Animal Sounds NW
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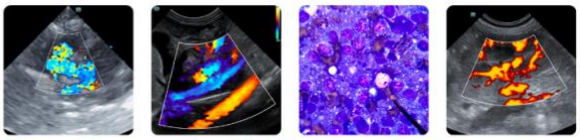


Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Maisie Whittle

SPECIES

Canine

BREED

Labrador Retr

SEX

Female Spayed

AGE

9

WEIGHT

72 lbs

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Santa Clara AH

REFERRING VET

Dr Maki

INVOICE

22241

DATE

11-12-25

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Generally healthy senior patient. Grade 3/6 systolic heart murmur present for >18 months. No clinical evidence of liver disease or other systemic illness. (Not PU/PD/PP either) Ultrasound is being done to further evaluate gradually increasing liver enzymes.

Abnormal lab-work values: 10/13/25: Alb 4.5 ALT 135, Compared to 175 last time checked ALP 2491, Compared to 1807 last time checked.
Current Medications: Simparica Trio, Meloxicam
Radiographic Findings: None recent

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal in size (7.86 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (8.14 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 hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is mildly enlarged (1.17 cm at cranial pole) (0.81 cm at caudal pole) with a swollen cranial pole. A 1.59 x 1.03 cm hyperechoic to heterogenous nodule is observed at the cranial aspect. Glandular echogenicity and detail at the caudal aspect are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is mildly enlarged at the cranial pole and normal-in-size at the caudal pole (1.77 cm at cranial pole) (0.78 cm at caudal pole) with a normal shape and homogenous parenchyma. A 1.55 x 1.50 cm hyperechoic to heterogenous nodule is observed at the cranial aspect. Glandular echogenicity and detail at the caudal aspect are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

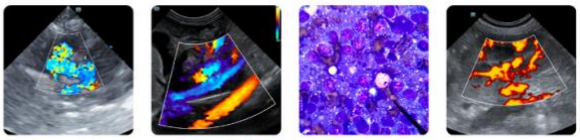
The spleen is normal in size (1.69 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively prominent to enlarged, with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen, and subtly heterogenous in appearance. At least one hypoechoic nodule is visualized at the caudal aspect (measuring 1.4 cm in its longest dimension). Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gallbladder lumen is moderately distended. The wall is thin and smooth. A small amount of mostly gravity-dependent debris is observed within the lumen. cystic and common bile ducts are normal/not seen.

Gastrointestinal



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The 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. There is no evidence of an obstructive pattern.

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.

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

- The diffuse hepatic changes are nonspecific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory disease, infiltrative neoplasia and other hepatopathies are considered less likely.
- Gallbladder debris, non-mucocele
- The bilateral adrenal nodules could be consistent with focal nodular hyperplasia, adenomas, emerging adenocarcinomas, pheochromocytomas, other

Secondary Findings

- Bilateral, nonspecific, age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider hepatic tissue sampling (i.e., fine-needle aspirate or biopsies) assuming normal clotting status (to help rule out round cell neoplasia as the cause for the elevated liver values). If aspiration is performed, 25-gauge needles should be used. If hepatic tissue sampling is not pursued at this time, serial monitoring (i.e., every 3-4 months) of the patient's liver values is recommended. If values continue to increase, a repeat abdominal ultrasound, +/- hepatic tissue sampling should be reconsidered.
- Regarding the adrenal nodules, consider the following:

1. Baseline blood pressure measurement
2. Three-view thoracic radiographs are recommended to assess for pulmonary metastases
3. Further testing for functional tumors (i.e., low-dose dexamethasone suppression test, urine/blood metanephrine levels), if the patient develops appropriate clinical signs
4. Recheck ultrasound in 2-3 months to assess for growth of the lesions

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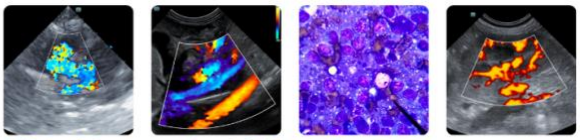

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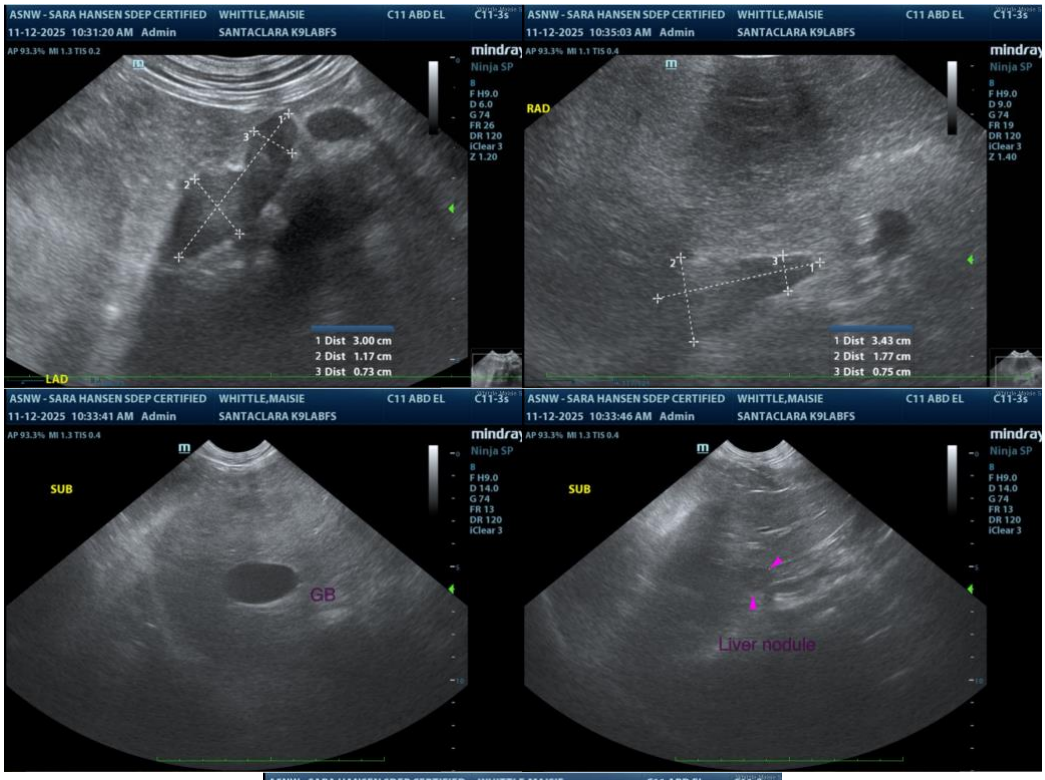

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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