PATIENT

Arya Vokey

SPECIES

Canine

BREED

Labrador Retr

SEX

Female Spayed

AGE

9

WEIGHT

72 lbs

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Pamela Harrigan, RDCS,
Cert Vet Sonog (IVUSS)

HOSPITAL NAME

Alberto Fernandez DVM

REFERRING VET

Wareham AH

INVOICE

22326

DATE

12-23-25

PRESENTING CLINICAL SIGNS

History: Elevated GGT, concern for cholangitis, gallbladder disease, cholestasis. Arya is doing well with no clinical signs.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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 the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal in size (6.82 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal in size (6.22 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal in size (0.85 cm at cranial pole) (0.67 cm at caudal pole) with a slightly prominent cranial pole. A 0.75 x 0.74 cm hyperechoic-to-heterogenous nodule is observed at the cranial aspect. Glandular echogenicity and detail at the caudal aspect are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (1.09 cm at cranial pole) (0.79 cm at caudal pole) with a slightly prominent cranial pole. A 1.25 x 1.09 cm hyperechoic-to-heterogenous nodule is observed at the cranial aspect. Glandular echogenicity and detail at the caudal aspect are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is subjectively normal in size (1.72 cm in width at the level of the hilus) with normal peripheral contours. The parenchyma is subtly mottled in appearance, with a few, ill-defined hypoechoic nodules. Splenic vasculature is normal with no evidence of thrombosis.

Liver

The liver is subjectively normal-in-size with normal peripheral contours. The 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.

The gallbladder lumen is moderately distended. The wall is normal in thickness. Luminal contents are mostly anechoic. The cystic duct is dilated (0.67 cm) after which it is no longer visible. Intrahepatic biliary tracts appear normal. Hepatic veins appear dilated.

Gastrointestinal

The lumen is minimally-to-mildly fluid-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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Pancreas
The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic-to-slightly-hyperechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic 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 hepatic changes are nonspecific and could be secondary to inflammatory disease (i.e., cholangiohepatitis, chronic hepatitis), Leptospirosis, hepatotoxicosis, infiltrative neoplasia (i.e., lymphoma), vacuolar hepatopathy, regenerative nodular hyperplasia, other hepatopathy, or some combination thereof. The hepatic veins are subjectively dilated. This may be a normal variant for this patient or could indicated increased hydrostatic pressure.
- The significance of the dilated cystic duct is unclear. It may be a normal variant for this patient or may be secondary to a more-distal obstruction (i.e., stricture, stone, tumor), although none is seen.
- The bilateral adrenal nodules could be consistent with focal nodular hyperplasia, adenomas, emerging adenocarcinomas, pheochromocytomas, other.

Secondary Findings

- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a lower possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- Bilateral nonspecific age-related renal changes
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider pre- and postprandial serum bile acids and Leptospirosis testing (i.e., blood and urine PCR, serology), particularly if the clinical suspicion for disease is high.
- Cytologic evaluation of the liver should 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 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

