

PATIENT PRESENTING CLINICAL SIGNS

Daisy Wilkes Clinical Exam Findings: Rec abd u/s to evaluate liver and pancreas, Coughing, sneezing, snoring, weight loss, nasal planum hyperkeratosis

SPECIES

Abnormal lab-work values: PSL, GGT and alpk are elevated
Canine Current Medications: doxycycline 50mg: 1T PO BID, Clavamox 125mg: 1T PO BID, prednisone 5mg 1T PO SID x 4 days then 1T EOD

BREED

Radiographic Findings: none

Pomeranian X

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Urinary System

Female Spayed The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are mostly anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 1.5 cm, are normal.

AGE

15

The left kidney is normal in size (4.44 cm in length) with a normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and there is moderate loss of corticomedullary distinction. Several small, cortical cysts are seen. Mild pyelectasia is present (0.21 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

14 lbs

The right kidney is normal in size (4.78 cm in length) with a relatively normal shape. The cortex is variably thickened, with moderate-to-severe loss of corticomedullary distinction. A 1.1 cm cortical cyst is observed at the craniomedial aspect. Trace pyelectasia is present (0.18 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

Adrenal Glands

The left adrenal gland is enlarged (0.72 cm at cranial pole) (0.88 cm at caudal pole) with swollen peripheral contours. Glandular echogenicity and detail are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

IMAGING PERFORMED BY

Sara Hansen

The right adrenal gland is mildly enlarged (0.78 cm at cranial pole) (0.66 cm at caudal pole) with swollen peripheral contours. The parenchyma is slightly heterogenous, with some loss of glandular detail. Surrounding vasculature appears normal.

HOSPITAL NAME

Orchard AH

Spleen

The spleen is normal in size (1.55 cm in width at the level of Severa, varying-sized hyperechoic nodules are observed throughout the organ. Splenic vasculature is normal.

REFERRING VET

Dr Nelson

Liver

The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion.

INVOICE

22474

What appears to be the gallbladder is distended (3.2 x 2.9 cm) and is filled with echogenic material. Mineralized foci are also observed within the echogenic material.

DATE

1-29-26

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 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

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 mildly heterogenous 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.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The gallbladder changes could be consistent with a fully-formed mucocele/inspissated bile, gallbladder neoplasia, other.
- The diffuse hepatic changes are most consistent with vacuolar hepatopathy (i.e., endocrine, idiopathic) with a lower possibility of inflammatory disease, infiltrative neoplasia, or other hepatopathy.

Secondary Findings

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Bilateral nonspecific renal changes with cortical cysts and pyelectasia. The pyelectasia may be secondary to parenchymal remodeling, pyelonephritis, PU/PD (if applicable), or some combination thereof.
- Bilateral adrenomegaly

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the gallbladder changes, a cholecystectomy with submission of the gallbladder for histopathology, as well as aerobic and anaerobic bile cultures is recommended. Liver biopsies should also be obtained at the time of surgery. Clotting times and thoracic radiographs should be performed prior to anesthesia. If surgery is not pursued at this time, consider initiation of Ursodiol therapy with a recheck ultrasound in 3-4 weeks to assess progression of the gallbladder pathology.
- 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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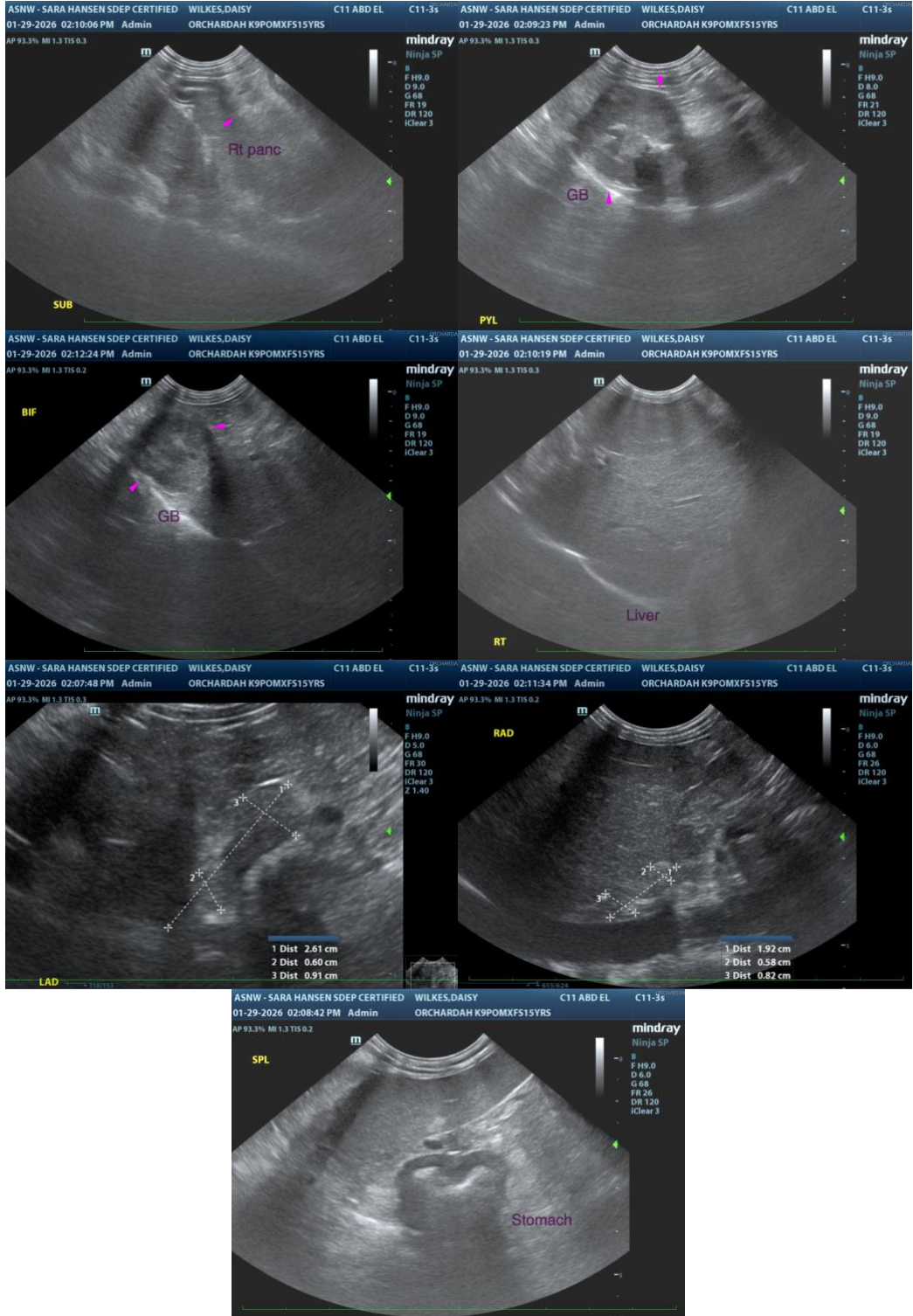
Dr Nelson

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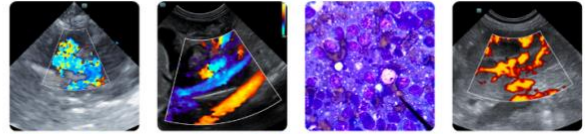
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible



PATIENT in the image/video clips provided.

Daisy Wilkes 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.

SPECIES

Canine

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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