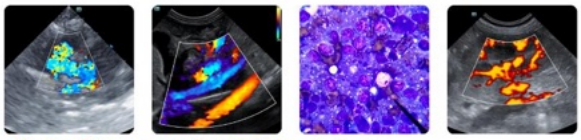


DATE

11/3/25

PATIENT

Oliver Grigg

SPECIES

Canine

BREED

Multi-poo

SEX

Male, neutered

AGE

10/14/2011

WEIGHT

10.8 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Doc-Side VMC

REFERRING VET

Dr. Tierney

INVOICE

13299

PRESENTING CLINICAL SIGNS

Patient History: Came in August for check up and wanted to schedule recommended 6 month repeat echo and DR T wanted to do AUS as well. stage B1 cardiac dz- recc'd repeat in 6-12 mos. Mild mitral and tricuspid regurg
No sig left atrial enlargement, Dog is still in Stg B1 cardiac dz, No medications are indicated

Current Medications: Ursodiol 50mg 1 SID, Welactin, Trazodone for vet visits, Gabapentin for vet visits, Selegiline Hydrochloride Tablet 5mg 1/2 -1 tablet once a day
Labwork Results: Labwork not attached, reported as: BP 150-160 today Mildly elevated but dog is extremely stressed for appointment- Would not recc tx at this time. Will be doing labs day of scan to get results closer to possible anesthetic procedure. 03-12-25 at 3:50p: CBC WNL. Chem- ALP 272 incr was 213/239/149, ALT 175 incr was 198/138/113, Ca 12.9 incr was 11.3/12.2/11.1, Creat 1.3 WNL was 0.9 WNL, BUN 22 WNL was 17 WNL, SDMA 18.8 incr was 20.6 incr. T4 1.7 WNL. UA- USG 1.018, pH 8.5, Protein Neg, Sediment Benign
Date of Previous IntraPet Ultrasound: 4/28/25. See attached.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed by: Stephanie Warga RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A small amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is normal in size (0.94 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (3.39 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (3.25 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is borderline enlarged (0.54 cm at cranial pole) (0.53 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 borderline enlarged (0.60 cm at cranial pole) (0.52 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 (0.94 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 prominent in size with smooth peripheral contours. The parenchyma is isoechoic relative to the spleen and mildly heterogeneous in appearance with numerous small, ill-defined hyperechoic nodules throughout the organ. In addition, a 1.2 x 1.2 cm ill-defined hypoechoic nodule/area is observed on the left side. Vascular and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The lumen is filled with aggregated/organized echogenic to mineralized sludge along with a few non-obstructive choleliths. The cystic and common bile ducts are normal/not seen.

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.

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 gallbladder changes are consistent with developing mucocele with a few non-obstructive choleliths. Changes are similar to the previous sonogram.

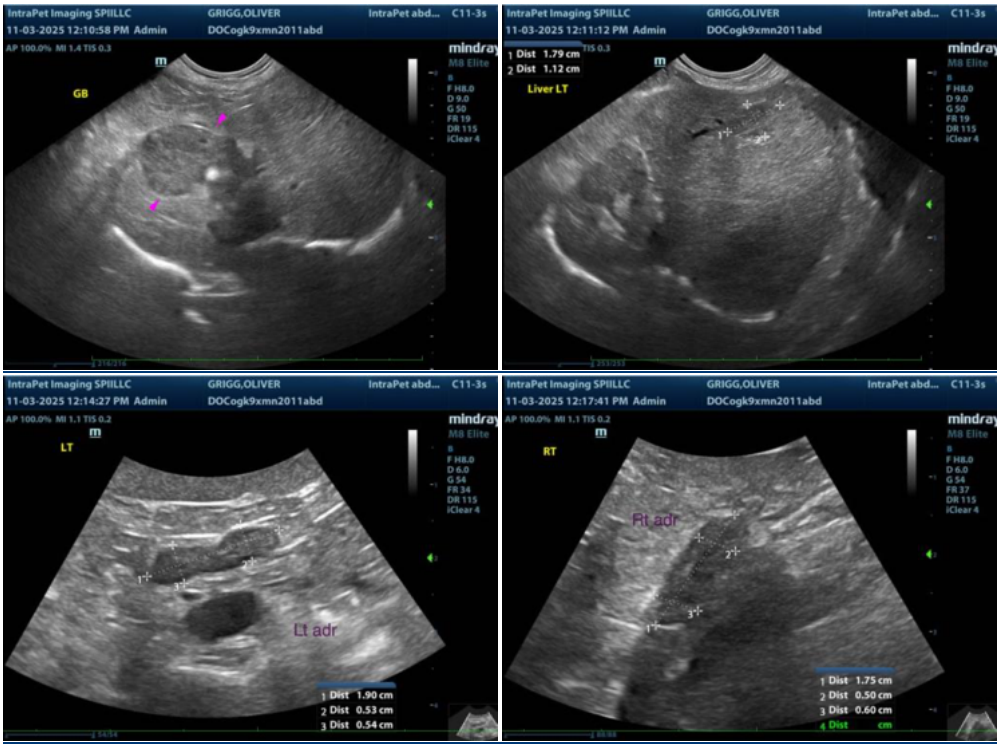
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory disease, infiltrative neoplasia and other hepatopathies are considered less likely. The hyperechoic hepatic nodules trend toward the benign (i.e., meylolipomas, regenerative nodules) with a lower possibility of emerging neoplasia. The hypoechoic hepatic nodule on the left side also trends toward the benign (i.e., regenerative nodule) with a lower possibility of emerging neoplasia. Overall, the changes are similar to the previous sonogram with the exception of the hypoechoic nodule on the left side which is new.

Secondary Findings:

- Borderline bilateral adrenomegaly
- Minor bilateral age-related renal changes with subtle dystrophic mineralization

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Continued Ursodiol therapy is recommended with close sonographic monitoring (i.e., every 6-8 weeks) of the patient's gallbladder to assess for progression to a fully formed mucocele. Alternatively, a cholecystectomy with submission of the gallbladder for histopathology and culture. Aerobic and anaerobic bile cultures can be considered depending on the anesthetic risk for the patient.
2. Repeat baseline lab work including a CBC chemistry panel, urinalysis and T4 is recommended. Depending on the results, further workup may be indicated.



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