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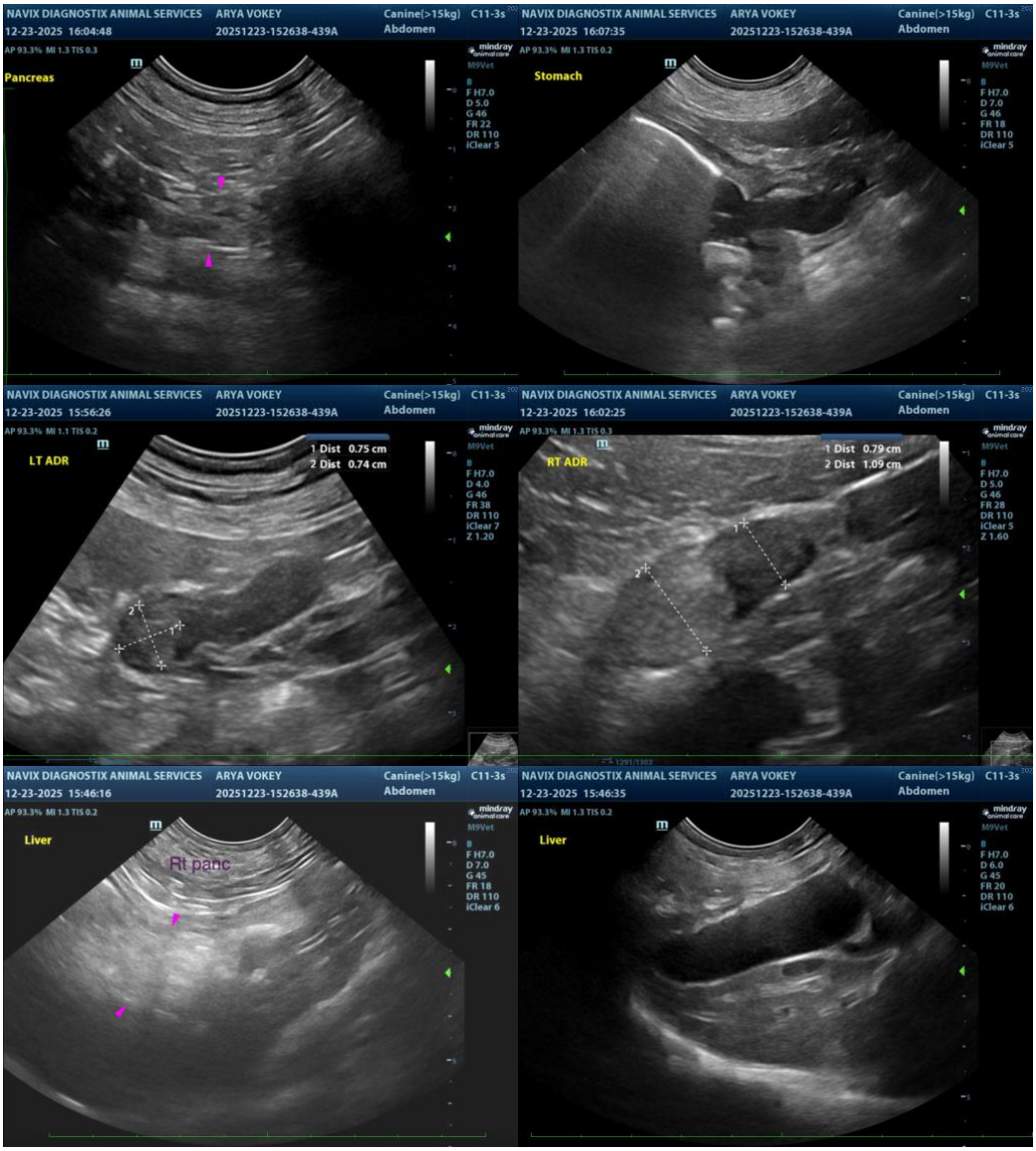
(amoxicillin-clavulanic acid, Denamarin). If no improvement in the liver values is seen within 7-10 days of initiating therapy, antibiotics should be discontinued, and hepatic tissue sampling reconsidered. If liver values improve, continue therapy for at least 4-6 weeks and 1 week beyond normalization of the liver values.

- Regarding the dilated hepatic veins, consider three-view thoracic radiographs to assess for right-sided heart disease.



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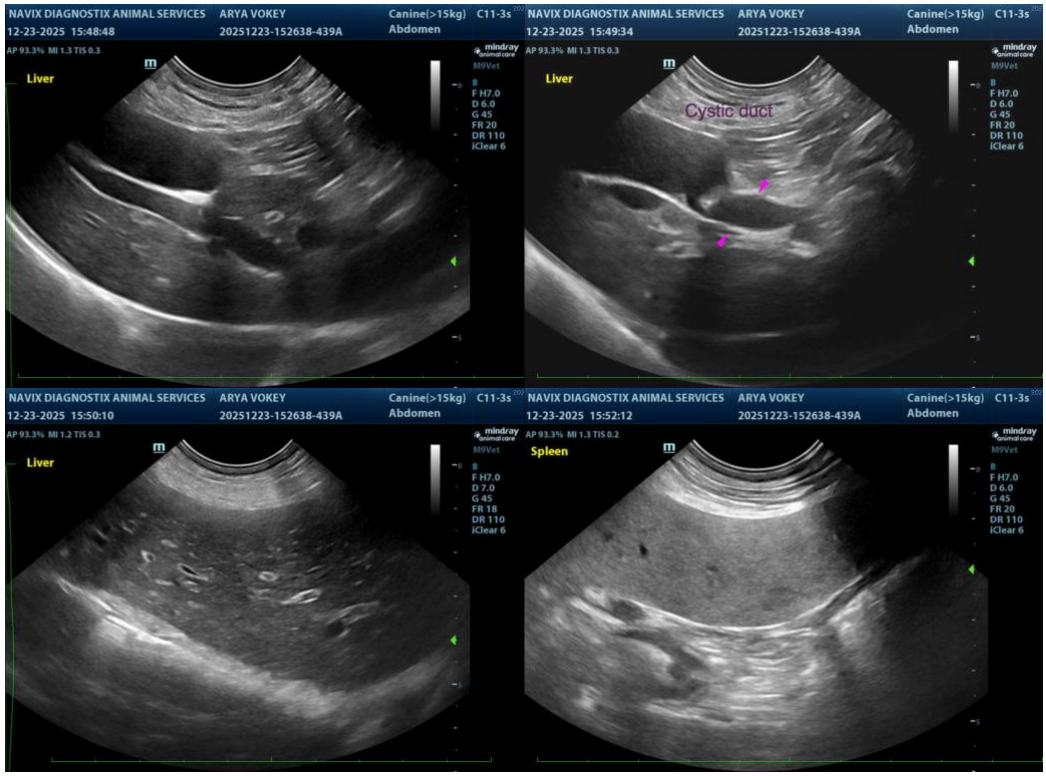

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.
Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com