



PATIENT

Magnus Hollinger

SPECIES

Canine

BREED

Havanese

SEX

Male Neutered

AGE

03/01/2011

WEIGHT

15lbs

INTERPRETED BY

Andrea Nicastrò DVM
Diplomate ACVIM
(Sm Animal Internal Med)

**IMAGING
PERFORMED BY**

Andrea Nicastrò DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Saddleback Mobile VC

REFERRING VET

Dr Kelli Klein

INVOICE

22388

DATE

1-16-26

PRESENTING CLINICAL SIGNS

Around Christmastime, started having liquid diarrhea with increased urgency to defecate. Vomited a couple times. Eating less. Bloodwork from November revealed an ALP of 260 and thrombocytosis. Owner reports the patient has been feeling better the last day or two.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. A cystic calculus is observed (measuring 0.24 cm in diameter). The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is normal in size (0.67 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (4.32 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Several, small, mineralized foci are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.35 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Several, small, mineralized foci are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.61 cm at cranial pole) (0.77 cm at caudal pole) with a relatively normal shape. A 0.47 x 0.36 cm hypoechoic nodule is observed at the caudal pole. In addition, a 0.40 x 0.26 cm cystic area is observed approximately mid-gland. The remaining glandular echogenicity and detail are unremarkable. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is mildly enlarged (0.87 cm at cranial pole) (0.55 cm at caudal pole) with a relatively normal shape. Glandular echogenicity and detail 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. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively enlarged, with swollen peripheral contours. The parenchyma is isoechoic relative to the spleen, and subtly heterogenous in appearance, with a few, ill-defined hyperechoic areas. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

The gallbladder lumen is moderately distended. The wall is thin and smooth. A few polypoid-like lesions are arising from the mucosal surface. A small-to-moderate amount of gravity-dependent, echogenic-to-mineralized debris/sand is observed within the lumen. The cystic and common bile ducts are normal/not seen.



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Gastrointestinal

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 ileoceocolic junction and colonic wall are 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 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.

Lymph Nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

There is no obvious evidence of free fluid.

Other

A brief echocardiogram reveals no obvious evidence of right atrial or auricular mass. There is no obvious evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The diffuse hepatic changes are nonspecific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory disease, infiltrative neoplasia and other hepatopathies are considered less likely.
- Gallbladder debris/sand, non-mucocele. A few gallbladder polyps are present. These are typically a benign incidental finding in older canine patients. However, they can be associated with cholecystitis.
- Bilateral adrenomegaly with a small left adrenal nodule, as well as a small cyst
- Small cystic calculus

Secondary Findings

- Bilateral nonspecific age-related renal changes with nonobstructive nephrocalcinosis
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

*An obvious cause for the patient's GI signs is not definitively identified in this study. Considerations include a microscopic enteropathy (i.e., food allergy/intolerance, dietary indiscretion, toxicity, infectious/parasitic disease, inflammatory bowel disease), underlying metabolic issue, other.



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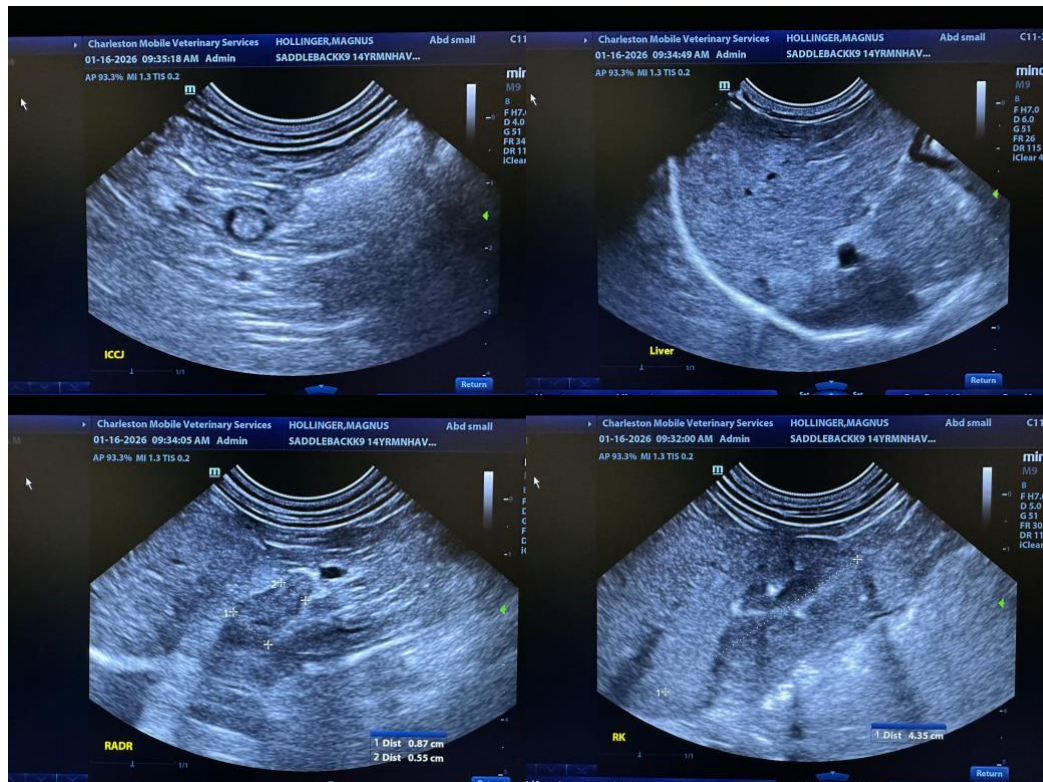
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If GI signs persist or recur, consider the following:
 1. Fecal evaluation for ova and Giardia +/- a fecal GI PCR infectious disease panel
 2. Prophylactic deworming with fenbendazole
 3. GI panel including serum cobalamin and folate, TLI and PLI
 4. +/- limited antigen diet trial
 5. +/- endoscopic or surgical GI biopsies
- Regarding the bilateral adrenomegaly, consider further testing for Cushing's disease (if clinical signs occur).
- Serial monitoring (i.e., every 3-4 months) of the patient's liver values is recommended. If values continue to increase, a repeat abdomen ultrasound +/- a more advanced hepatic work-up (i.e., tissue sampling) may be warranted.
- Regarding the cystic calculus, consider a cystotomy with stone removal, analysis and culture. Alternatively, an attempt at medical dissolution can be considered.





