**PATIENT**

Mocha Brandenburg

PRESENTING CLINICAL SIGNS

History: High liver enzymes and asymptomatic.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: (01/19/2022) CHEM: AST 102, ALT 708, ALKP 4782, GGT 87, Creatinine 0.4, Phosphorus 7.6, Glucose 141, Magnesium 3.3, Triglyceride 603, Potassium 6.0, Chloride 100, Cholesterol 864, Amylase 281, PrecisionPSL 148. CBC: WBC 18.2, Platelet Count 620, Neutrophils 13832, Monocytes 1456. T4: <0.5.

BREED

Chihuahua/Dachs 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 (0.37 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

AGE

10 year 3 mo

The left kidney is normal in size (4.91 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. One to two small cortical infarcts are observed at the lateral aspect. There is no evidence of pyelectasia or hydronephrosis. Renal vasculature is normal.

WEIGHT

15.6 lbs

The right kidney is normal in size with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. A few small cortical cysts are seen. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is mildly enlarged (0.59 cm at cranial pole) (0.84 cm at caudal pole) (2.16 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.

IMAGING PERFORMED BY

Potomac Mobile
Veterinary Ultrasound

The right adrenal gland is enlarged (0.68 cm at cranial pole) (0.86 cm at caudal pole) (2.05 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.

HOSPITAL NAME

Vets and Pets Pet
Hospital

Spleen

The spleen is overall normal in size (0.83 cm in width at the level of the hilus). A 1.43 x 1.15 cm round heterogenous nodule is arising from the parenchyma. The lesion causes capsular expansion. In the remainder of the spleen, the contours are curvilinear, and the parenchyma is homogenous. Splenic vasculature is normal with no evidence of thrombosis.

REFERRING VET

Dr. Cathy Jarrett

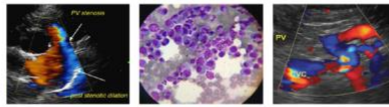
INVOICE

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Liver

The liver is enlarged with swollen peripheral contours. The parenchyma is isoechoic to hyperechoic relative to the spleen and somewhat heterogenous in appearance with ill-defined hypoechoic nodules/areas, the largest measuring 1.66 x 1.36 cm. A few small hyperechoic nodules are also seen.

DATE

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There is a 1.58 x 1.07 cm cystic lesion deep on the left side. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

SPECIES

Canine

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of aggregated echogenic mostly gravity dependent debris is observed within the lumen. The cystic and common bile ducts are normal.

BREED

Chihuahua/Dachs Mix

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 right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic 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.

AGE

10 year 3 mo

Free Abdomen

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

WEIGHT

15.6 lbs

ULTRASONOGRAPHIC FINDINGS**INTERPRETED BY**

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

Primary Findings

- Splenic nodule. Neoplasia (i.e., sarcoma, round cell tumor), is considered likely with a lower possibility of benign pathology.
- Diffuse hepatopathy, non-specific. Differentials include benign age-related pathology (i.e., regenerative nodular hyperplasia), vacuolar hepatopathy, +/- concurrent hepatopathy (i.e., inflammatory disease), hepatotoxicosis (i.e., copper), infiltrative neoplasia (less likely), other.
- Gall bladder sludge, non-mucocele
- Mild bilateral adrenomegaly

IMAGING PERFORMED BY

Potomac Mobile
Veterinary Ultrasound

Secondary Findings

- Bilateral degenerative renal changes with dystrophic mineralization and left cortical infarcts
- Age-related pancreatic remodeling

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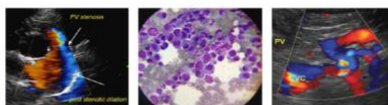
Dr. Cathy Jarrett

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**INVOICE**

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- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- A fine-needle aspirate of the splenic nodule is recommended if clotting status is appropriate. Also consider fine-needle aspirate of the liver. If cytology results are inconclusive, consider an

