



PATIENT

Redwood Dietrich

SPECIES

Canine

BREED

Chow Chow mix

SEX

Male, neutered

AGE

12 Yrs.

WEIGHT

51.9 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mary Pearce

HOSPITAL NAME

Chambersburg AH

REFERRING VET

Dr. Mary Pearce

INVOICE

13327

DATE

11/10/25

PRESENTING CLINICAL SIGNS

History: Progressive worsening liver values despite ongoing Denamarin therapy. Previous basic ultrasound scan done 6/2025 found no significant concerns with liver/gallbladder, left kidney 6.53cm, right kidney 6.19cm. O was not ready at that point for send out US. Chronic cough as well, concerns for possible bronchitis. Currently on Hycodan for cough, planning to start Cerenia, considering steroids as next step, however liver value elevations are a concern. P also has hx of mild occasional diarrhea/soft stool. No concerns for this currently. FNA performed of representative region in the middle lobe area during today's ultrasound. **Abnormal PE/Chem/CBC/UA Results:** PE: Fine crackles ausculted, more prominent on right ventral side. During ultrasound, p began having severe coughing fit, inspiratory stertorous noise with moist sound noted. No significant noise on expiration. Ultimately did intubate p for rest of procedure, oral exam intubated showed moderate pharyngeal and tonsillar inflammation with no mass lesions noted, mild mucus. 6/6/25 ALP 371, ALT 72. 7/12/25 ALP 342, ALT 45. 11/1/25 ALP 483, ALT 215. GGT and tbili remain normal. Radiographs mild bronchiolar pattern, two persistent BB pellets in SC tissue, liver is enlarged with slightly rounded edges. Arthritis. otherwise unremarkable.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface in the region of the apex is slightly irregular. The bladder is mildly to moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is enlarged (1.88 cm in width) with a normal shape. The parenchyma is homogenous. The prostatic urethra is not overtly dilated.

The left kidney is normal in size (6.15 cm in length) with a normal shape, architecture and 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.

The right kidney is normal in size (6.13 cm in length) with a normal shape, architecture and 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 hydronephrosis. Renal vasculature is normal.

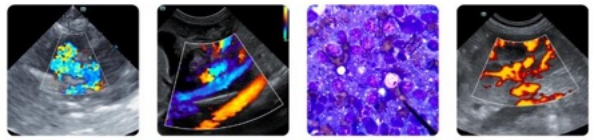
Adrenal Glands

The left adrenal gland is mildly enlarged (0.60 cm at cranial pole) (0.72 cm at caudal pole) with a normal shape and 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 in size (0.83 cm at cranial pole) (0.67 cm at caudal pole) with a normal shape and 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 (1.79 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.



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Liver

The liver is subjectively normal to prominent in size with normal contours and structure. The parenchyma is isoechoic relative to the spleen and homogenous in appearance. Vascular and biliary tracts are of normal volume with no evidence of congestion.

The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is mildly to moderately distended with ingesta. 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 is normal in thickness 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.

Pancreas

A portion of the pancreas is obscured by the gastric distention. In the visualized portion, no obvious abnormalities are seen.

Lymph nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

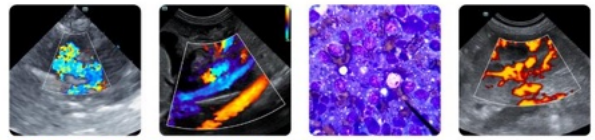
- An obvious cause for the elevated liver enzymes is not identified in the study. However, a microscopic hepatopathy (i.e., bacterial cholangiohepatitis, Leptospirosis, chronic active hepatitis, copper-associated hepatotoxicity, infiltrative neoplasia (less likely)) is suspected.
- Gallbladder debris, non-mucocele
- The prostatomegaly could be consistent with late-in-life neutering (if applicable) with residual prostatic hyperplasia, emerging prostatic neoplasia (i.e., adenocarcinoma, transitional cell carcinoma), prostatitis, other.

