

**DATE PRESENTING CLINICAL SIGNS**

10/24/22

Patient presented with continued elevations in ALT &amp; ALP.

**PATIENT**

Tucker Cotton

Current Medications: Denamarin SAME 425mg 2 PO x15 days, Clavamox 250mg 2 BID x10 days.

Lab Results: ALP 1830, ALT 130

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Patient sedated with Dexdomitor.

Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, BS, RDMS.

**SPECIES**

Canine

**BREED**

Dalmation mix

**SEX**

Male, neutered

**AGE**

7/2/2012

**WEIGHT**

85.6 lbs.

**INTERPRETED BY**

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

**HOSPITAL NAME**Lake Shore Pet  
Hospital**REFERRING VET**

Dr. Ashley

**INVOICE**

14134

**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 anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 1-2 cm, are normal.

The left kidney is normal size (7.27 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (6.49 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

**Adrenal Glands**

The left adrenal gland is mildly enlarged (0.70 cm at cranial pole) (0.66 cm at caudal pole) (3.69 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.

The right adrenal gland is mildly enlarged (0.95 cm at cranial pole) (0.55 cm at caudal pole) (3.71 cm in length) with a normal shape and smooth peripheral contours. A 0.85 cm ill-defined hyperechoic area is observed at the cranial aspect. The remaining glandular echogenicity and detail are unremarkable. The phrenicoabdominal vein and surrounding vasculature are normal.

**Spleen**

The spleen is normal in size (1.57 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.51 cm hyperechoic nodule is observed at the medial aspect. A few small myelolipomas are also observed in the region of the hilus. Splenic vasculature is normal.

**Liver**

The liver is normal to slightly prominent in size with normal curvilinear 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. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of echogenic to mineralized gravity-dependent debris/sludge is observed within the lumen. 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 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. No obstructive disease is noted.

### ***Pancreas***

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely hyperechoic 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.

### ***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**

### **Primary Findings:**

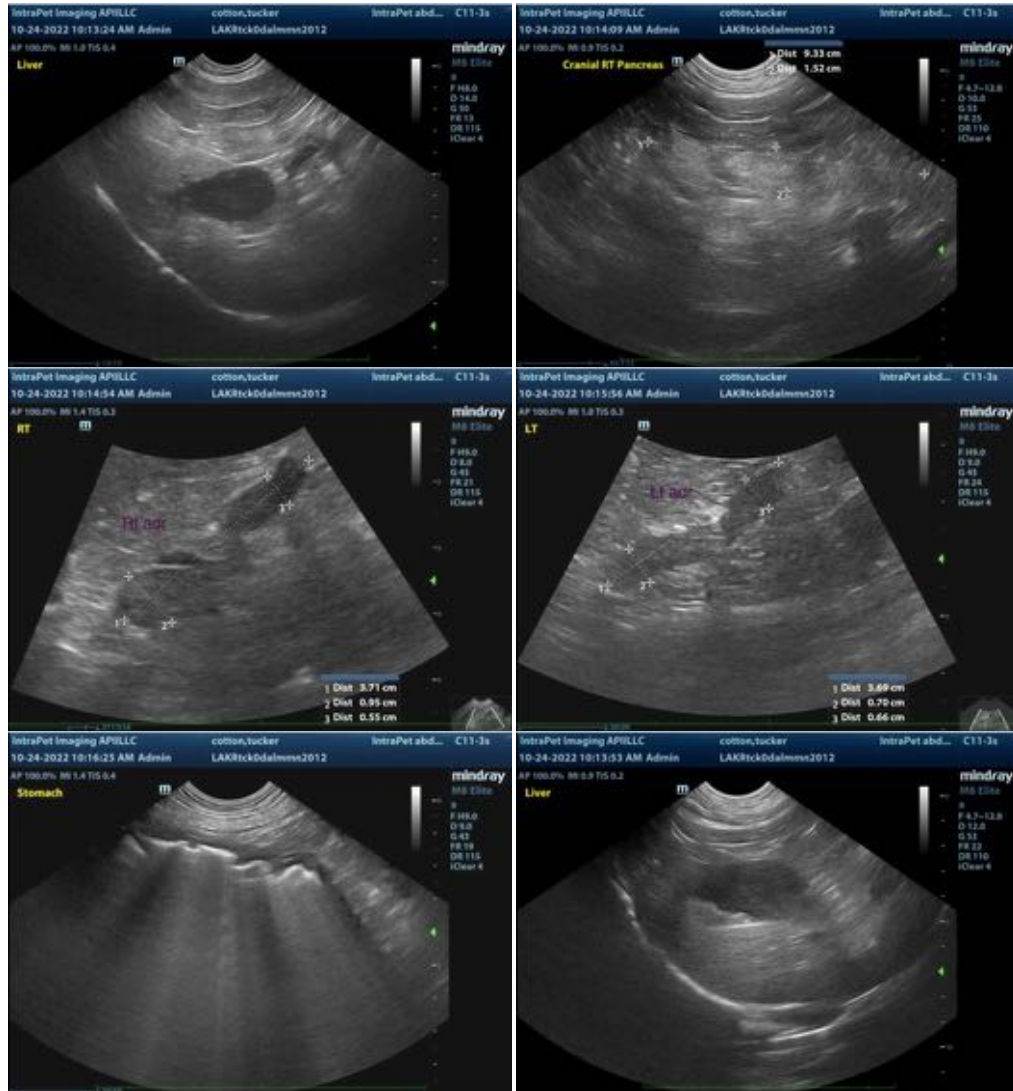
- Suspected benign diffuse hepatopathy. Vacuolar hepatopathy is the top differential. Inflammatory disease is considered less likely given the liver enzyme pattern. Infiltrative neoplasia is considered unlikely.
- Gallbladder debris/sludge, non-mucocele.

### **Secondary Findings:**

- Age-related pancreatic remodeling or fibrosis. Mild chronic pancreatitis may also be present, particularly if this diagnosis fits with the patient's clinical history.
- Minor bilateral age-related renal changes.
- The mild bilateral adrenomegaly may be secondary to hyperplastic change or may be a normal variant for this patient.
- The hyperechoic splenic nodules are most consistent with a benign process (i.e., myelolipomas).

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Serial monitoring (i.e., every 3-4 months) of the patient's liver values is recommended. If liver values continue to increase, a repeat abdominal ultrasound +/- hepatic tissue sampling may be warranted.
- A urinalysis is recommended to assess for isosthenuria, if not already performed.
- Consider testing for hyperadrenocorticism with a low-dose dexamethasone suppression test or ACTH stimulation test if clinical signs (i.e., PU/PD) develop.



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.

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