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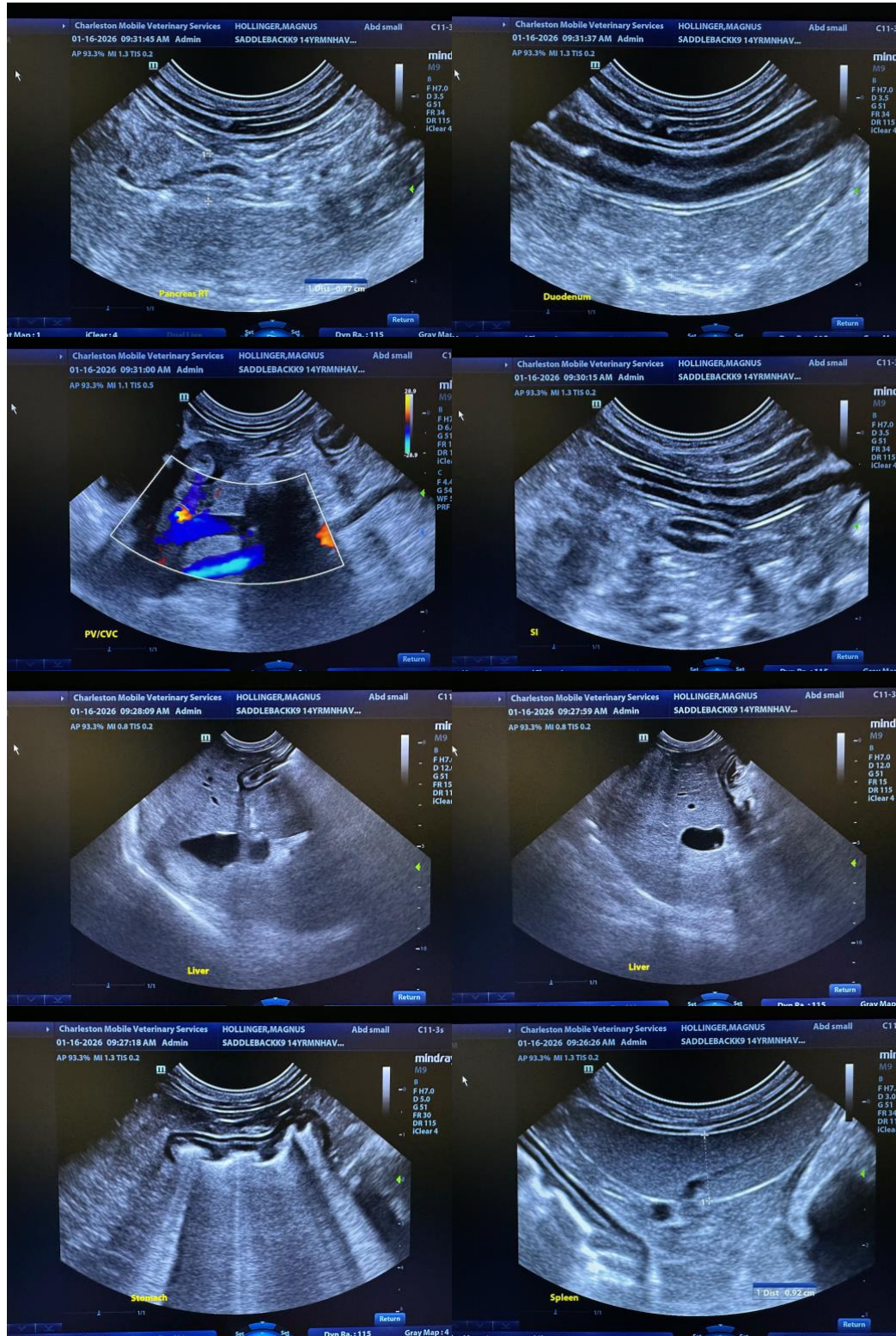
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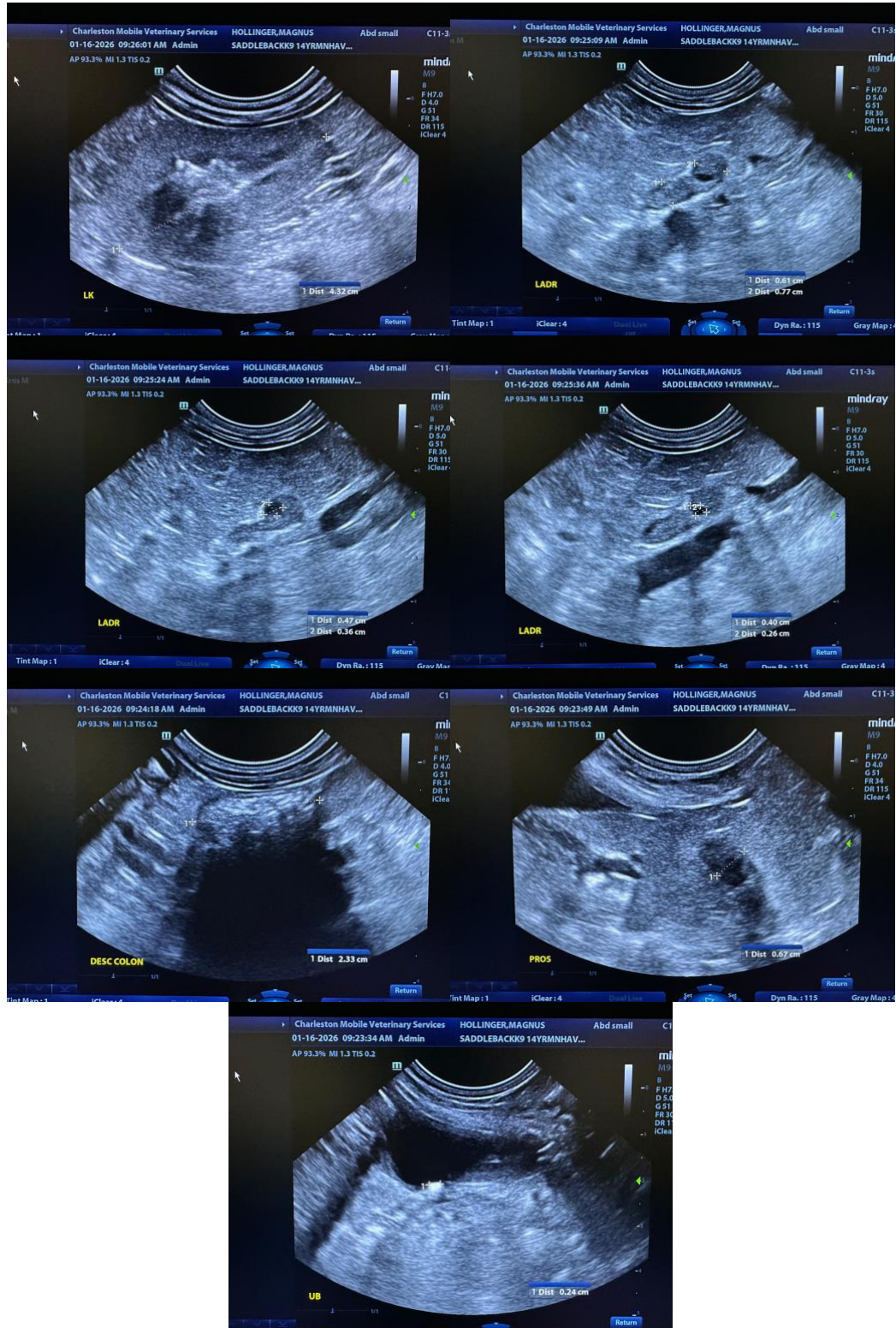
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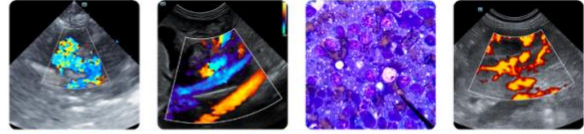
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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