



PATIENT PRESENTING CLINICAL SIGNS

Rigby Rettagliata History: V/D
Abnormal PE/Chem/CBC/UA Results: ALB 4.3 ALT 151 ALP 667 Lipase 270

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

Urinary System

BREED

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.

Terrier Mix

SEX

The prostate is normal in size (0.63 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

Neutered Male

AGE

The left kidney is normal in size (4.30 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

11

WEIGHT

The right kidney is normal in size (3.77 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

17.4

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

Adrenal Glands

The left adrenal gland is enlarged (0.55 cm at cranial pole) (0.78 cm at caudal pole) with smooth peripheral contours. Glandular echogenicity and detail are normal. Surrounding vasculature appears normal.

The right adrenal gland is enlarged (1.01 cm at cranial pole) (0.82 cm at caudal pole) with smooth peripheral contours. Glandular echogenicity and detail are normal. Surrounding vasculature appears normal.

IMAGING PERFORMED BY

Jenn

Spleen

The spleen is normal in size (1.47 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 slightly swollen 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 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

11-3-25



PATIENT *Pancreas*

Rigby Rettagliata

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

Terrier Mix

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

SEX

Neutered Male

Primary Findings

- 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.
- Bilateral adrenomegaly

AGE

11

WEIGHT

17.4

Secondary Findings

- Bilateral nonspecific age-related renal changes
- An obvious cause for the GI signs is not identified in the study. Broad considerations include a primary enteropathy (i.e., dietary indiscretion, food allergy/intolerance, inflammatory bowel disease), underlying metabolic issue, other.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

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- Regarding the liver and adrenal changes, consider the following:
 - Hepatic tissue sampling (i.e., aspirates or biopsies) can be considered but may be of low yield. If 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 abdomen ultrasound +/- a more advanced hepatic work-up (i.e., tissue sampling) may be warranted.
 - Consider testing for hyperadrenocorticism with a low-dose dexamethasone suppression test or ACTH stimulation test if clinical signs (i.e., PU/PD) develop in the future.
 - Regarding the GI signs, consider a fecal evaluation for internal parasites along with symptomatic care. If the GI signs are chronic, further workup (i.e., GI panel, limited antigen diet trial +/- GI biopsies) may be indicated.



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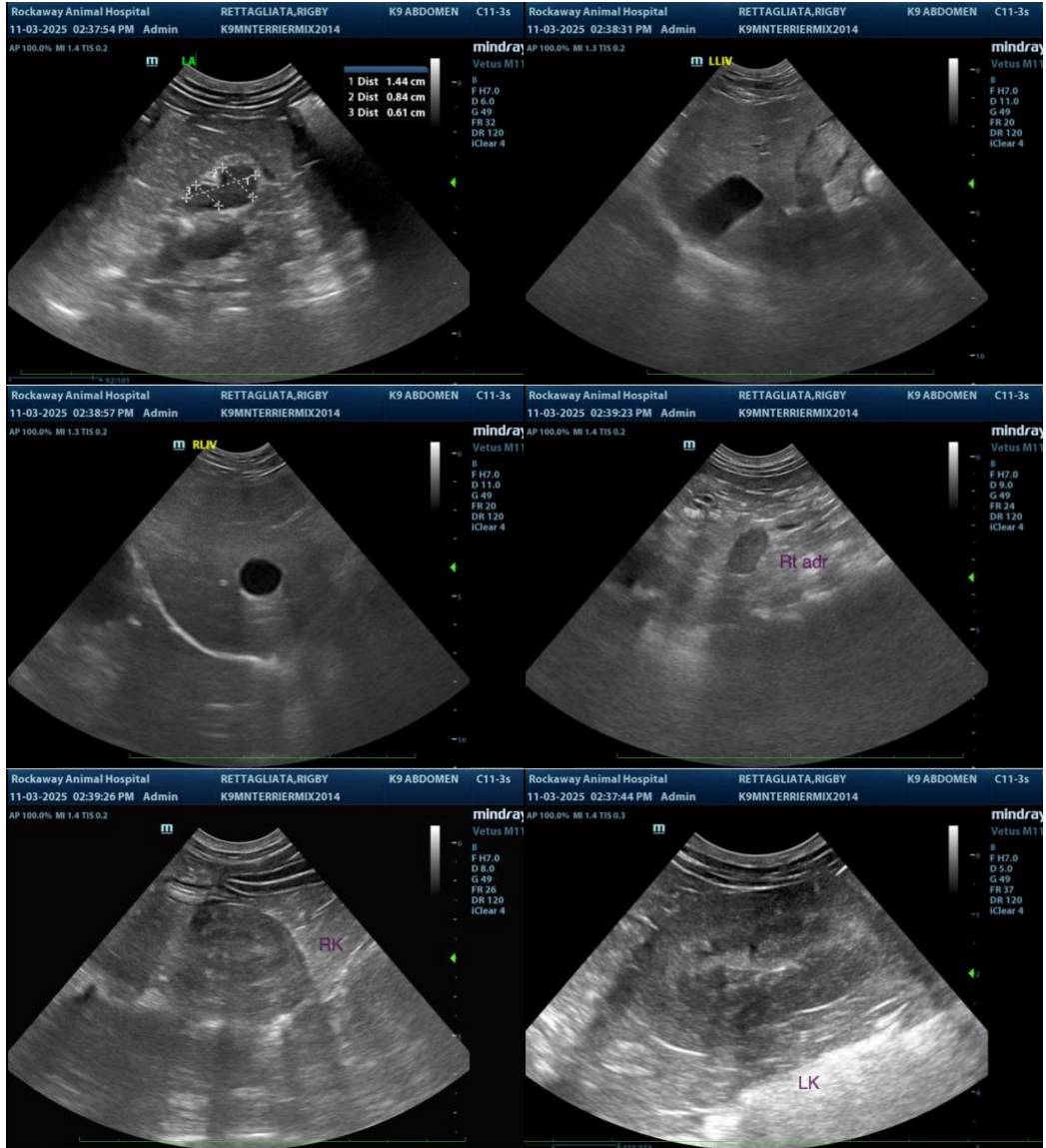
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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