DATE

12-7-25

PATIENT

Calla Allen

SPECIES

Canine

BREED

West Highland White Terrier

SEX

Female Spayed

AGE

12-6-10

WEIGHT

14 lbs

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Perez

INVOICE

22228

PRESENTING CLINICAL SIGNS

Patient History: Decreased appetite and water intake since 12/01/25 (Monday/Tuesday). - Not eating normal diet/treats; prefers novel treats; minimal interest in canned/dry prescription renal food. - Lethargy, decreased activity; follows client less than normal. - No vomiting, no diarrhea, no hematochezia; stools normal per client today. - Urination: reduced volume on puppy pads. - Occasional shivering noted yesterday and today; may be associated with pain, dehydration, or anxiety.
Known allergies; currently rx Apoquel (both tablet and chewable); recent refusal of both forms. -
On Nexgard and Frontline for parasite prevention. - Moderate dental disease; cleaning indicated but client concerned re: anesthesia risk. - History of slight anemia reported 3-4 weeks ago by referring DVM (Dr. Lerner); resolved or uncertain status currently. - Cataracts, iris atrophy, diminished vision and hearing. - Reported pruritus and licking/raising front left paw (consistent with allergies).
Current Medications: Norm-R at 2x maintenance IV, Cerenia, Methadone, Ondansetron, Unasyn and Gabapentin.
Labwork Results: Labwork submitted and reported as ALT 468 U/L (elevated); SDMA elevated; hyperkalemia; low Na/K; mild leukocytosis. Creatinine 2.2. Globulin 5.1. ALT (from December 6) 362. ALP 384.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed by: Andi Parkinson, BS, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is distended. A small amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone isnormal.

The left kidney is normal in size (4.01 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. A 1.30 x 1.17 cm septated cortical cyst is observed at the cranial pole. Several smaller cortical cysts are seen. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.12 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. Several small cortical cysts are seen. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size at the cranial pole and mildly enlarged at the caudal pole (0.40 cm at cranial pole) (0.73 cm at caudal pole). At the caudal aspect, a 0.88 x 0.65 cm irregular, hyperechoic-to-heterogenous nodule is visualized. Glandular echogenicity and detail at the cranial pole are normal. Surrounding vasculature appears normal.

The right adrenal gland is normal in size (0.53 cm at cranial pole) (0.41 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.

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Spleen
The spleen is normal in size (1.01 cm in width at the level of the hilus) with a normal capsular contour. There is of appropriate echogenicity and echotexture. A 0.44 cm ill-defined septated cystic nodule is observed at the medial aspect. Splenic vasculature is normal.

Liver
The liver is subjectively prominent-in-size with swollen, scalloped, peripheral contours. The parenchyma is hypoechoic relative to the spleen and mildly heterogenous in appearance. A 1.8 x 1.4 cm hyperechoic-to-heterogenous nodule, with mineralized foci is observed on the right side, adjacent to the diaphragm. There is an increase in portal markings. Hepatic vasculature is of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

The gallbladder lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated, echogenic stranding debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal
The gastric lumen is not distended. The gastric wall is normal to borderline thickened (up to 0.44 cm) with retention of the 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.

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
Three-to-four prominent, hypoechoic, periportal lymph nodes are visualized (the largest measuring 1.49 x 0.82 cm). Surrounding mesentery is hyperechoic.

Free Abdomen
There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Right mineralized hepatic nodule. Neoplasia (i.e., adenocarcinoma, sarcoma, round cell tumor) is of top concern with a lower possibility of feline infectious peritonitis or other benign lesion. The diffuse hepatic parenchymal changes could be consistent with an inflammatory hepatopathy (i.e., cholangiohepatitis, chronic hepatitis), hepatotoxicosis (i.e., copper), infiltrative neoplasia, and/or other hepatopathy.

- The retained gallbladder debris could be consistent with cholestasis, fasting, or less likely, an emerging mucocele.

- The prominent periportal lymph nodes could be consistent with infiltrative neoplasia or reactive change.

