

PATIENT PRESENTING CLINICAL SIGNS

Chella Cerciello History: Increased liver enzymes
Abnormal PE/Chem/CBC/UA Results: ALB 4.5 ALT 175 ALP 609

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

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 is normal.

BREED

Poodle Mix

SEX

Female Spayed

The left kidney is normal in size (5.57 cm in length) with a normal shape, architecture and 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 hydronephrosis. Renal vasculature is normal.

AGE

10

The right kidney is normal in size (6.29 cm in length) with a normal shape, architecture and 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 hydronephrosis. Renal vasculature is normal.

WEIGHT

37

Adrenal Glands

The left adrenal gland is enlarged (0.74 cm at cranial pole) (1.31 cm at caudal pole) with swollen peripheral contours. A 1.55 x 1.19 cm hypoechoic-to-heterogenous nodule is observed at the caudal pole. The parenchyma at the cranial pole is slightly heterogenous, with some loss of glandular detail. Surrounding vasculature appears normal.

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

The right adrenal gland is enlarged (2.5 cm at cranial pole) (0.92 cm at caudal pole) with an irregular shape. A 2.5 x 2.5 cm hyperechoic-to-heterogenous mass is observed at the cranial- to mid-aspect. At the caudal aspect, the parenchyma is slightly heterogenous in appearance. Surrounding vasculature appears normal.

IMAGING PERFORMED BY

Jenn

Spleen

The spleen is normal in size (1.51 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.

HOSPITAL NAME

Rockaway AH

Liver

The liver is subjectively enlarged with smooth 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.

REFERRING VET

Dr Maniar

The gallbladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

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Gastrointestinal

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 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.

DATE

11-13-25



PATIENT *Pancreas*

Chella Cerciello

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.

SPECIES *Lymph Nodes*

Canine

The abdominal lymph nodes are normal/not visible.

BREED *Free Abdomen*

Poodle Mix

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

SEX

Female Spayed

- Right adrenal mass. Neoplasia (i.e., adenocarcinoma, adenoma, pheochromocytoma) is suspected, with a lower possibility of a focal nodular hyperplasia. The left adrenal nodule could be consistent with focal nodule, adenoma, emerging adenocarcinoma, pheochromocytoma, other.

AGE

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- The diffuse hepatic changes are most consistent with vacuolar hepatopathy (i.e., endocrine, idiopathic) with a lower possibility of inflammatory disease, infiltrative neoplasia, or other hepatopathy.

WEIGHT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

IMAGING PERFORMED BY

Jenn

- Serial monitoring (i.e., every 3-4 months) of the patient's liver values is recommended. If values continue to increase, a repeat abdomen ultrasound +/- a more advanced hepatic work-up (i.e., tissue sampling) may be warranted. Hepatic tissue sampling could also be considered at this time but may be of low yield.

HOSPITAL NAME

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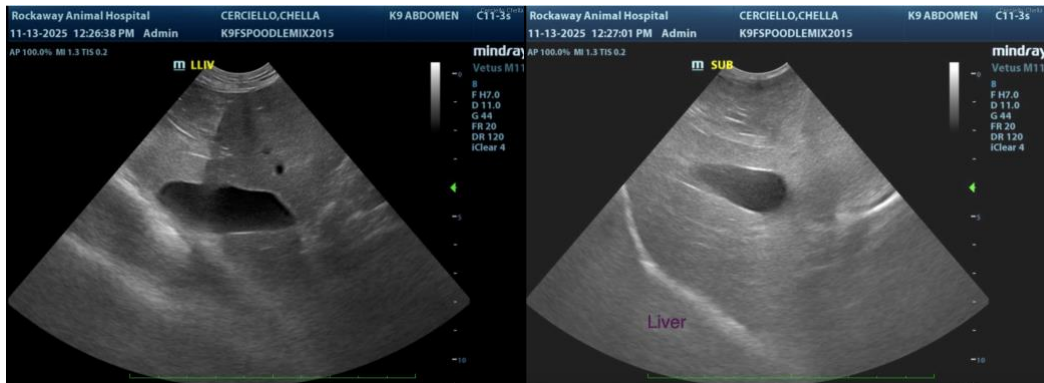
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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