

**PATIENT**

Daisy Beers

**SPECIES**

Canine

**BREED**

Shih Tzu mix

**SEX**

Female, spayed

**AGE**

13 Yrs.

**WEIGHT**

17.7 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Meghan Morse

**HOSPITAL NAME**

Hamptonburgh AH

**REFERRING VET**

Dr. Madaan

**INVOICE**

13666

**DATE**

4/20/26

**PRESENTING CLINICAL SIGNS**

History: Recent epilepsy. Elevated ALT, Monocytes, Globulin Abnormal PE/Chem/CBC/UA  
Results: Mono 924 ALT 911 Globulin 3.8

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is moderately distended. The wall in the region of the apex is mildly thickened (up to 0.43 cm) with an irregular mucosal surface. A 0.50 cm cystic calculus is observed within the lumen along with a scant amount of suspended echogenic debris. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal in size (4.34 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. A few small non-obstructive nephroliths are visualized. At least one small cortical cyst is seen. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.37 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. A few small non-obstructive nephroliths are visualized. At least one small cortical cyst is seen. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is normal in size (0.35 cm at cranial pole) (0.43 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 enlarged (1.63 cm at cranial pole) (1.59 cm at caudal pole) with swollen irregular peripheral contours. The parenchyma is heterogeneous with loss of glandular detail. See also *Other*.

**Spleen**

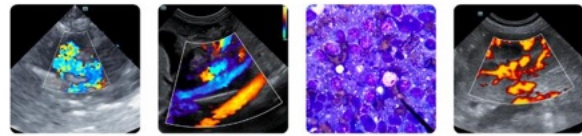
The spleen is normal in size (1.05 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

**Liver**

The liver is subjectively prominent in size with swollen curvilinear 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. See *Other*.

The gall bladder lumen is moderately distended. The wall is thin and smooth. At least 2 small polypoid like lesions are arising from the mucosal surface. A small to moderate amount of partially dependent echogenic debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

**Gastrointestinal**



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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 is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is 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 slightly hypoechoic 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. See also *Other*.

**Lymph nodes**

See *Other*.

**Free Abdomen**

There is no obvious evidence of free fluid.

**Other**

In the right cranial quadrant, a 3.8 x 3.3 cm heterogeneous mass is visualized.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings:**

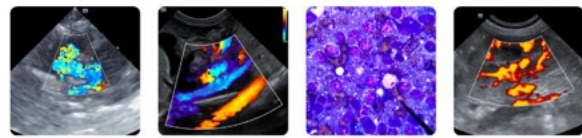
- Mass in the right cranial quadrant, the origin of which is unclear. It may be arising from the cranial pole of the right adrenal gland, right lateral lobe of the liver, pancreas, mesentery, lymph node, other.
- Right adrenomegaly. Considerations include neoplasia, hyperplasia, adrenalitis, other.
- The hepatic changes are nonspecific and could be secondary to inflammatory disease (i.e., cholangiohepatitis, chronic hepatitis), Leptospirosis, hepatotoxicosis, infiltrative neoplasia (i.e., lymphoma), vacuolar hepatopathy, regenerative nodular hyperplasia, other hepatopathy, or some combination thereof.
- The gallbladder changes could be consistent with cholestasis, fasting or an emerging mucocele.

**Secondary Findings:**

- Bilateral nonspecific, age-related renal changes with non-obstructive nephrocalcinosis and cortical cysts.
- Cystic calculus with apical urinary bladder wall changes consistent with cystitis.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. To further evaluate the origin and extent of the mass in the right cranial abdomen, an abdominal CT scan is recommended. Depending on results, consultation with a board-certified oncologist and/or surgeon may be indicated.



