PATIENT

Milo Barrows

SPECIES

Canine

BREED

Labrador Retr

SEX

Neutered Male

AGE

9

WEIGHT

66.7 lbs

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Pamela Harrigan, RDCS,
Cert Vet Sonog (IVUSS)

HOSPITAL NAME

Navix Diagnostix Animal Health - Formerly PAUS

REFERRING VET

Lilan Hauser, DVM

INVOICE

22327

DATE

12-23-25

PRESENTING CLINICAL SIGNS

History: Gradually increasing ALT, now 208. Normal USG. 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 prostate is normal in size (0.97 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 (6.63 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 (6.45 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.

Adrenal Glands

The left adrenal gland is normal in size (0.46 cm at cranial pole) (0.57 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 normal in size (0.66 cm at cranial pole) (0.61 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 (2.16 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. A 1.1 x 0.75 cm ill-defined hypoechoic nodule is observed at the medial aspect. Splenic vasculature is normal.

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 thin and smooth. A small-to-moderate amount of mostly gravity-dependent, echogenic debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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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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
One-to-two prominent medial iliac lymph nodes are visualized (one measuring 1.86 x 0.59 cm).

Free Abdomen
There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The hepatic parenchymal changes are nonspecific. Given the patient's breed, emerging chronic hepatitis or copper hepatotoxicosis are of top concern. Other considerations include bacterial cholangiohepatitis, Leptospirosis, fibrosis, or other hepatopathy.
- Gallbladder debris/sludge, non-mucocele

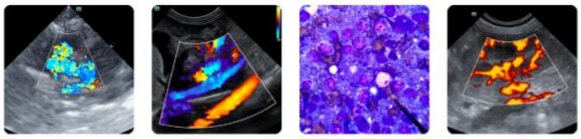
Secondary Findings

- Minor bilateral nonspecific age-related renal changes
- The prominent medial iliac lymph nodes are likely reactive, with a low possibility of emerging neoplasia.
- 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)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider pre- and postprandial serum bile acids.
- Also consider Leptospirosis testing (i.e., blood and urine PCR, serology), particularly if the clinical suspicion for disease is high.
- Ultimately, liver biopsies (laparoscopic or surgical) may be necessary to get a definitive diagnosis. Biopsies are necessary to evaluate portal triads, which are key in diagnosing chronic hepatitis. If biopsies are pursued, aerobic and anaerobic bile cultures and hepatic copper quantitation should also be performed. Clotting times and thoracic radiographs are recommended prior to anesthesia.

NAVIX DIAGNOSTIX ANIMAL SERVICES



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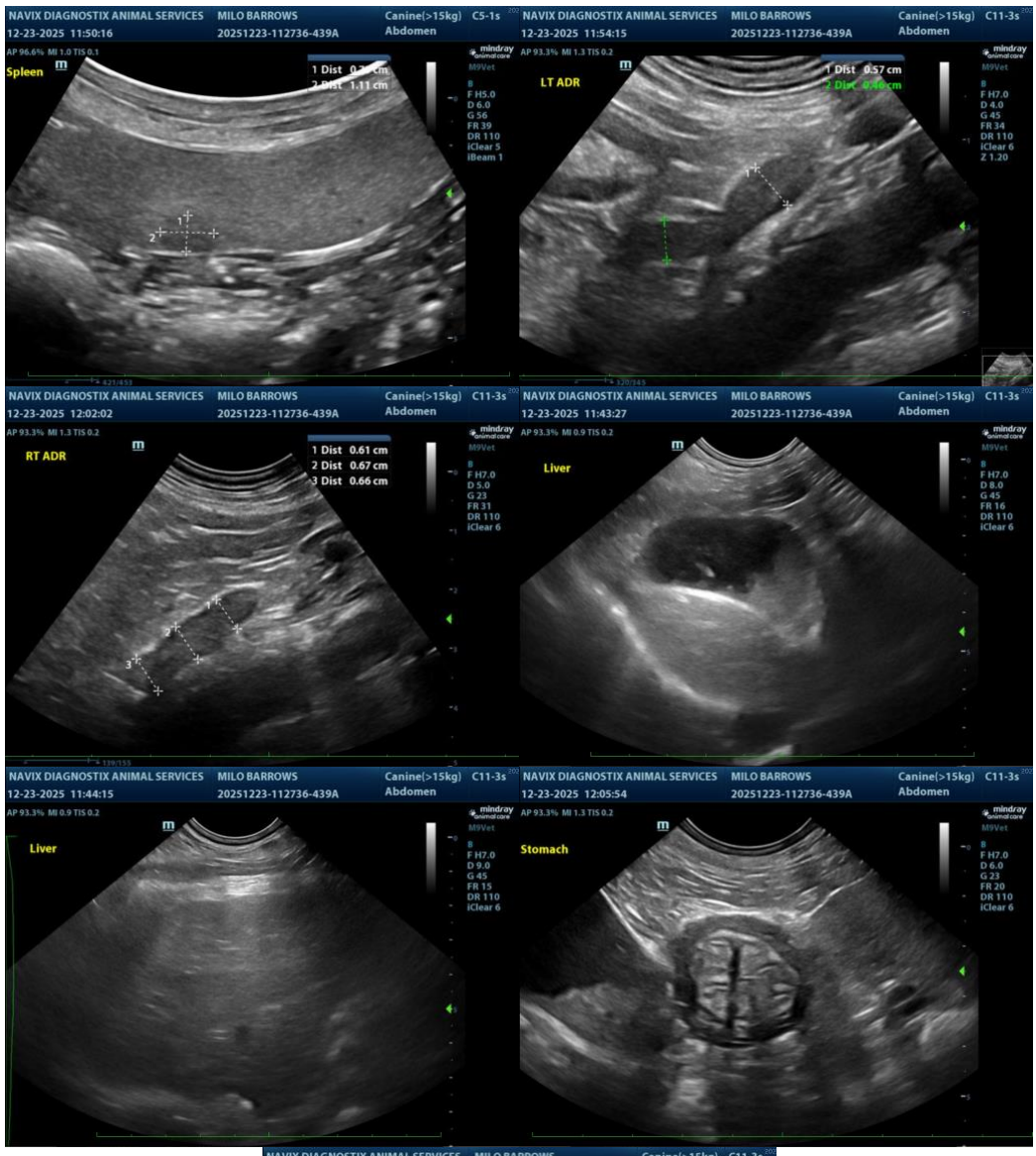

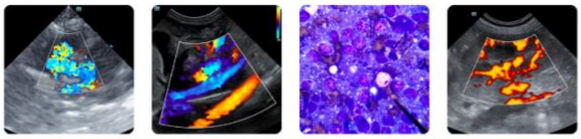

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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