



PATIENT PRESENTING CLINICAL SIGNS

Milo Menon

- No specific clinical signs
- Liver enzymes higher than normal limits and abnormal Bile acid test.
- Had u/s last year with similar history (attached for your reference)
- Is on Zentonil Advanced supplement

SPECIES

Canine

BREED

Jack Russell Terrier

Abnormal PE/Chem/CBC/UA Results: CBC-(9/29/25) wnl CHEM (9/29/25): Urea 19.2 mmol/l (2.5-9.6) ALT 991 u/l (10-125) ALP 672 u/l (23-212) Bile acids 12/25/25: Fasting: 8umol/l (0-5) Post prandial: 59 umol/l (0-15)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Neutered Male

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is mildly distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra are normal.

AGE

15

The region of the prostate is not visualized due to its pelvic location.

WEIGHT

9.9 kg

The left kidney is normal in size (4.15 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

INTERPRETED BY

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

The right kidney is normal in size (4.61 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.56 cm at cranial pole) (0.64 cm at caudal pole) with a normal shape. A 0.75 x 0.67 cm irregular hyperechoic nodule is observed at the cranial pole. The parenchyma at the caudal pole is hypoechoic. The phrenicoabdominal vein and surrounding vasculature are normal.

IMAGING PERFORMED BY

Dr. Iacovides

No images provided of the right adrenal gland.

HOSPITAL NAME

Tuxedo AH

Spleen

The spleen is normal in size (1.37 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.

REFERRING VET

Dr. Ziaie (St vital vh)

Liver

The liver is prominent-in-size, with smooth peripheral contours. The parenchyma is isoechoic relative to the spleen and mildly heterogenous in appearance, with some ill-defined hypoechoic nodules. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

INVOICE

22407

The gallbladder lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated, echogenic, suspended debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

DATE

1-19-26

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



PATIENT

intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

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Pancreas

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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.

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Lymph Nodes

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The abdominal lymph nodes are normal/not visible.

Jack Russell Terrier

Free Abdomen

There is no obvious evidence of free fluid.

SEX

ULTRASONOGRAPHIC FINDINGS

Neutered Male

Primary Findings

AGE

- The hepatic changes are nonspecific and could be secondary to inflammatory disease (i.e., cholangiohepatitis, chronic hepatitis), Leptospirosis, hepatotoxicosis, infiltrative neoplasia (i.e., lymphoma), vacuolar hepatopathy, regenerative nodular hyperplasia, other hepatopathy, or some combination thereof.

15

WEIGHT

- Gallbladder debris, non-mucocele

9.9 kg

INTERPRETED BY

Secondary Findings

Andrea Nicastro, DVM,
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(Small Animal Internal
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- Minor bilateral age-related renal changes
- Left adrenomegaly. The left adrenal nodule at the cranial pole could be consistent with focal nodular hyperplasia, adenoma, or less likely, emerging adenocarcinoma, pheochromocytoma, other.

IMAGING PERFORMED BY

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dr. Iacovides

- Given the patient's clinical history and sonograph liver changes, hepatic tissue sampling (i.e., aspirates or biopsies) would be necessary for further evaluation. Liver biopsies are more likely to yield a definitive diagnosis. If pursued, aerobic and anaerobic bile cultures and hepatic copper quantitation should also be performed.
- If a conservative approach is desired, consider empirical treatment for bacterial cholangiohepatitis (amoxicillin-clavulanic acid, Denamarin). If no improvement in the liver values is seen within 7-10 days of initiating therapy, antibiotics should be discontinued, and hepatic tissue sampling reconsidered. If liver values improve, continue therapy for at least 4-6 weeks and 1 week beyond normalization of the liver values.

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REFERRING VET

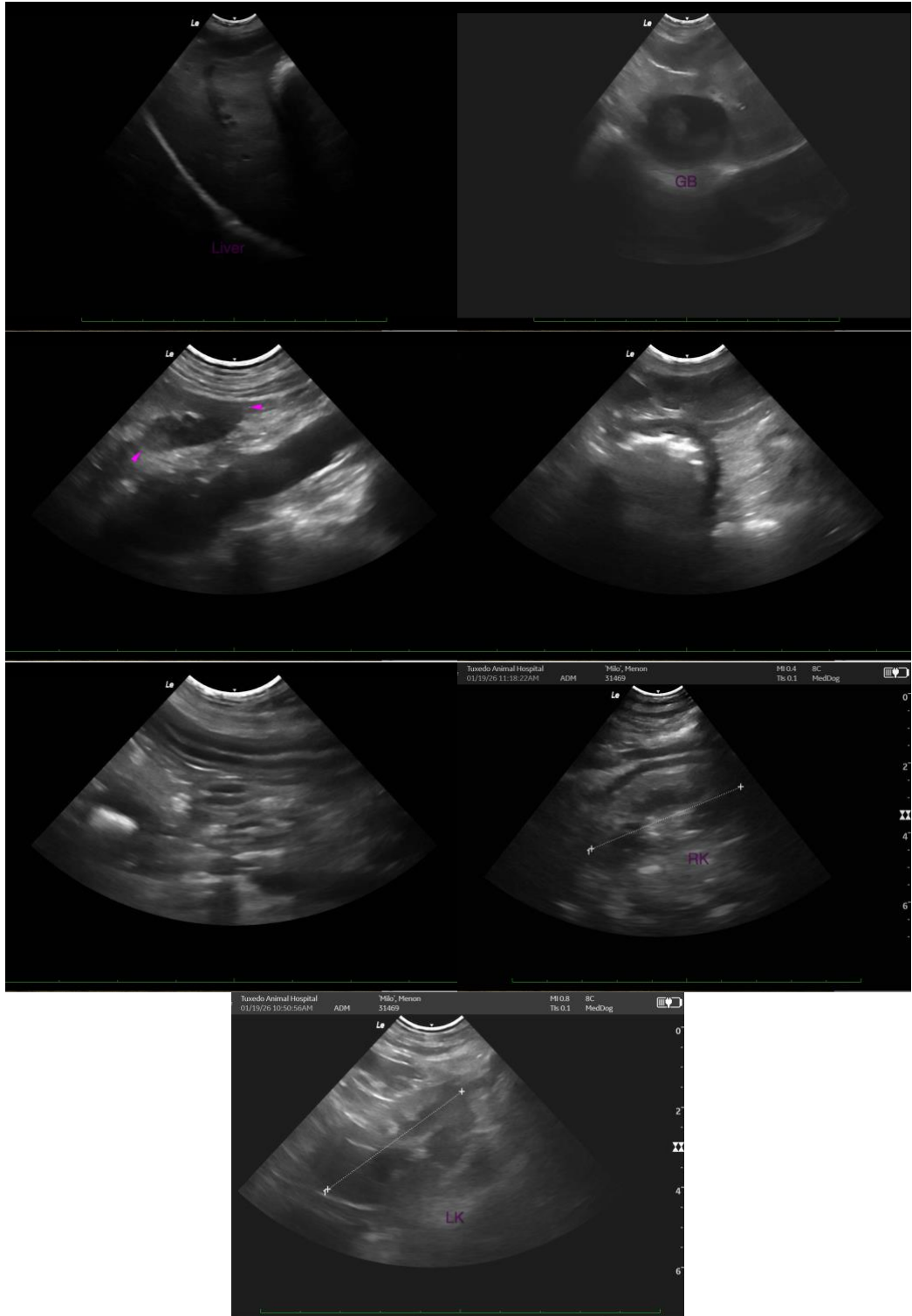
Dr. Ziaie (St vital vh)

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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.

BREED

Jack Russell Terrier

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

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