



PATIENT PRESENTING CLINICAL SIGNS

Mickey Benton
History: Hx of elevated ALP starting 8/2020. We have continued to monitor it over the past 2 years. It has stayed stable but elevated but this year it jumped up and his ALT is now elevated. Recommend antibiotic trial and/or u/s. Owners opted for abdominal ultrasound performed. Patient seen 10/22/22 for possible seizure activity at OSU, diagnosed with Vestibular Disease. So far, has been doing better since the episode. Current medications: Gabapentin 100mg (1 cap BID), Meclizine (1 tab SID), Cerenia 24mg (1 tab SID)

SPECIES

Canine

BREED

August 16- ALT 286, ALP 437, USG 1.028, no proteinuria, normal T4, 4DX negative, fecal negative, CBC normal.

Cavalier King Charles spaniel

SEX

Male, neutered

AGE

12 Yrs.

WEIGHT

19.4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jo Goodman

HOSPITAL NAME

Evendale-Blue Ash Pet
Hospital

REFERRING VET

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INVOICE

14143

DATE

10/25/22

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended. The wall is of appropriate thickness for the level of repletion. The mucosal surface is irregular. In the region of the trigone, a 0.46 cm echogenic lesion is visualized. Luminal contents are otherwise anechoic. The visible portion of the proximal urethra is normal.

The prostate is normal in size (0.73 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 (4.73 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 (4.74 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.38 cm at cranial pole) (0.45 cm at caudal pole); 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 (0.73 cm at cranial pole) (0.36 cm at caudal pole); 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 (1.04 cm in width at the level of the hilus) with normal curvilinear peripheral contour. The parenchyma is subtly mottled in appearance with a small, ill-defined hyperechoic nodules/areas. In addition, a few small hyperechoic nodules were seen. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and subtly mottled in appearance. No distinct focal lesions are observed.



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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 to moderate amount of echogenic to mineralized debris is observed within the lumen, most of which is gravity-dependent and some of which is suspended. The cystic and common bile ducts are normal/not seen.

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Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. 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.

BREED

Cavalier King Charles spaniel

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 mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

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Free Abdomen

The mesentery within the mid-abdominal region is hyperechoic/reactive. There is no obvious evidence of free fluid. The abdominal lymph nodes are normal/not visible.

WEIGHT

19.4 lbs.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Non-specific diffuse hepatopathy. Considerations include inflammatory disease (i.e., bacterial cholangiohepatitis, chronic hepatitis), Leptospirosis, hepatotoxicosis, reactive hepatopathy, other +/- concurrent benign, age-related change (i.e., remodeling, regenerative nodular hyperplasia, vacuolar hepatopathy).
- Mineralized gallbladder debris- likely incidental.
- The reactive mesentery in the mid-abdominal region is suggestive of peritonitis. However, the etiology is unknown.

Secondary Findings:

- Age-related pancreatic remodeling.
- Minor, bilateral age-related renal changes.
- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- The echogenic structure in the region of the trigone may represent a polyp, emerging tumor, normal trigone, cystic calculus, other.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Leptospirosis testing (i.e., blood and urine PCR, serology) is recommended.

