

**PATIENT**

Maddie Frantzman

**SPECIES**

Canine

**BREED**

Cairn Terrier

**SEX**

Spayed Female

**AGE**

7 years

**WEIGHT**

27.4 lb

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Scott

**HOSPITAL NAME**

Ho Ho Kus VH

**REFERRING VET**

Dr. Scott

**INVOICE**

10268

**DATE**

2/3/22

**PRESENTING CLINICAL SIGNS**

History: slight weight loss but excessive appetite, drinking more no v/d, normal energy

Abnormal PE/Chem/CBC/UA Results: CBC/Chem/T4: ALP 1500, USG 1.1016, elevated cholesterol, T4 0.8 PE WNL lost 2 lbs since august but then gained 0.3lbs in the last 2 weeks.

**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 left kidney presented normal size (5.37 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 hydronephrosis.

The right kidney presented normal size (6.15 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 hydronephrosis.

**Adrenal Glands**

The left adrenal gland is normal size (0.69 cm at cranial pole) (0.59 cm at caudal pole) (2.11 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.

The right adrenal gland is normal size (1.54 cm at cranial pole) (0.58 cm at caudal pole) (2.70 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 (1.64 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.

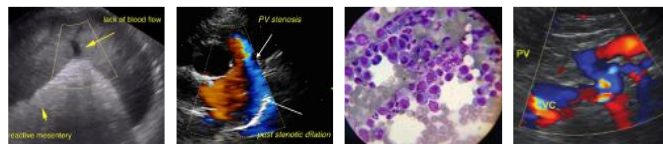
**Liver**

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

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.

**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.



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pattern. The small intestinal lumen is segmentally dilated with chyme. 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.

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### **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.

## BREED

Cairn Terrier

### **Free Abdomen**

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

## SEX

Spayed Female

## ULTRASONOGRAPHIC FINDINGS

### **Primary Findings**

- Suspected benign hepatopathy (i.e., vacuolar hepatopathy). However, the patient is somewhat young for this pathology in the absence of concurrent metabolic disease such as diabetes mellitus or Cushing's disease. Therefore, close monitoring of the patient's liver values and clinical signs is recommended.

## AGE

7 years

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

## WEIGHT

27.4 lb

- Given the weight loss, pre-and postprandial serum bile acids are recommended to assess for occult hepatic dysfunction. Also consider further testing for Cushing's disease (i.e., low-dose dexamethasone suppression test or ACTH stimulation test). However, Cushing's does not result in weight loss. Therefore, if Cushing's disease is diagnosed, a concurrent disease process causing weight loss may be present.

## INTERPRETED BY

- Also consider a malabsorption panel including serum cobalamin and folate TLI and PLI.
- Ultimately hepatic and gastrointestinal biopsies may be necessary to get a definitive diagnosis.
- Three-view thoracic radiographs are recommended to assess for occult neoplasia in the chest.

Andrea Nicastro,  
DVM, Diplomate ACVIM  
(Small Animal Internal  
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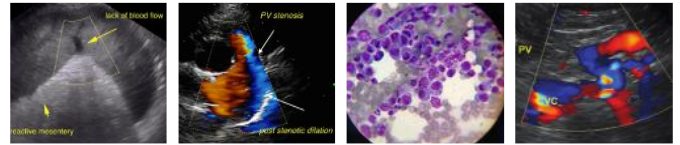


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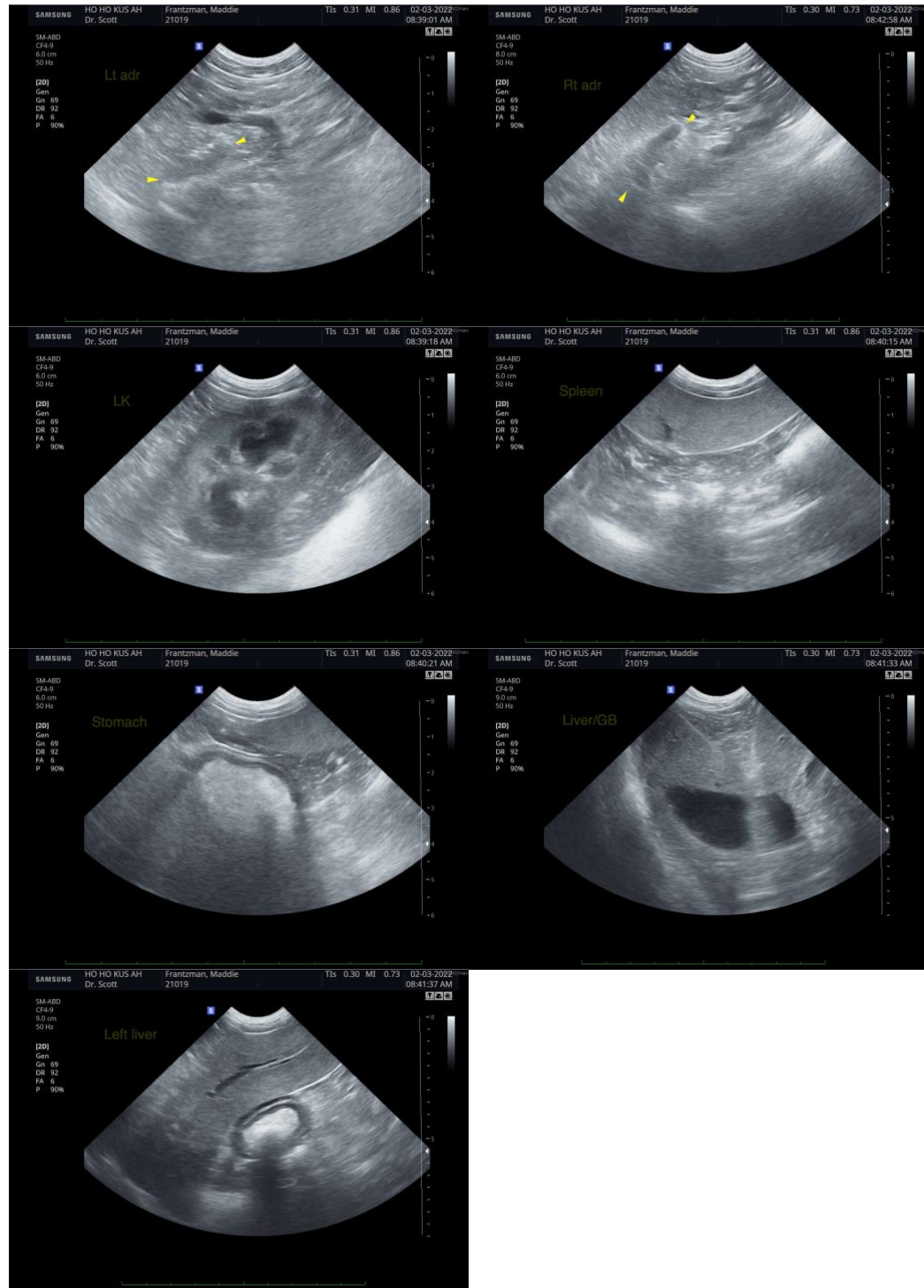
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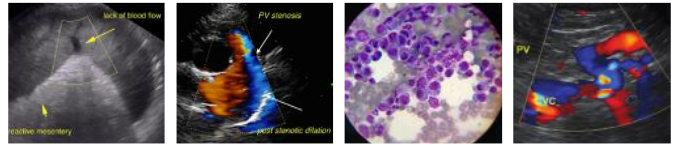
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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

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