



PATIENT

Jack Stephens

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered Male

AGE

7 years

WEIGHT

9 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Crystal Hill

HOSPITAL NAME

St. Catharine's AH

REFERRING VET

Dr. Masoud

INVOICE

10186

DATE

01/21/22

PRESENTING CLINICAL SIGNS

History: Admitted for dental and bloodwork showed elevated ALP, GGT and total bilirubin. Decreased CL and increased Albumin. CPLi within normal limits. Had severe diarrhea 7 days ago. Currently on Sulcrate and Fortiflora.

Abnormal PE/Chem/CBC/UA Results:

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 mostly 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.

The prostate is normal in size (0.60 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (3.75 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (3.79 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate 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 enlarged (0.99 cm at cranial pole) (0.64 cm at caudal pole) (1.96 cm in length); with a slightly irregular shape and prominent cranial pole. The parenchyma is heterogeneous in appearance with a pinpoint hyperechoic foci at the caudal aspect. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.67 cm at cranial pole) (0.51 cm at caudal pole) (1.12 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 (0.92 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A few ill-defined myelolipomas are observed in the region of the hilus.

Liver

The liver is subjectively enlarged with swollen peripheral contours. The parenchyma is hyperechoic 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 gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of echogenic debris is adhered to the luminal surface. The cystic and common bile ducts are normal.



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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.

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.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

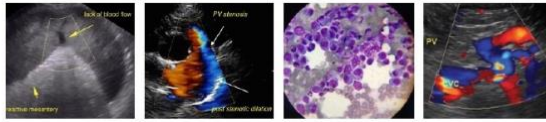
- Non-specific diffuse hepatopathy. Differentials include vacuolar hepatopathy, regenerative nodular hyperplasia, age-related remodeling, cholestatic liver disease, other hepatopathy. Inflammatory disease considered less likely given the normal ALT. Infiltrative neoplasia is possible but considered unlikely.

Secondary Findings

- Bilateral chronic non-specific renal changes.
- Left adrenomegaly. Differentials include hyperplasia or emerging neoplasia. A benign process is favored.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A fine-needle aspirate of the liver can be considered (if clotting status is appropriate). A 25-gauge needle should be used.
- If a more conservative approach is desired, consider repeating liver values in 3-4 weeks. If values are similar or continue to increase, hepatic tissue sampling can be considered at that time. A repeat ultrasound should be considered in 1-2 months to reassess the left adrenal gland.
- Consider initiation of a hepatic antioxidant (i.e., Denamarin).
- 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.



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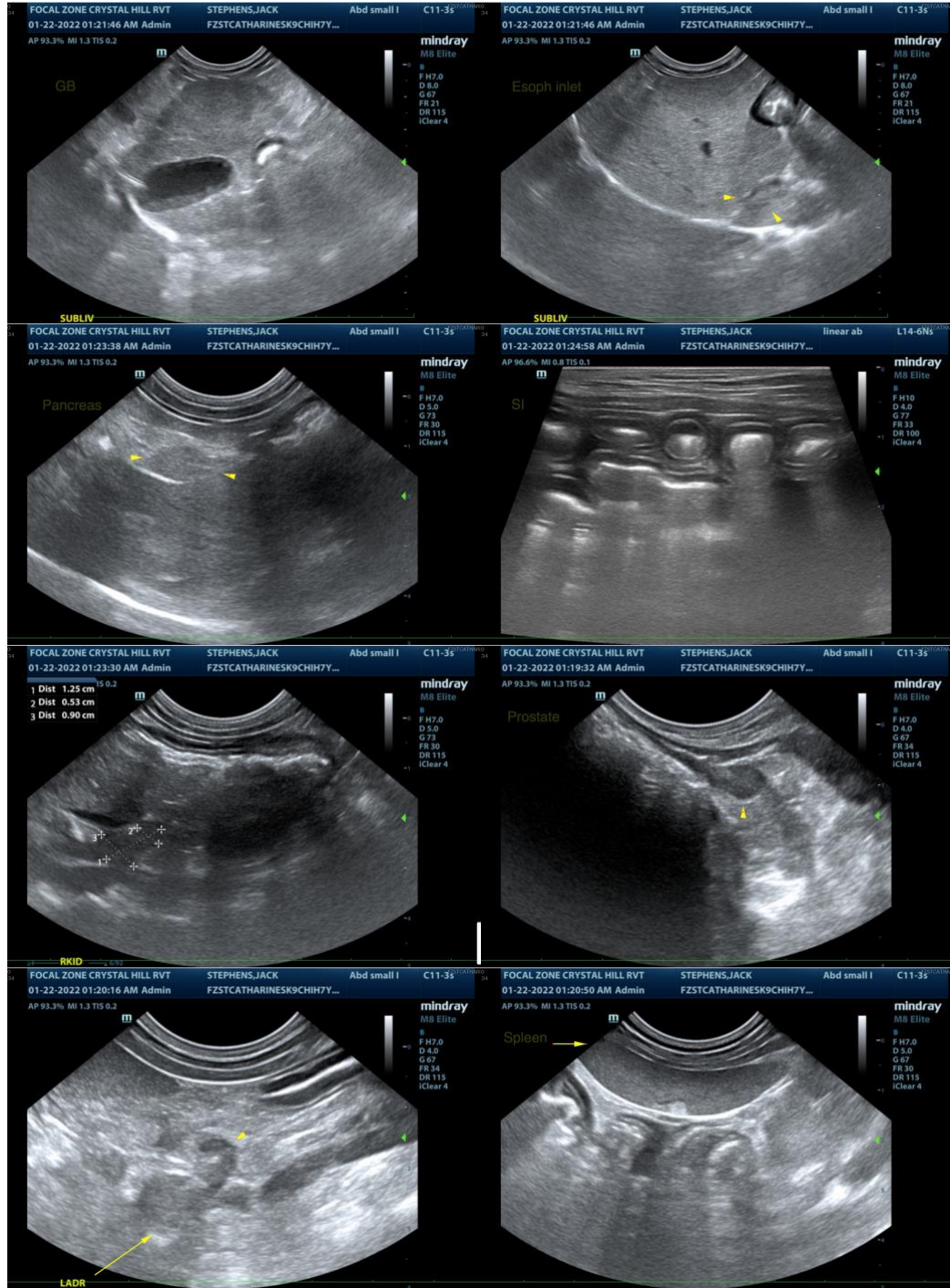
Dr. Masoud