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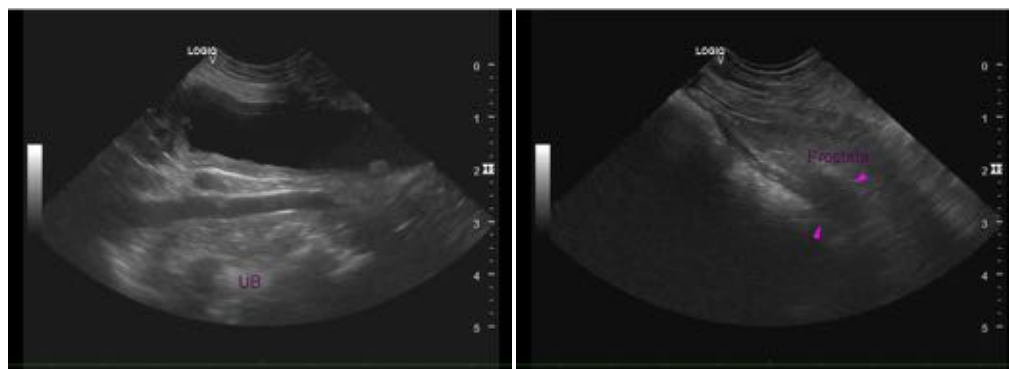
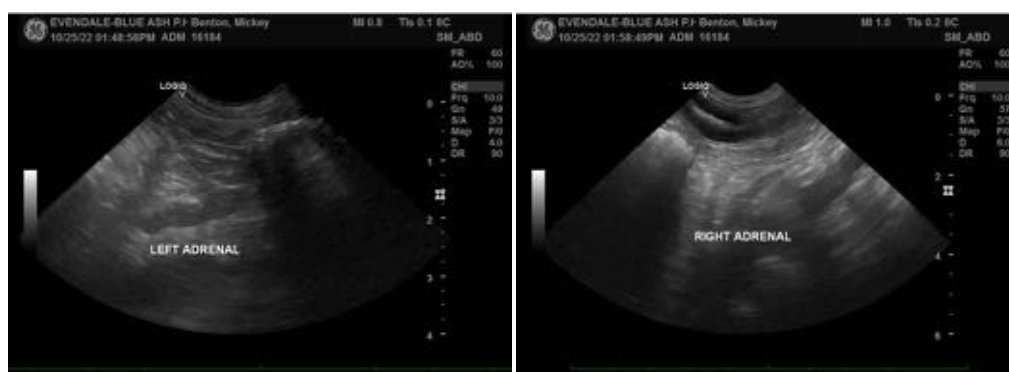
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- Consider hepatic tissue sampling (i.e., fine needle aspirate or surgical biopsy). If surgical biopsies are pursued, bile cultures (aerobic and anaerobic) should be obtained along with additional samples for copper quantitation.
- While awaiting test results, empirical treatment for bacterial cholangiohepatitis/Leptospirosis is recommended including amoxicillin-clavulanic acid and hepatic antioxidants along with symptomatic care.
- Regarding the urinary bladder lesion, consider obtaining additional sonographic images of this region. A urine BRAF test can also be considered to screen for lower urinary tract neoplasia.





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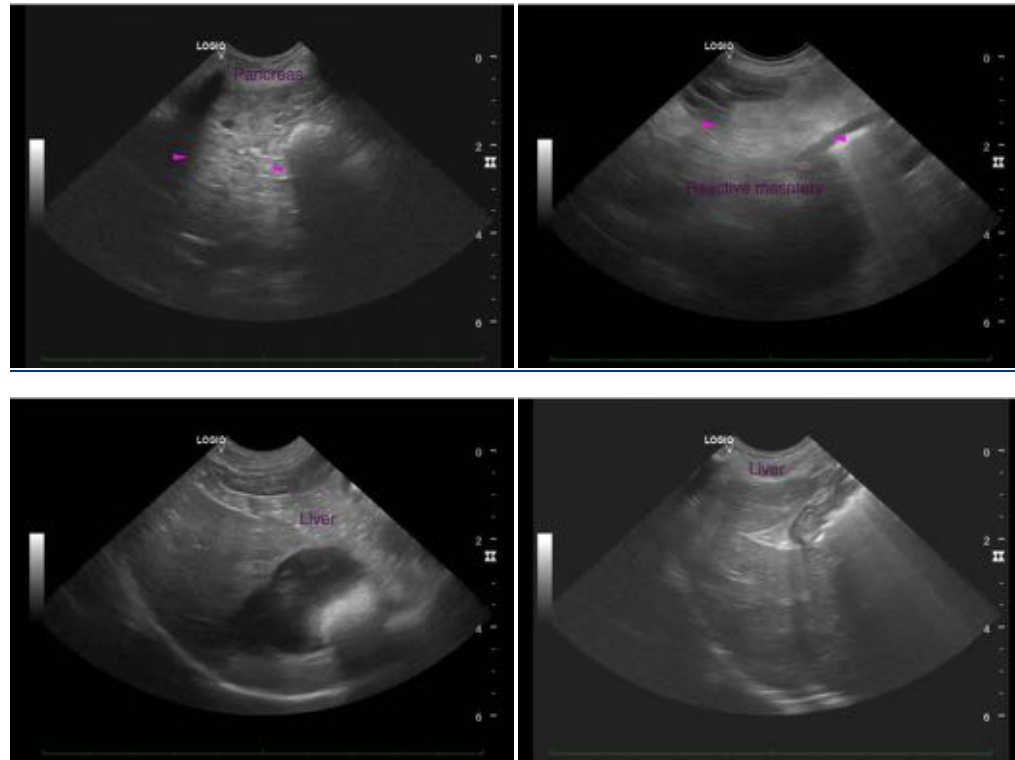
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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