Secondary Findings:

- If the patient was fasted for this study, the presence of ingesta within the gastric lumen could suggest delayed gastric emptying.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Pre and post-prandial serum bile acids could be considered to assess hepatic function.
2. Also consider Leptospirosis testing (i.e., blood and urine PCR, serology) particularly if clinical suspicion for disease is high. If hepatic cytology results are inconclusive, liver biopsies with



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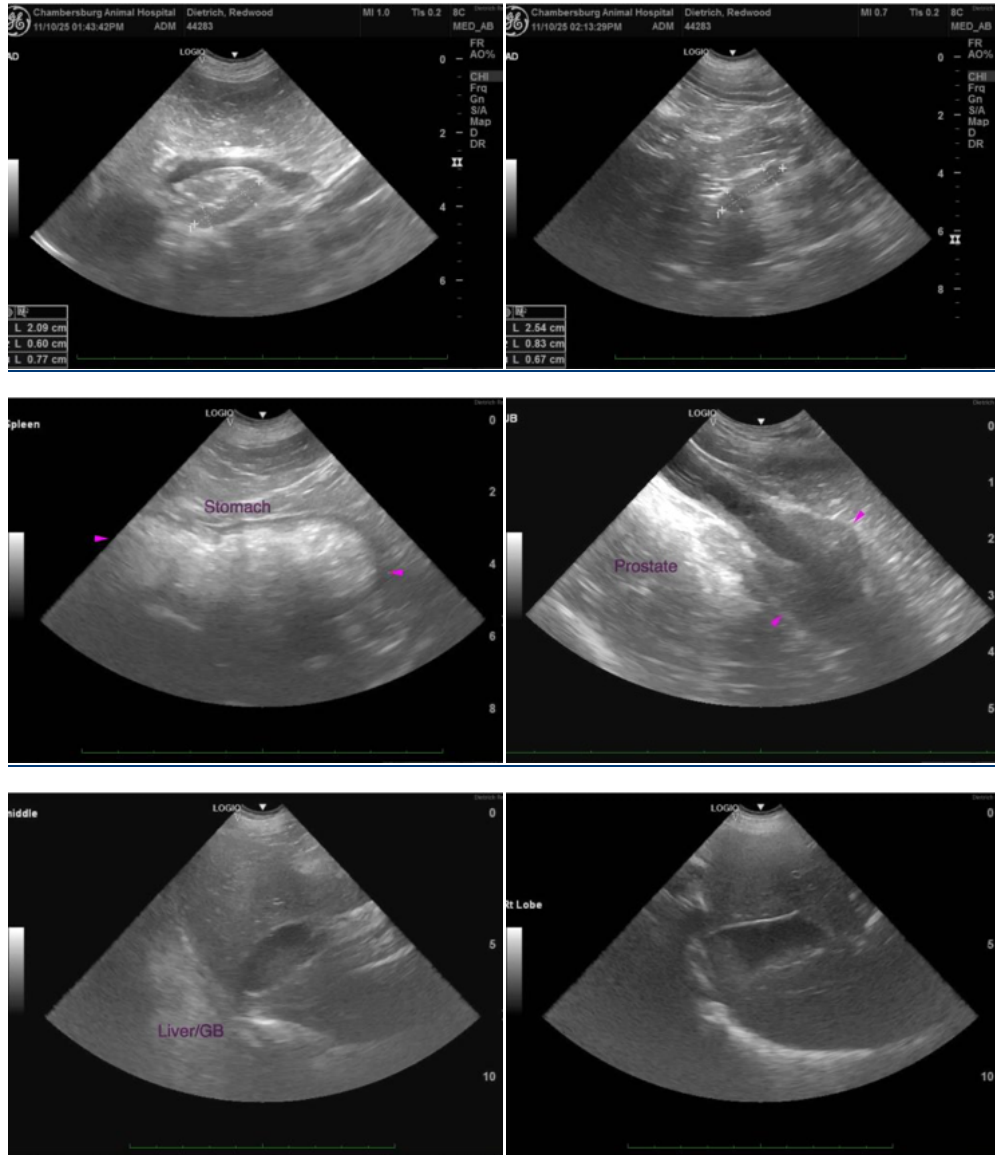
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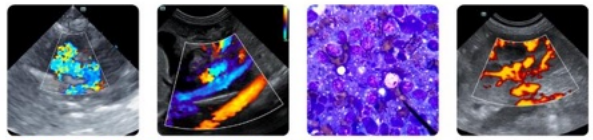
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aerobic and anaerobic bile cultures and hepatic copper quantitation can be considered for further evaluation.

- Regarding the prostate changes, consider a urine BRAF test to further evaluate for lower urinary tract neoplasia. If results are positive, cancer is confirmed. However, negative results does not rule out the possibility of neoplasia and further testing (i.e., aspirates or biopsies) may be necessary to get a definitive diagnosis.





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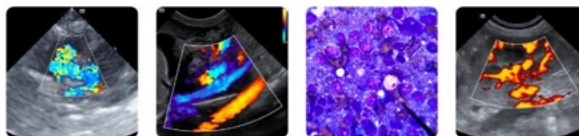
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com