


**PATIENT PRESENTING CLINICAL SIGNS**

 Pecik Krol-  
 Wawrzynczyk

 History: progressively elevated ALT/ALP, intermittent diarrhea but responds to metro  
 Abnormal PE/Chem/CBC/UA Results: please see attached BLADDER WALL  
 ALP 1958. ALT 149. In August of 2022, the ALP was 1895. ALT was 63.

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**
**Urinary System**

 The **urinary bladder** wall is 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.

**BREED**

Mini Dachshund

**SEX**

Neutered Male

 The **prostate** is normal in size (0.76 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

**AGE**

10 years

 The **left kidney** is normal size (5.24 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Several nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

**WEIGHT**

9.1 kg

 The **right kidney** is normal size (5.48 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Several nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

**Adrenal Glands**

 The **left adrenal gland** is normal size (0.51 cm at cranial pole) (0.52 cm at caudal pole) (1.41 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 (1.02 cm at cranial pole) (0.54 cm at caudal pole) (1.94 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.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kelly Reschny

**Spleen**

 The **spleen** is normal in size (1.04 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.

**HOSPITAL NAME**

Sixteen Mile VC

**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.

**REFERRING VET**

Dr. Gibbs

 The **gall bladder** lumen is moderately distended. The wall is thin and smooth. A moderate amount of aggregated, echogenic debris/sludge is observed within the lumen, most of which is gravity dependent and some of which is adhered to the luminal surface. The cystic and common bile ducts are normal/not seen.

**INVOICE**

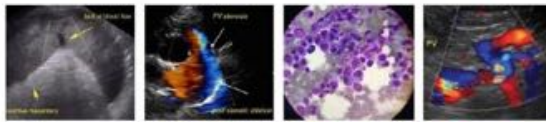
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**Gastrointestinal**

 The **gastric lumen** is not distended. The gastric wall in the region of the fundus is normal in thickness with a normal layering pattern. In the region of the pyloric antrum, the wall is mildly thickened (up to

**DATE**

10.24.22



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0.65 cm ) with retention of the normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. 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. There is no evidence of an obstructive pattern.

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Canine

**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**

Mini Dachshund

**Free Abdomen**

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

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Neutered Male

**Primary Findings**

- Suspected benign diffuse hepatopathy. Vacuolar hepatopathy is the top differential. Inflammatory disease is considered less likely given the disproportionately elevated ALP in comparison to the ALT. Infiltrative neoplasia is possible but considered unlikely.

**AGE**

10 years

**Secondary Findings**

- The pyloric outflow tract is patent. antral wall thickening may be a normal variant for this patient or may be secondary to hypertrophy, inflammation, or emerging neoplasia. Correlation with clinical history is recommended.
- Bilateral chronic, age-related renal changes with nonobstructive nephrolithiasis

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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.

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A urinalysis is recommended, if not already performed to assess for isosthenuria. If the patient develops clinical signs of Cushing's disease in the future, consider further testing (i.e., low-dose dexamethasone suppression test).

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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.

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