



PATIENT PRESENTING CLINICAL SIGNS

Sugar Ezyk
History: On and off diarrhea On pred for arthritis issues
Abnormal PE/Chem/CBC/UA Results: BW Sept BW: Ca (13) Inc ALT (1250) Inc ALPT (3291) Inc GGT (139) T4 1.4 Oct BW: ALP >2400, ALT 1252, T bili 0.4, Corrected CA 12.3

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

Urinary System

BREED

Maltese

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended. A small amount of aggregated echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

SEX

Female, spayed

The left kidney is normal in size (3.47 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is minimal loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

AGE

14 Yrs.

The right kidney is normal size (3.93 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. A cortical infarct is observed at the lateral aspect. There is no evidence of pyelectasia or hydronephrosis.

WEIGHT

10.2 lbs.

Adrenal Glands

The left adrenal gland is normal size (0.41 cm at cranial pole) (0.45 cm at caudal pole) (1.45 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.

INTERPRETED BY

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

The right adrenal gland is normal size (0.93 cm at cranial pole) (0.52 cm at caudal pole) (1.44 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

Dr. Scott

Spleen

HOSPITAL NAME

Ho Ho Kus VH

The spleen is normal in size (0.87 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A few small myelolipomas are observed in the region of the hilus. Splenic vasculature is normal.

Liver

REFERRING VET

Dr. Scott

The liver is subjectively normal in size with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to the spleen and diffusely mottled and subtly heterogeneous in appearance. There is a questionable 1.56 cm nodule/swelling deep on the right side adjacent to the diaphragm. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is distended. The wall is normal in thickness. A small amount of aggregated echogenic partially dependent debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

INVOICE

12532

DATE

11/16/21



PATIENT

Gastrointestinal

Sugar Ezyk

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 pyloric outflow tract is patent. 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.

SPECIES

Canine

Pancreas

BREED

Maltese

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

SEX

Female, spayed

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

AGE

14 Yrs.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

10.2 lbs.

Primary Findings:

- The hepatic parenchymal changes are consistent with a chronic hepatopathy. Differentials include inflammatory/immune mediated disease, hepatotoxicosis (i.e., copper), fibrosis or less likely, infiltrative neoplasia. Concurrent benign age-related pathology may also be present. The questionable nodule may represent an area of inflammation, regenerative nodular hyperplasia or an early neoplastic process.
- Gallbladder debris, non-mucocele.

Secondary Findings:

- Bilateral, age-related renal changes with dystrophic mineralization and a right cortical infarct.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- In order to get a definitive diagnosis, a surgical liver biopsy with aerobic and anaerobic bile culture and acquisition of additional hepatic tissue samples for copper quantitation are recommended. A fine needle aspirate of the liver can be considered. However, with chronic hepatopathies, cytologic evaluation is often inconclusive.
- If a conservative approach is desired, consider empirical treatment for bacterial cholangiohepatitis (amoxicillin-clavulanic acid, Denamarin Advanced). If no improvement in the liver values is seen within 7-10 days of initiating therapy, antibiotics should be discontinued and hepatic tissue sampling reconsidered. If liver values improve, continue therapy for at least 4-6 weeks and 1 week beyond normalization of the liver values.
- Given the presence of hypercalcemia, an ionized calcium/PTH/PTHrP is recommended.
- Three-view thoracic radiographs should be performed to assess cardiopulmonary status.

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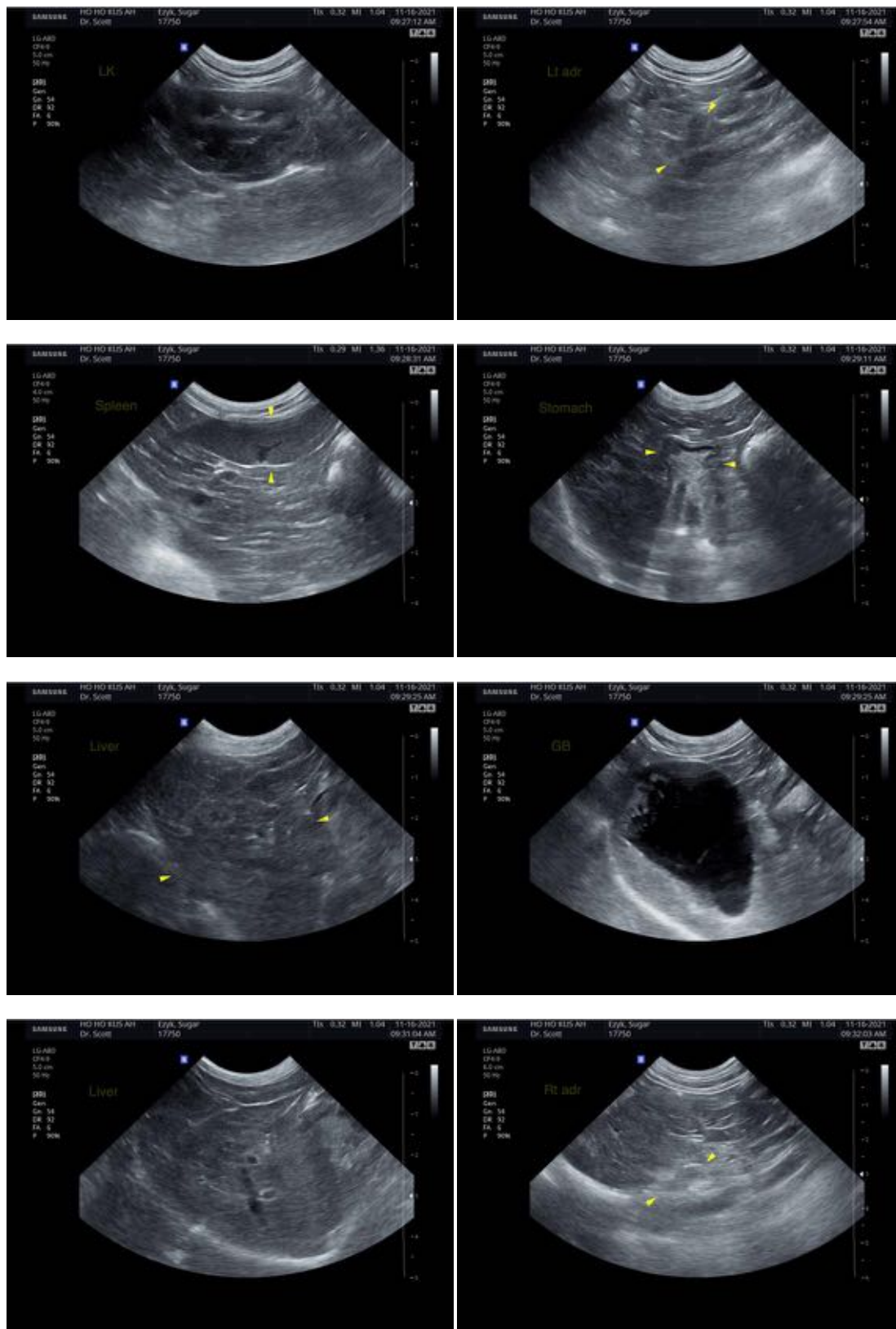
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

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