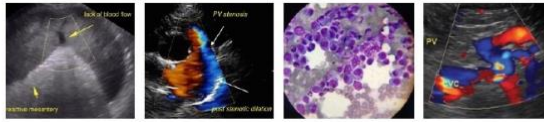
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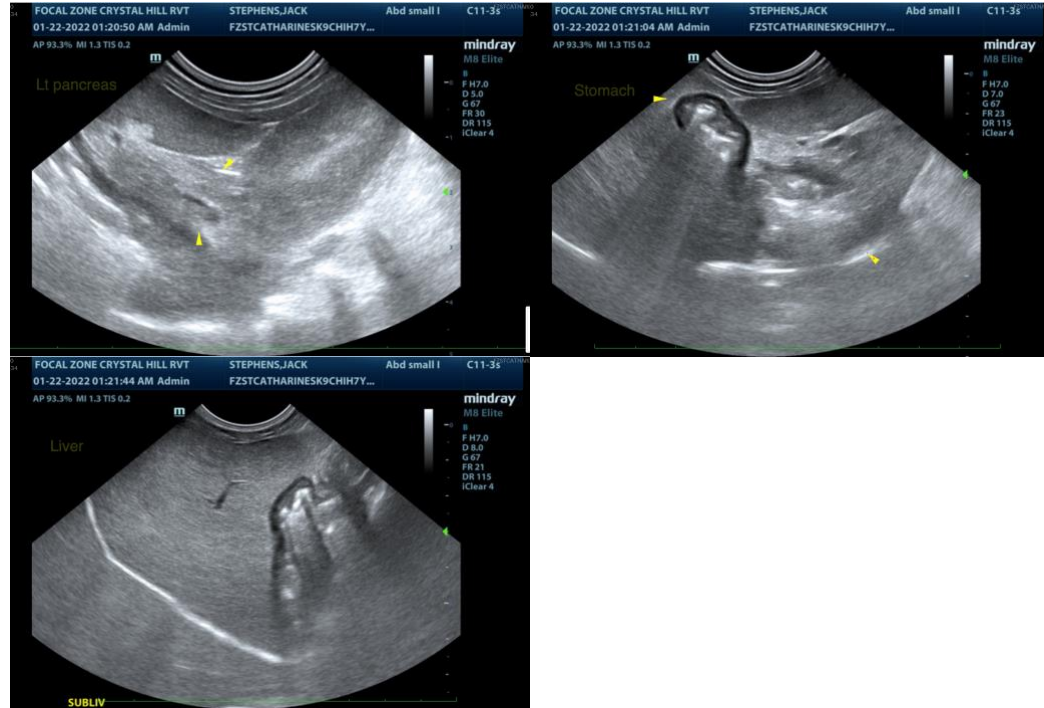
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 DACVIM (Small Animal Internal Medicine)
info@SonoPath.com