



PATIENT PRESENTING CLINICAL SIGNS

Ava Glowacky History: Elevated liver values on pre-op bw for dental today.

SPECIES Abnormal PE/Chem/CBC/UA Results: ALT 172, ALKP 294, GGT 15

Canine **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

BREED *Urinary System*

Beagle 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 2.0 cm, are normal.

SEX

Spayed Female The left kidney presented normal size (5.25 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

AGE

8 Years The right kidney presented normal size (5.08 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

WEIGHT

24 lbs

INTERPRETED BY

Andrea Nicastro, DMV,
Diplomate DACVIM
(Small Animal
Internal Medicine)

Adrenal Glands

The left adrenal gland is normal size (0.40 cm at cranial pole) (0.45 cm at caudal pole) (1.64 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 (0.58 cm at cranial pole) (0.48 cm at caudal pole) (2.39 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.

IMAGING PERFORMED BY

Shari Reffi, CVT

Spleen

The spleen is normal in size (1.76 at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

HOSPITAL NAME

Summit Dog & Cat
Hospital

REFERRING VET

Dr. Levitian

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

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The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of aggregated echogenic partially dependent debris is observed within the lumen. The cystic and common bile ducts are normal.

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Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly distended with ingesta. The gastric wall and pylorus are 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 or overt infiltrative 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. The abdominal lymph nodes are normal/not visible.

Other

A brief echocardiogram (no charge) reveals no evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

- An obvious cause for the patients' elevated liver values is not identified in the study. Benign age-related pathology (i.e., vacuolar hepatopathy and/or regenerative nodular hyperplasia) is possible. Alternatively, low-grade inflammation, hepatotoxicosis (i.e., copper) or other hepatopathy may be present microscopically.
- Gallbladder debris- non-mucocele

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If the patient is otherwise clinically normal and a conservative approach is desired, consider serial monitoring (i.e., every 3-4 months) of the liver values. If values continue to increase, repeat abdominal ultrasound +/- hepatic tissue sampling may be warranted.
- If a more aggressive approach is desired, hepatic tissue sampling (i.e., fine needle aspirate or surgical biopsy) can be considered at this time. If surgical biopsies are pursued at any point, aerobic and anaerobic bile cultures as well as acquisition of additional hepatic tissue samples for copper quantitation should also be obtained.
- Given the patients' age, three-view thoracic radiographs are recommended prior to any anesthetic event.
- If the patient is to undergo a dental cleaning, benzodiazepines should be avoided, and opioids should be used judiciously.



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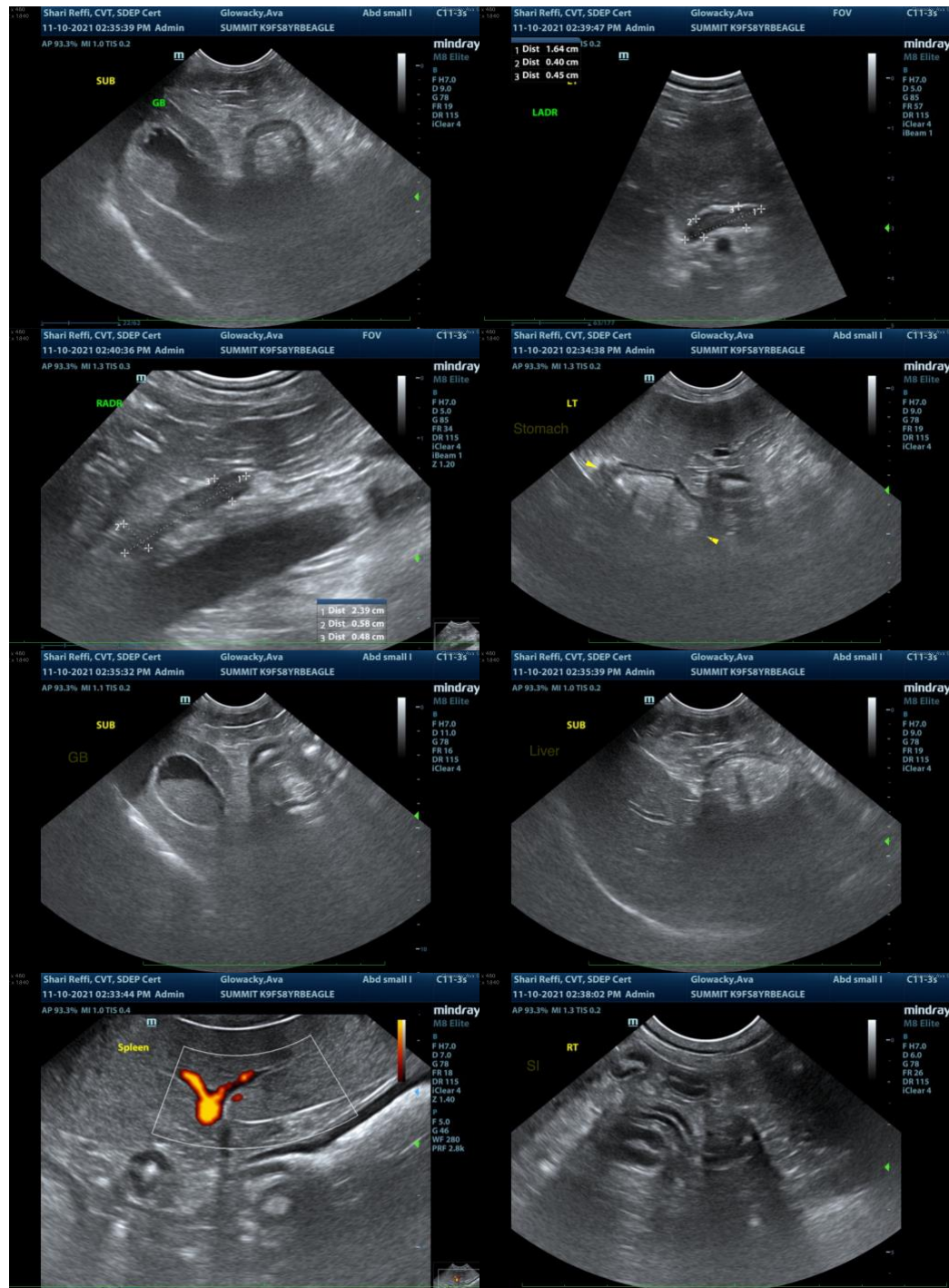
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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