



PATIENT PRESENTING CLINICAL SIGNS

Camber Ruggiero

History: P has hx of chronic ALP and ALT elevation (mostly ALP). P also has hx of lymphocytosis which resolved after treating with doxycycline for equivocal Ehrlichia spp results. P is eating well, no v/d/s. P has hx of slight cough, no abnormalities on chest rads (internist started metoclopramide to tx for presumptive GERD's w secondary coughing). P is on Ursodiol, Apoquel and Metoclopramide currently. P had been on carprofen for OA but discontinued recently due to elevated liver enzymes. No significant change noted after carprofen was discontinued.

SPECIES

Canine

BREED

Rottweiler Mix

Abnormal PE/Chem/CBC/UA Results: 9/2025: Chem: ALT: 220, ALP: 968, GTP: 25, PSL: 165, creat: 1.3, TG: 136, choles: 313 9/2025: CBC: lymphs: 4601, miniChem: ALT: 323H, ALP: 927H 8/2025: CBC: plt: 544H, Chem: ALT: 266H, ALP: 893H, creat: 1.1, choles: 485H, TG: 209, T4: 1.9, UA: SG: 1.036, 1+ prot, quiet sediment 2/2025: CBC: lymphs: 6720H, Chem: ALP: 173H, choles: 415H, TG: 657H, PSL: 144H, T4: 1.4, UA: SG: 1.056, 1+ prot, quiet sediment

SEX

Neutered Male

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

AGE

12

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 visible portion of the proximal urethra are normal.

WEIGHT

121 lbs

The left kidney is normal in size (8.34 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. Several, small, cortical cysts are seen. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis.

INTERPRETED BY

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

The right kidney is normal in size (9.25 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. A few, small, cortical cysts are seen. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis.

IMAGING PERFORMED BY

Megan Cassels-
Conway, DVM

Adrenal Glands

The left adrenal gland is normal in size (0.74 cm at cranial pole) (0.78 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.

HOSPITAL NAME

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The right adrenal gland is upper limits of normal size (1.11 cm at cranial pole) (0.85 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.

REFERRING VET

Janeen Lezcano, DVM

Spleen

The spleen is normal in size (2.45 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 1.04 cm hypoechoic nodule is observed approximately mid-body. In addition, an ill-defined myelolipoma is observed in the region of the hilus. Splenic vasculature is normal.

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Liver

The liver is subjectively normal-in-size with normal peripheral contours. parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.



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The gallbladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of aggregated, echogenic to mineralized, partially dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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Gastrointestinal

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.

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Rottweiler Mix

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.

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Neutered Male

Lymph Nodes

The abdominal lymph nodes are normal/not visible.

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Free Abdomen

There is no obvious evidence of free fluid.

WEIGHT

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Other

In the right cranial quadrant, a 3.1. x 1.9 cm hyperechoic to slightly heterogenous structure is visualized.

ULTRASONOGRAPHIC FINDINGS

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Primary Findings

- The hepatic changes are nonspecific and could be secondary to inflammatory disease (i.e., cholangiohepatitis, chronic hepatitis), hepatotoxicosis, infiltrative neoplasia (i.e., lymphoma), vacuolar hepatopathy, regenerative nodular hyperplasia, other hepatopathy, or some combination thereof.
- The gallbladder changes could be consistent with cholestasis, fasting, or less likely, an emerging mucocele.

IMAGING PERFORMED BY

Megan Cassels-Conway, DVM

Secondary Findings

- Mild bilateral nonspecific age-related renal changes with cortical cysts
- The origin of the hyperechoic structure in the right cranial quadrant is unclear. It appears to be arising from mesentery. However, other origins (i.e., pancreas) cannot be excluded. An intraabdominal lipoma or liposarcoma are the top differentials, with a lower possibility of other pathology.
- The hypoechoic splenic nodule could be consistent with a benign focus (i.e., lymphoid hyperplasia or similar). Alternatively, an emerging tumor is possible.

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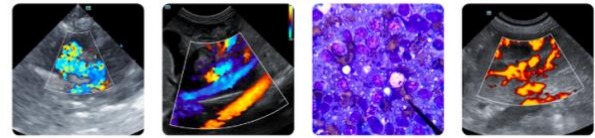
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Cytologic evaluation of the liver can be considered in this patient if clotting status is appropriate. A fine needle aspirate using a 25-gauge needle is recommended. If cytologic evaluation is inconclusive or



