

**PATIENT**

Shadow  
Vandersande

**PRESENTING CLINICAL SIGNS**

History: Increasing ALKP. O thinks may be losing weight and is drinking more water in the am (rest of the day he is fine). Current meds: Apoquel sid.

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: 8/2020- alkp 194, 1/2021- alkp 281, 7/2021-alkp 615, 10/2021-alkp 882, Bile acids Pre 13.2, Post 24.7, 7.2021-USG 1.040, ph 6.5, wbc 2-3, squamous epith 4-10.

**BREED**

Lab. Retriever Mix

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

**SEX**

Neutered Male

The prostate is normal in size (1.21 cm in width) with a normal shape and smooth peripheral contours. The parenchyma is subtly heterogenous in appearance. No distinct focal lesions are observed. The prostatic urethra is not overtly dilated.

**AGE**

13 years

The left kidney is normal size (6.89 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. A 0.61 cm cortical cyst is observed at the caudal aspect. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**WEIGHT**

69 lbs

The right kidney is normal size (6.99 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. A small cortical cyst is observed at the caudal aspect. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**INTERPRETED BY**

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

The right kidney presented normal size (cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**Adrenal Glands**

The left adrenal gland is normal size (0.76 cm at cranial pole) (0.75 cm at caudal pole) (2.67 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable.

**HOSPITAL NAME**

Whippany Vet  
Hospital

Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

**REFERRING VET**

Dr. Cordero

The right adrenal gland is normal size (1.26 cm at cranial pole) (0.80 cm at caudal pole) (2.68 cm in length); 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 (1.92 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.

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1/13/22



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**Liver**

The liver is subjectively prominent in size with slightly rounded peripheral contours. The parenchyma is isoechoic relative to the spleen and homogenous in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

**SPECIES**

Canine

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 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 or overt infiltrative disease is noted.

**SEX**

Neutered Male

**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.

**AGE**

13 years

**Free Abdomen**

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

**WEIGHT**

69 lbs

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Given the normal ALT, inflammatory disease is considered unlikely. Infiltrative neoplasia is possible but also considered unlikely.

**Secondary Findings**

- Minor age-related renal and prostatic changes.

**INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS**

- Serial monitoring (i.e., every three to four months) of the patient's liver values is recommended to assess for progression. If values continue to increase, a repeat ultrasound +/- hepatic tissue sampling may be warranted.
- If there is true evidence of weight loss, consider the following:
  - Three-view thoracic radiographs to assess for occult neoplasia.
  - Malabsorption panel to evaluate for maldigestion/malabsorption
  - Fecal evaluation for ova and Giardia

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ACVIM (*Small Animal  
Internal Medicine*)

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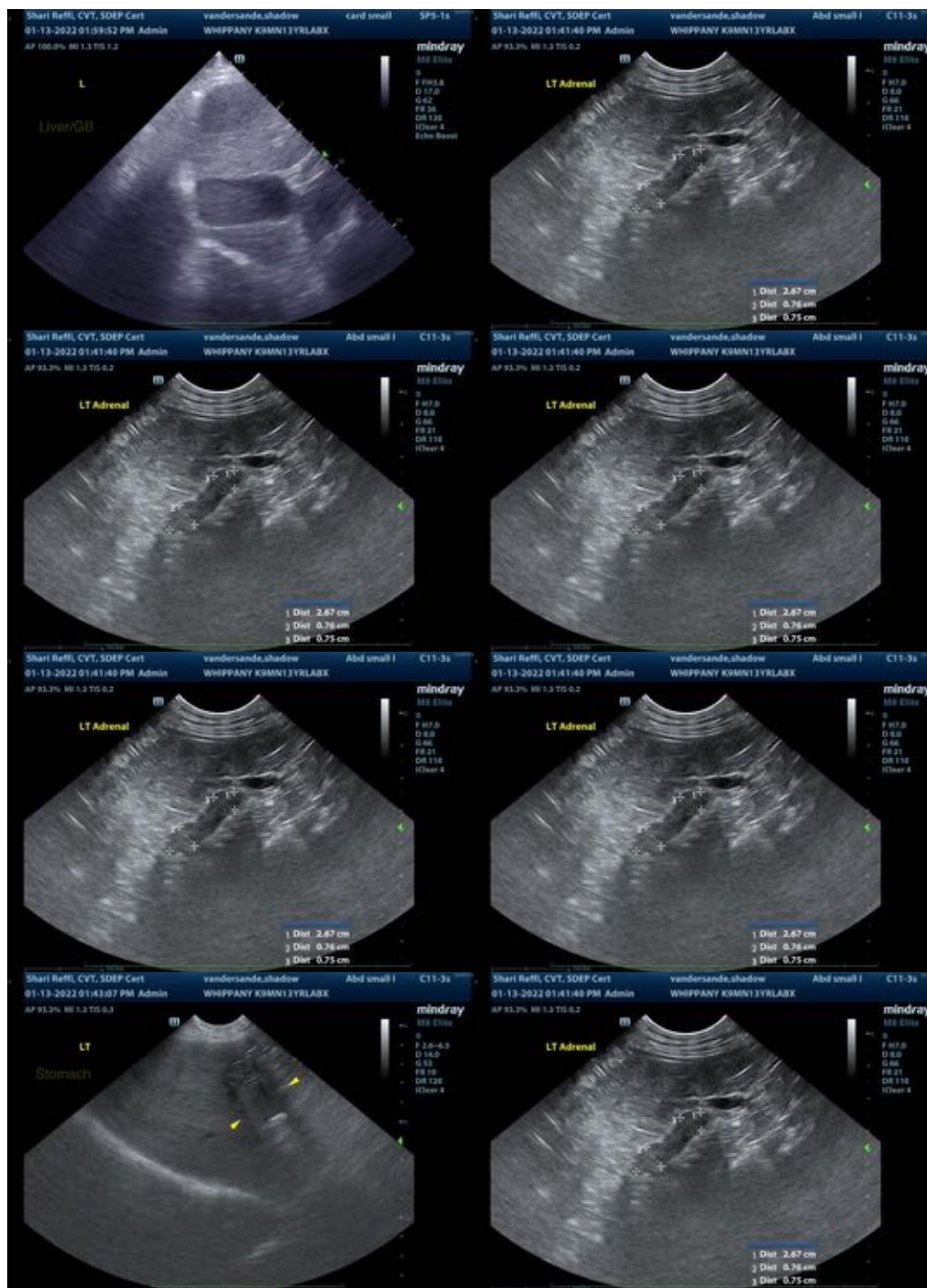
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4. +/- GI biopsies (endoscopic or surgical) if above diagnostics are inconclusive.



**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**



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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.

**SPECIES**

Canine

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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Lab. Retriever Mix

**Andrea Nicastro**, DVM, Diplomate DACVIM (Small Animal Internal Medicine)  
info@SonoPath.com

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