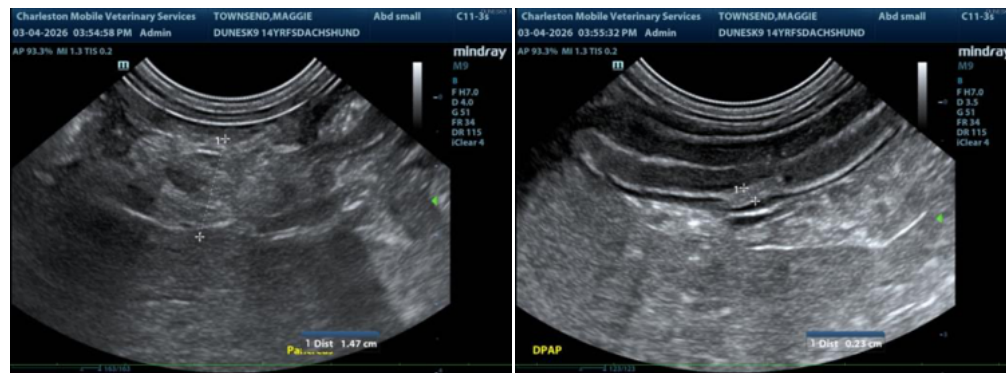
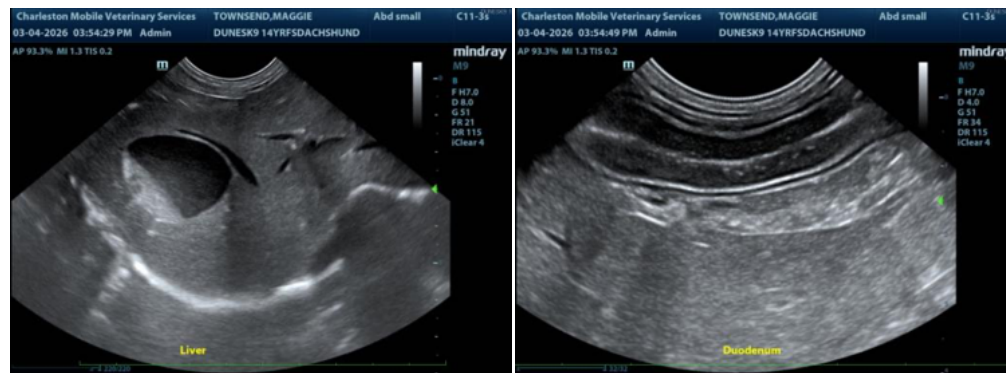
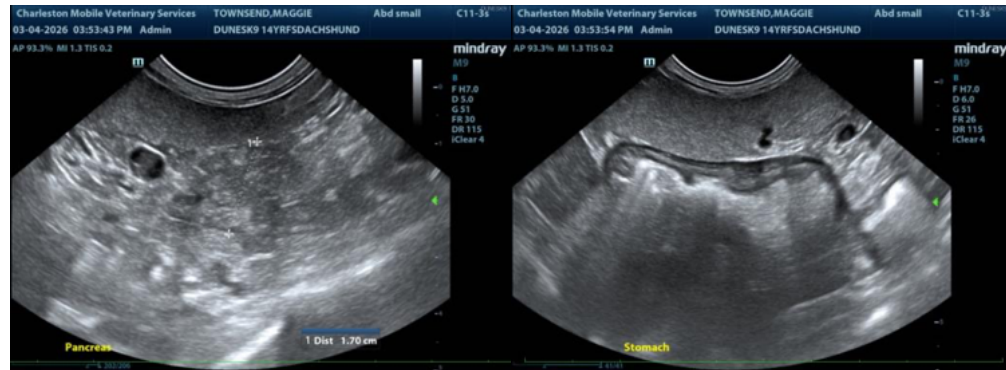
REFERRING VET

Dr. Soileau

INVOICE

13585

DATE
 3/4/26





PATIENT

Maggie Townsend

SPECIES

Canine

BREED

Dachshund mix

SEX

Female, spayed

AGE

14 Yrs.

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

Dunes VC

REFERRING VET

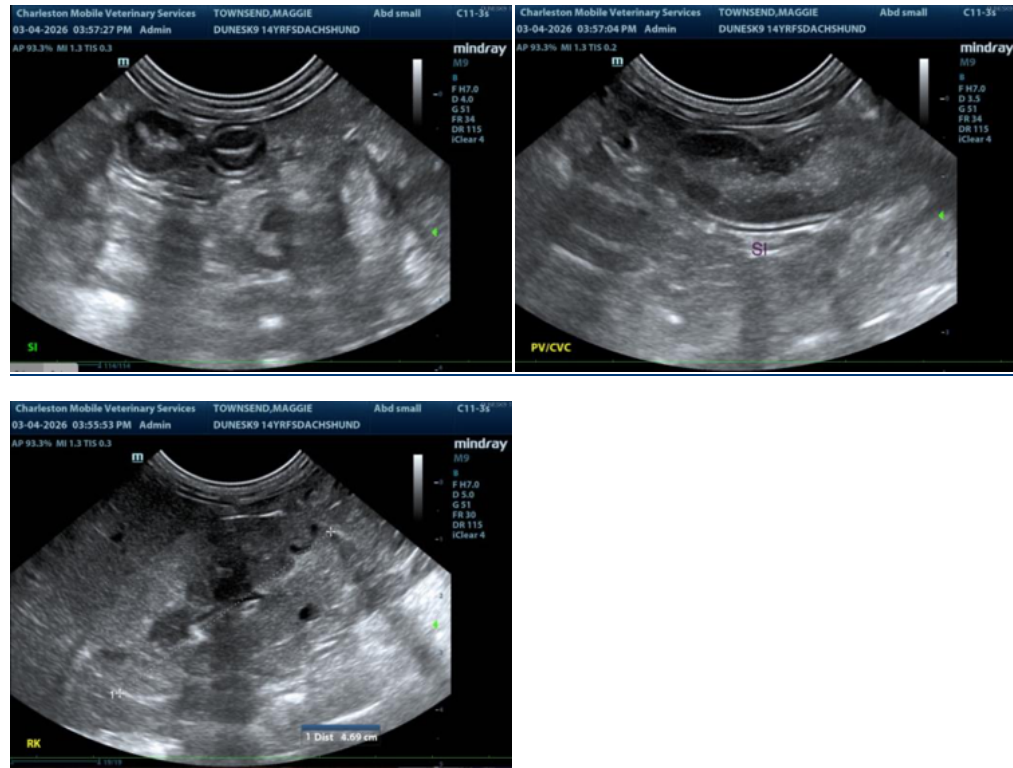
Dr. Soileau

INVOICE

13585

DATE

3/4/26



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