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abdominal exploratory with splenectomy and liver biopsies with aerobic and anaerobic bile cultures and acquisition of additional hepatic tissue samples for potential copper quantitation

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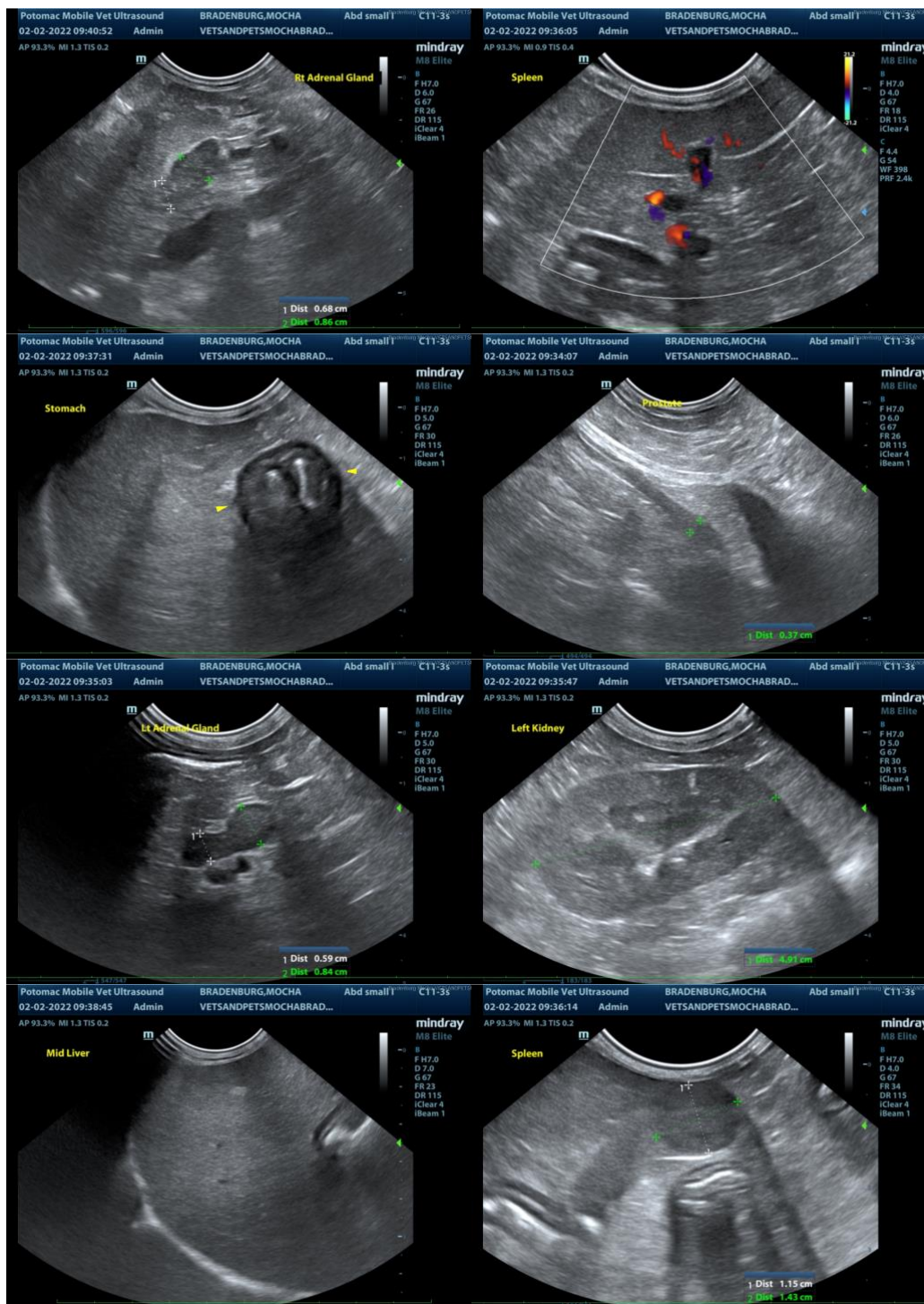