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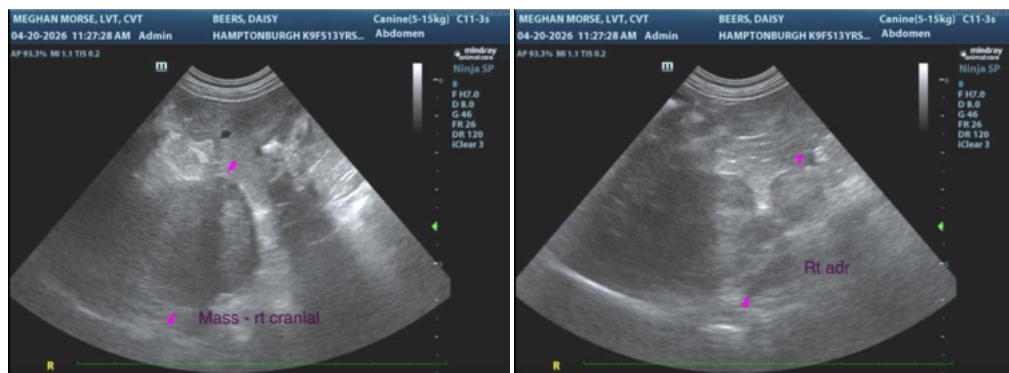
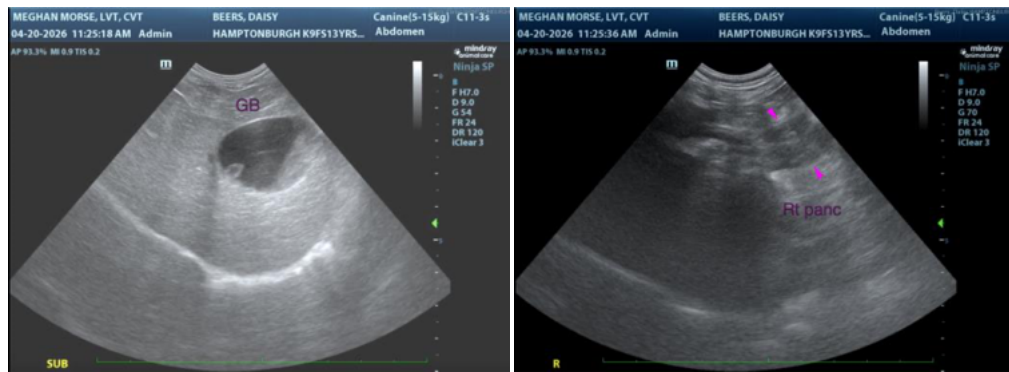
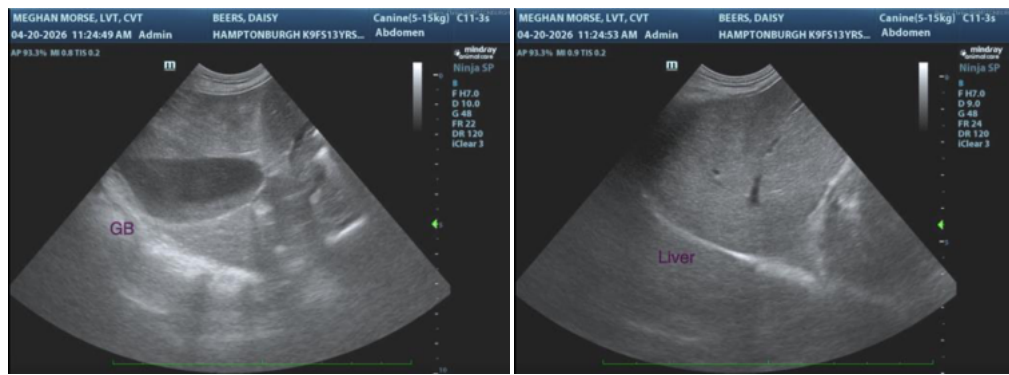
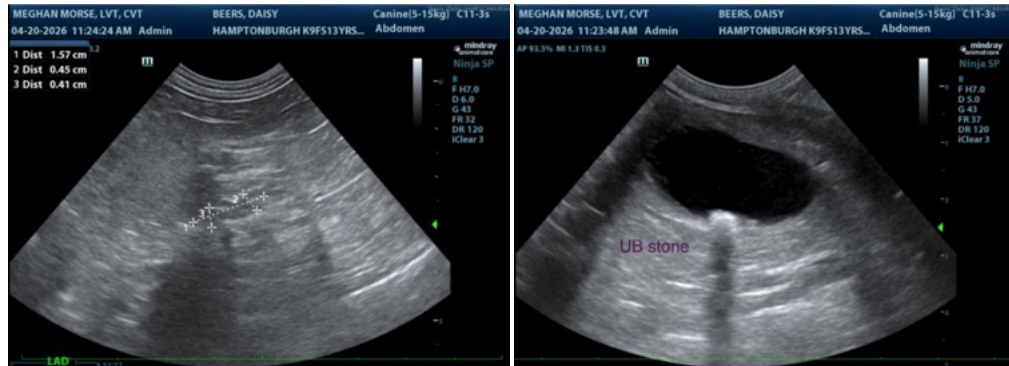
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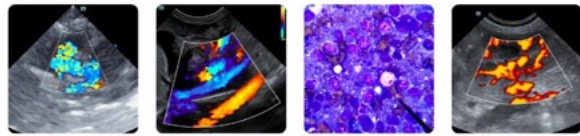
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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