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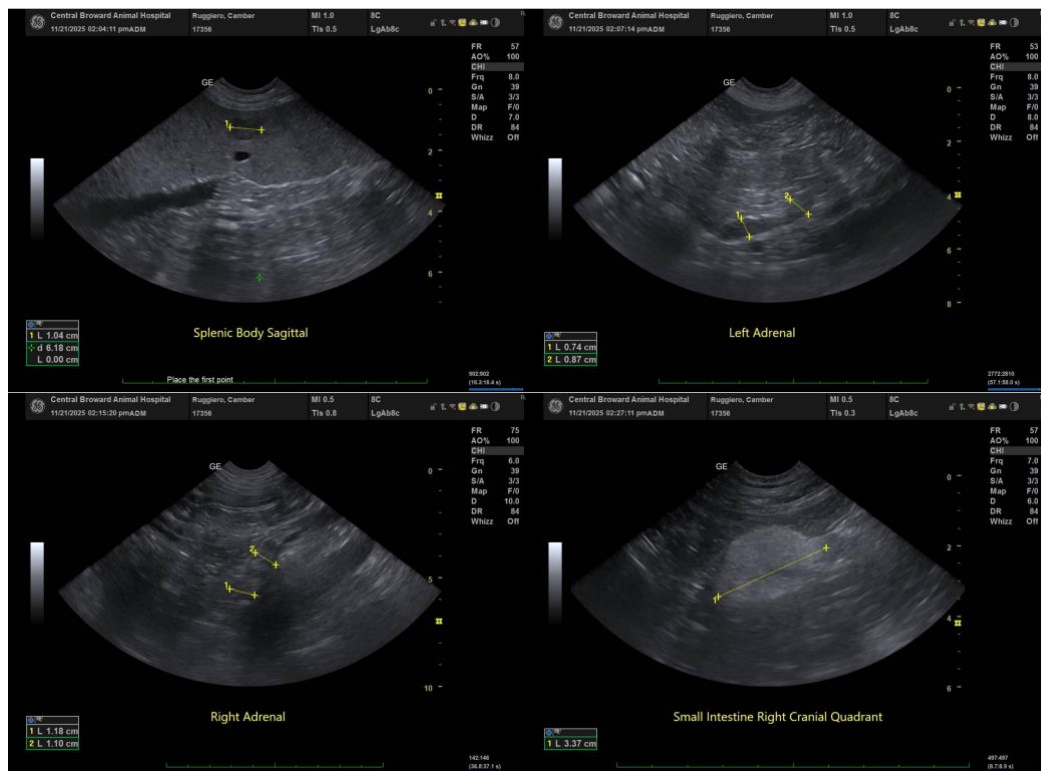
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if a more aggressive approach is desired, consider laparoscopic or surgical liver biopsies with aerobic and anaerobic bile cultures and acquisition of additional hepatic tissue samples for copper quantitation.

- If a conservative approach is desired, consider empirical treatment for bacterial cholangiohepatitis (amoxicillin-clavulanic acid, Denamarin). 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.
- Regarding the gallbladder changes, continuation of Ursodiol therapy is recommended, with periodic sonograph monitoring to assess for progression to a mucocele.
- Regarding the splenic nodule, consider fine-needle aspiration (assuming normal clotting status). A 25-gauge needle should be used. If aspiration is not pursued, consider a recheck ultrasound in 1-2 months to assess for growth of the lesion.
- Regarding the hyperechoic lesion in the right cranial quadrant, consider fine-needle aspiration (if accessible and if clotting status is appropriate). A 25-gauge needle should be used. If tissue sampling is not pursued at this time, consider a recheck ultrasound in 2-3 months to assess for growth of the lesion.





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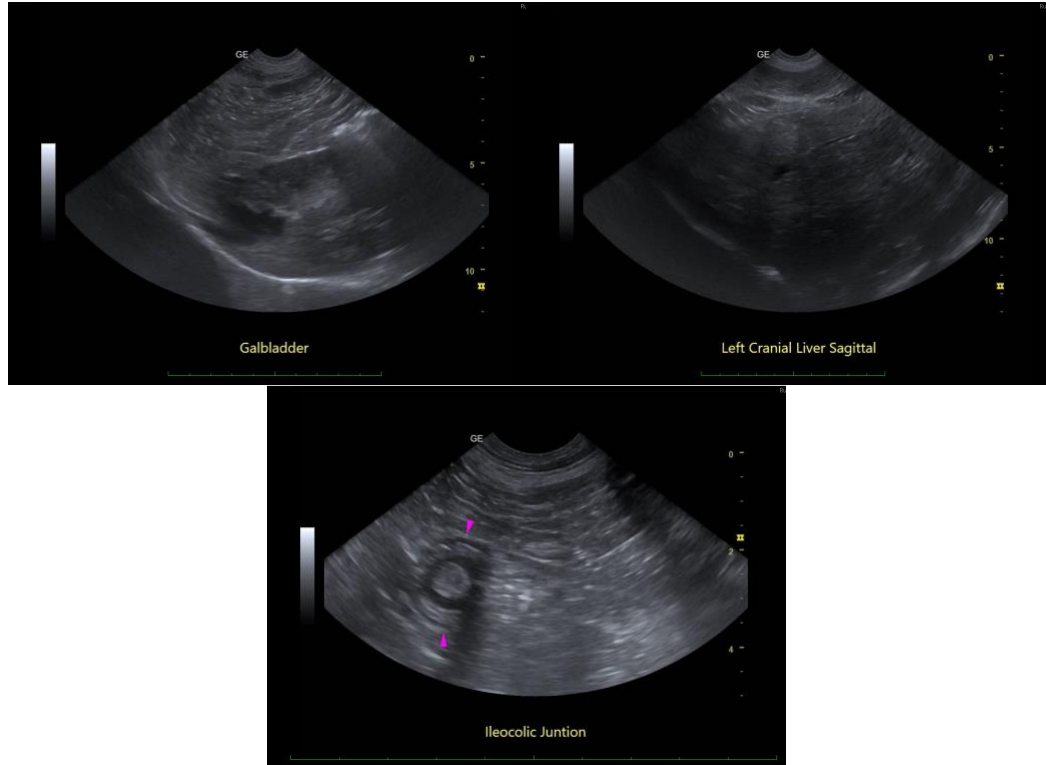
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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