



## PATIENT PRESENTING CLINICAL SIGNS

**Cooper Ng**  
**SPECIES** History: polydipsia and persistent, rising elevation of ALP  
 Abnormal PE/Chem/CBC/UA Results: Unexplained elevation to ALP (1300). With reported polydipsia.  
 Neg ACTH (Oct 2024) and neg LDDST (May 2025). Still suspect Cushing's. Abdominal ultrasound - o  
**Canine** requested liver biopsy, which was performed. 3 x UA samples showed appropriate concentration of evening  
 sample (USG 1037), but hyposthenuria at morning and midday (USG <1009). UPC 0.5 (normal, pooled urine  
 sample from multiple collections same day)

## BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Labrador Retr

### Urinary System

## SEX

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 is normal.

Female Spayed

## AGE

The region of the prostate is not visualized due to its pelvic location.

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In the visualized portion, the left kidney is subjectively normal in size with a normal shape, architecture and smooth peripheral contours. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no obvious evidence of pyelectasia, nephroliths, infarcts or hydroureter.

## WEIGHT

66 lbs

The right kidney is normal in size (6.44 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

## INTERPRETED BY

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

### Adrenal Glands

The left adrenal gland is mildly enlarged (0.86 cm at cranial pole) (0.81 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.

## IMAGING PERFORMED BY

Ashley McCaughan

The right adrenal gland is mildly enlarged (1.05 cm at cranial pole) (0.86 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

Marina Village  
 Vet & Integr Care

### Spleen

The spleen is normal in size (2.40 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.

## REFERRING VET

Ashley McCaughan

### Liver

The liver is subjectively prominent-in-size, with smooth 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.

## INVOICE

22216

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

## DATE

12-3-25



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### ***Gastrointestinal***

The lumen is mildly distended with ingesta. 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.

### ***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**

- Borderline bilateral adrenomegaly
- The diffuse hepatic changes are nonspecific 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.
- Gallbladder debris, non-mucocele

### **Secondary Findings**

- Minor bilateral age-related renal changes

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A urine culture and sensitivity is recommended to assess for occult infection.
- Given the borderline bilateral adrenomegaly and the patient's clinical history, consider retesting for hyperadrenocorticism (i.e., low-dose dexamethasone suppression test). If results are not consistent with Cushing's disease, consider further work-up for PU/PD (i.e., DDAVP trial +/- modified water deprivation test).



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**REFERRING VET**

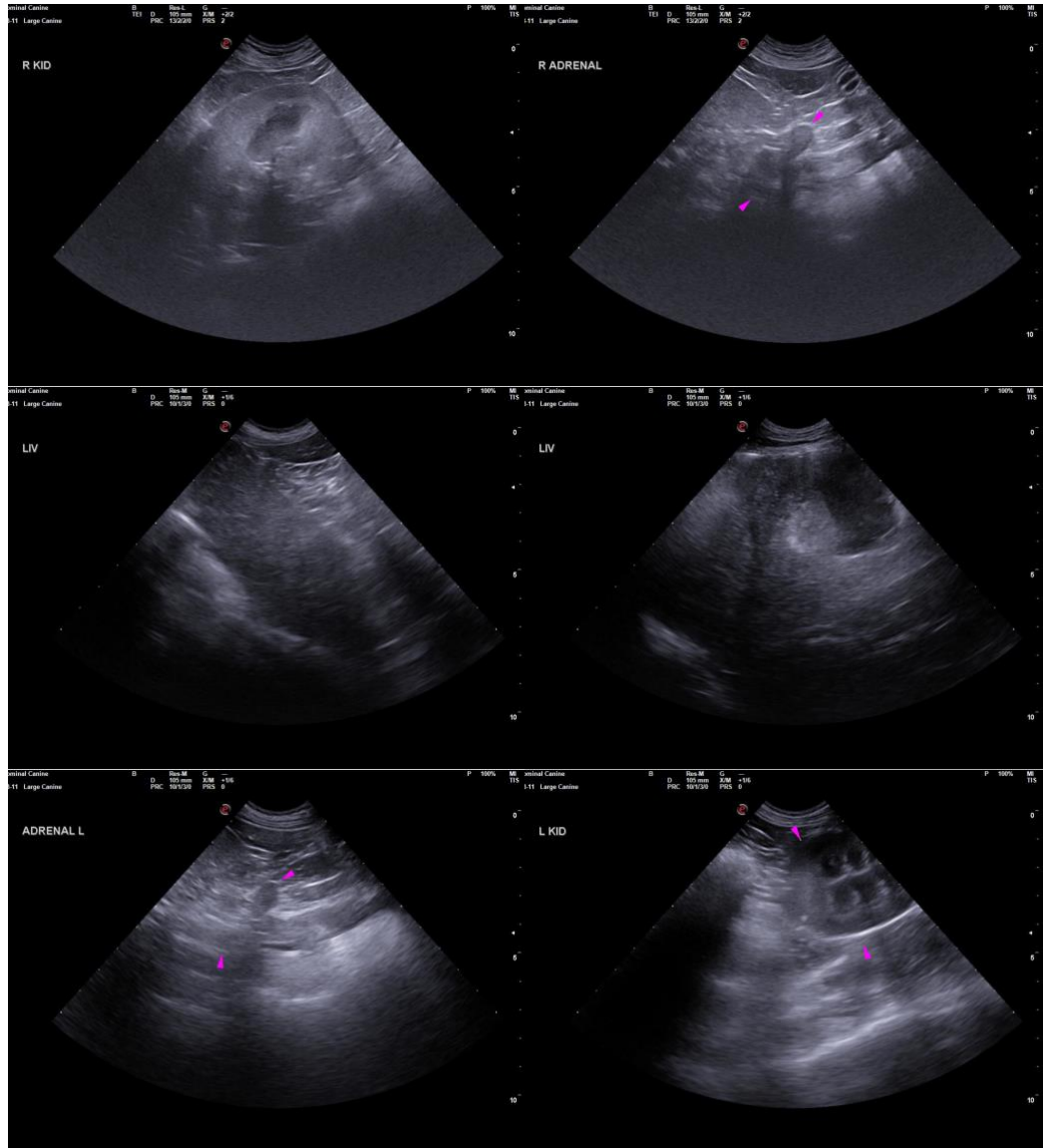
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)**  
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