

**PATIENT**

Chewy Evans

**SPECIES**

Canine

**BREED**

Brussels Griffon

**SEX**

Neutered Male

**AGE**

13 Years

**WEIGHT**

12 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED  
BY**

Loetitia Saint-Jacques, RVT

**HOSPITAL NAME**

Alpine AH

**REFERRING VET**

Dr. Betsy Philipps

**INVOICE**

12321

**DATE**

10/11/21

**PRESENTING CLINICAL SIGNS**

History: 3- echoes with Sonopath- Species: Canine Gender(altered?) N Age: 13Y Weight in #: 12 # Breed: Brussels Griffon History: Long history of mitral valve disease and proteinuria. Both are well controlled. Overall doing well clinically Physical exam findings: 5/6 heart murmur. Sclerosis OU. Moderate level of dental alculus Abnormal CBC values: None Abnormal Chemistry Values: ALP 876 (23-212) Abnormal UA Values: Dilute to isothermic urine. No protein at this time. Radiograph Findings(email radiographs if available): N/A Reason for Ultrasound: Evaluation of the liver, gallbladder, adrenal glands due to the ALP doubling in 2 months. Urine cortisol creatinine ratio and clinical signs are not supportive of cushing.

**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.

The prostate is normal in size (0.77 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (3.69 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. Mild pyelectasia is present (0.39 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter.

The right kidney is normal size (3.43 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. A small cortical cyst is observed at the caudolateral aspect. Trace pyelectasia is present (0.18 cm in the longitudinal plane). A nephrolith is visualized near the corticomedullary junction. There is no evidence of infarcts or hydroureter.

*Adrenal Glands*

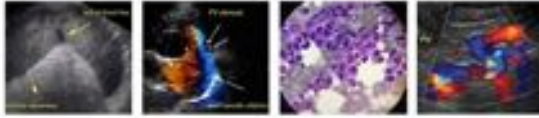
The left adrenal gland is normal size (0.39 cm at cranial pole) (0.47 cm at caudal pole) (1.57 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.57 cm at cranial pole) (0.35 cm at caudal pole) (1.69 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 (1.06 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.86 x 0.71 cm hypoechoic to slightly heterogeneous nodule is observed within the parenchyma. Splenic vasculature is normal.

*Liver*



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The liver is subjectively normal in size with slightly irregular contours in the region of the right lateral lobe. A 1.31 x 1.05 cm isoechoic swelling is observed at the tip of this lobe. The remaining peripheral contours are curvilinear and the parenchyma is homogeneous and of appropriate echogenicity and echotexture. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of echogenic debris is observed within the lumen, most of which is partially gravity-dependent and some of which is suspended. 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 pattern. The pyloric outflow tract is patent. The small intestinal lumen is segmentally dilated with gas. The small intestinal wall thickness is normal with a normal layering pattern. There is evidence of mucosal speckling in some segments. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

***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.

***Free Abdomen***

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. 0.66 cm left medial iliac lymph node is visible.

***Other***

A brief visualization of the heart reveals no evidence of pericardial effusion.

**ULTRASONOGRAPHIC FINDINGS**

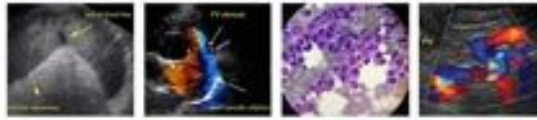
**Primary Findings:**

- An obvious cause for the elevated ALP is not identified in this study. This is likely a benign age-related finding secondary to underlying vacuolar hepatopathy and/or regenerative nodular hyperplasia. The swelling in the region of the right lateral liver lobe trends toward the benign (i.e., a region of nodular hyperplasia) with a possibility of an early neoplastic process.
- Gallbladder debris, non-mucocele.
- The splenic nodule is concerning for possible early neoplastic process. However, a benign focus of extramedullary hematopoiesis, lymphoid hyperplasia or splenitis cannot be excluded.

**Secondary Findings:**

- Bilateral age-related renal changes with right non-obstructive nephrolithiasis and bilateral pyelectasia.
- The small intestinal mucosal speckling is occasionally associated with inflammatory disease/enteritis. However, it may be an incidental finding, particularly if the patient is not exhibiting evidence of GI signs.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**



