



PATIENT

Fluffy Andrade

SPECIES

Canine

BREED

Lab

SEX

Neutered Male

AGE

11 Years

WEIGHT

21.4 Lbs.

INTERPRETED BY

Andrea Nicastro, DMV,
Diplomate DACVIM
(Small Animal
Internal Medicine)

IMAGING PERFORMED BY

Mayra Sanchez

HOSPITAL NAME

Sunset AH

REFERRING VET

Mayra Sanchez

INVOICE

13262

DATE

12/30/21

PRESENTING CLINICAL SIGNS

History: Patient presented for annual exam and senior blood work. Markedly elevated liver enzymes and tense abdomen on palpation.

Abnormal PE/Chem/CBC/UA Results: PE: tense abdomen, hx of KCS, otitis and atopy. CBC: NAF. Chem: ALP >2400, ALT 201, T4: <0.9, FT4: pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly distended with anechoic urine. No masses, inflammatory changes, or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is normal in size (0.90 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney presented normal size (4.84 cm in length); with a normal shape, smooth peripheral margins, and normal internal architecture. There is poor corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts, or hydronephrosis.

The right kidney presented normal size (4.94 cm in length); with a normal shape, smooth peripheral margins, and normal internal architecture. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts, or hydronephrosis.

Adrenal Glands

The caudal pole of the left adrenal gland visualized and is normal size (0.55 cm in width) with a normal shape, glandular echogenicity, and detail. Surrounding vasculature appears normal.

The caudal pole of the right adrenal gland visualized and is normal size (0.58 cm in width) with a normal shape, glandular echogenicity, and detail. Surrounding vasculature appears normal.

Spleen

The spleen is normal in size (1.34 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A few small ill-defined myelolipomas are observed in the region of the hilus. Splenic vasculature is normal.

Liver

The liver is subjectively prominent in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen. In the region of the deep left to mid liver, an approximately 3 cm heterogeneous area is visualized. The remaining parenchyma is relatively homogeneous in appearance. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.



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The gall bladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of aggregated echogenic partially dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. 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. No obstructive or overt infiltrative disease is noted.

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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.

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Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

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ULTRASONOGRAPHIC FINDINGS

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Primary Findings

- The heterogeneous area within the hepatic parenchyma may represent benign pathology (i.e., regenerative nodular hyperplasia). Alternatively, emerging neoplasia (i.e., adenoma, adenocarcinoma) is possible. Given the severely elevated liver values, a diffuse hepatopathy (i.e., inflammatory disease, neoplasia, hepatotoxicosis, other) is suspected. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Gallbladder debris/sludge, non-mucocele

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Secondary Findings

- Bilateral age-related renal changes with dystrophic mineralization

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- If an aggressive approach is desired, an abdominal exploratory with a liver biopsy and acquisition of additional hepatic tissue samples for potential copper quantitation can be considered. An abdominal CT scan would be useful in further defining the heterogeneous region. If a more conservative approach is desired, consider either performing a fine needle aspirate of the liver with particular attention to the heterogeneous area. Alternatively, consider repeating blood work and an abdominal ultrasound in 1 month to assess for progression.

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- 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.

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- Given the patient's age, three-view thoracic radiographs are recommended to assess cardiopulmonary status.



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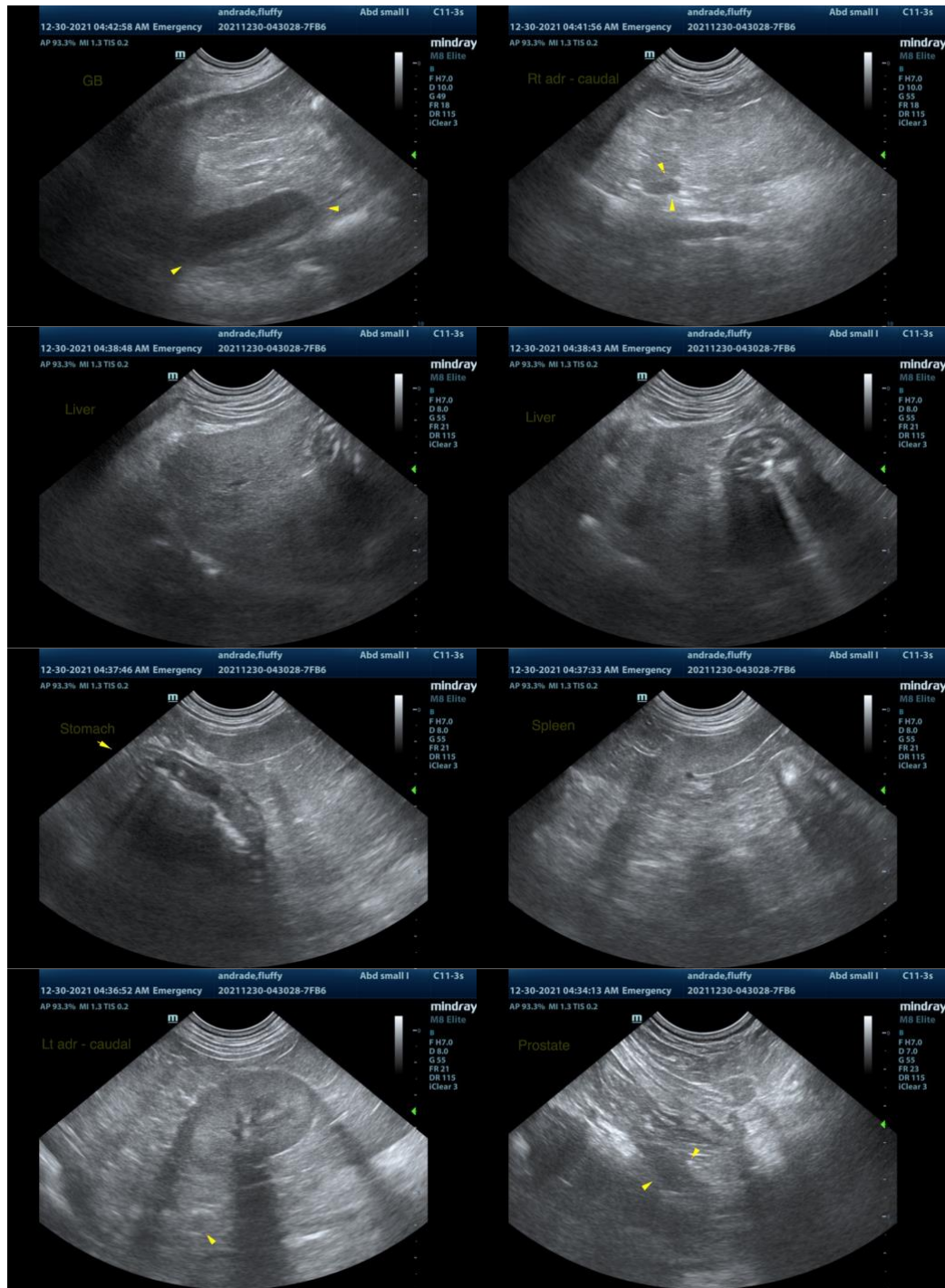
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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