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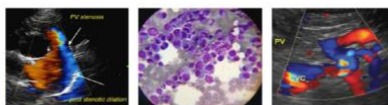
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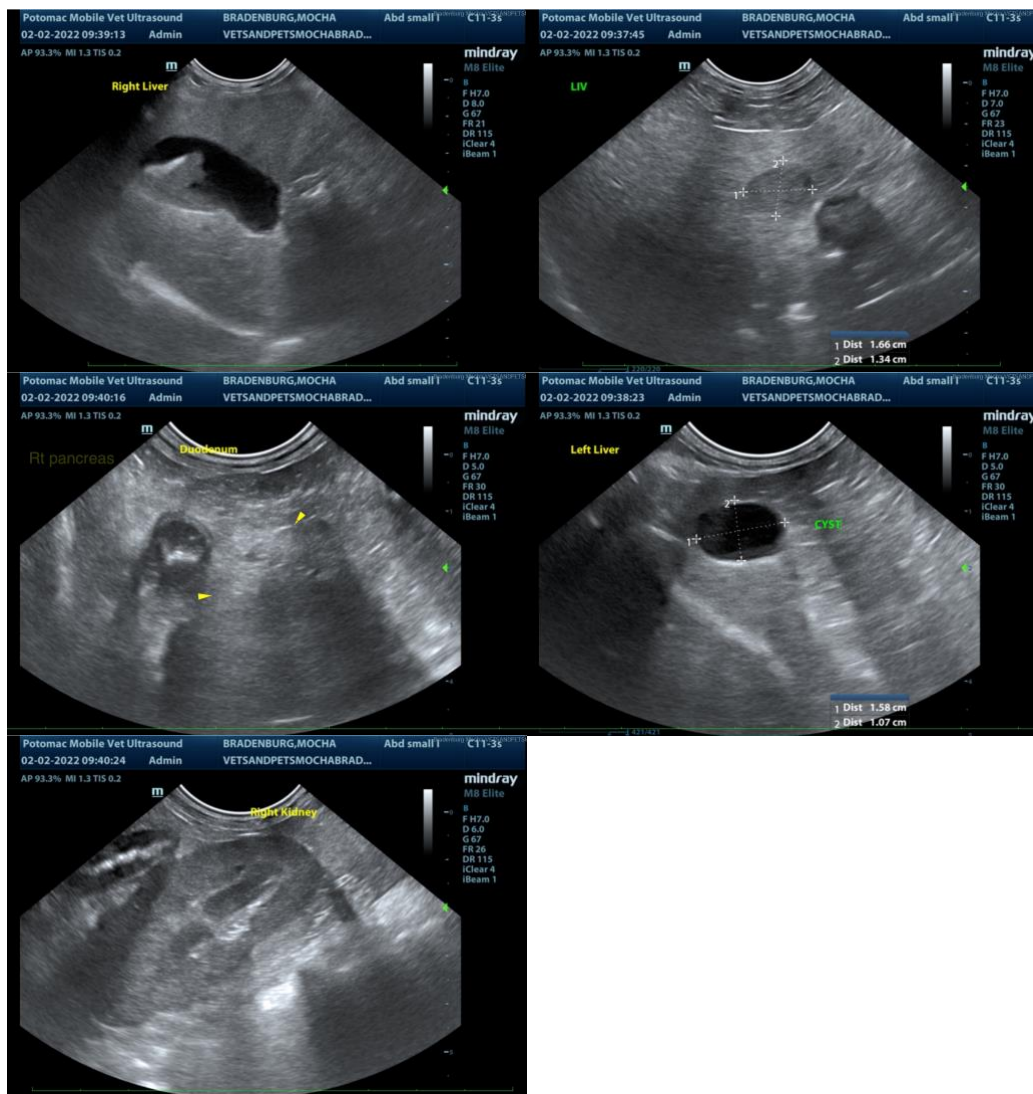
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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