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- Serial monitoring (i.e., every 3-4 months) of the patient's liver values is recommended. If values continue to increase, a repeat abdominal ultrasound +/- hepatic tissue sampling may be warranted.
- Regarding the swelling of the right lateral liver lobe and splenic nodule, a repeat ultrasound is recommended in 4-6 weeks to assess for progression.
- 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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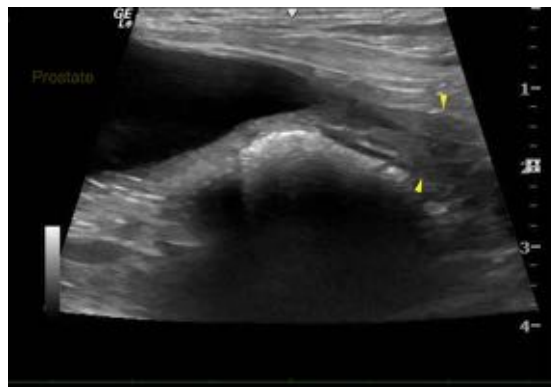
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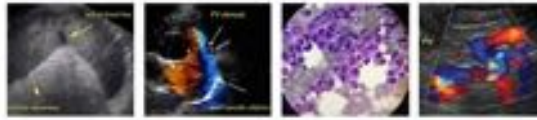
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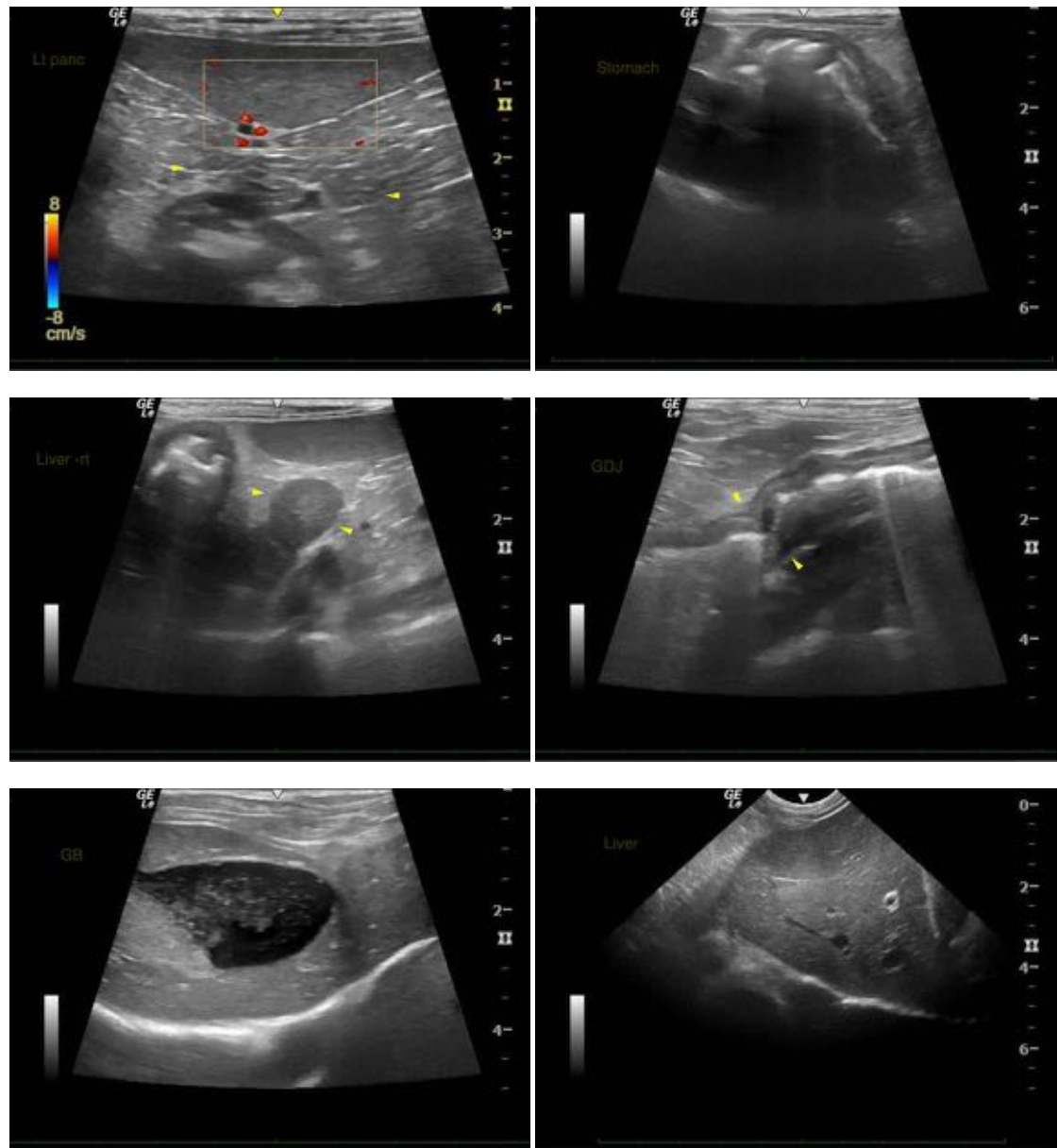
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 ACVIM (*Small Animal Internal Medicine*)

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