- Bilateral chronic renal changes with cortical cysts, trace pyelectasia and nonobstructive nephrolithiasis

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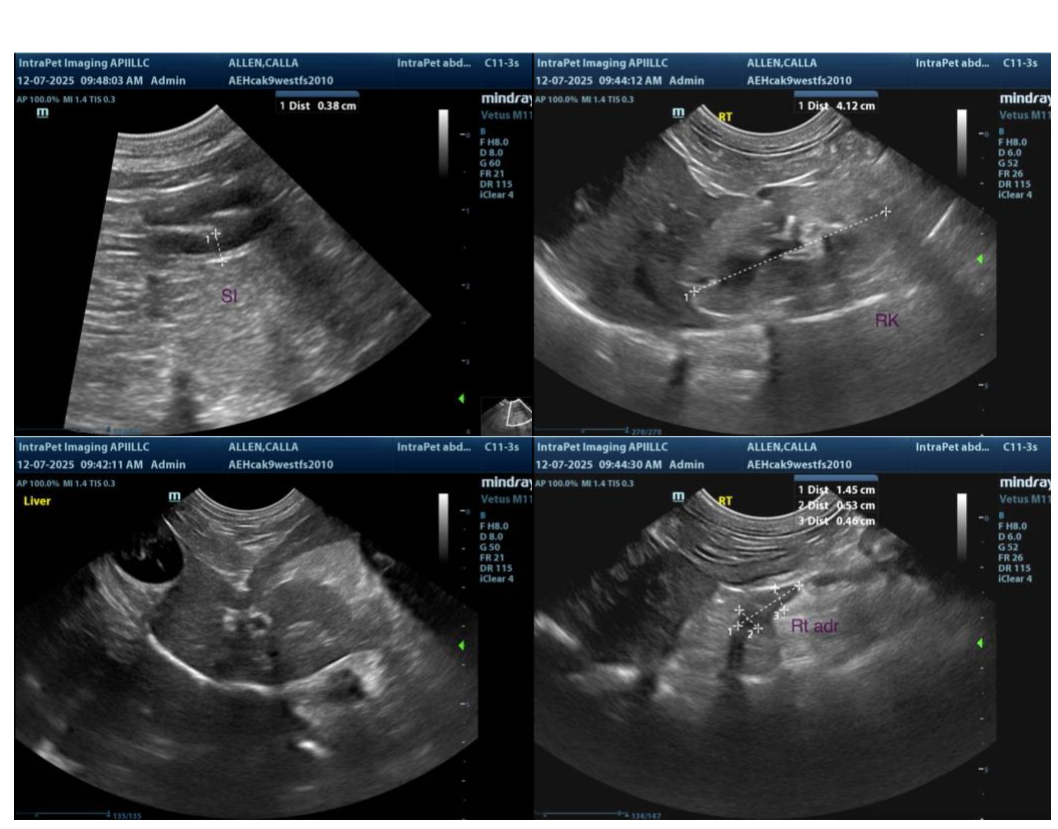
Secondary Findings

- The cystic splenic nodule could be consistent with a benign cyst or an emerging vascular tumor.
- The left adrenal nodule could be consistent with focal nodular hyperplasia, adenoma, emerging adenocarcinoma, pheochromocytoma, other.
- The mild gastric wall thickening could be consistent with gastritis or may be a normal variant for this patient.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider pre- and postprandial serum bile acids and Leptospirosis testing (i.e., blood and urine PCR, serology).
- Ultimately, hepatic tissue sampling, preferably biopsies, should be considered to get a definitive diagnosis. Excisional biopsy of the hepatic nodule is also recommended. If pursued, aerobic and anaerobic bile cultures and hepatic copper quantitation should also be performed. The enlarged cranial abdominal lymph nodes should also be biopsied.
- In the meantime, continued symptomatic care, with serial monitoring of the patient's liver values is recommended.



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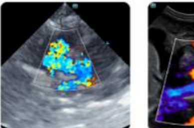

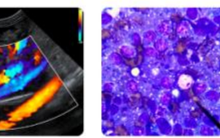

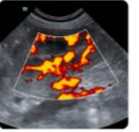

Educational Teleconsultation Services™

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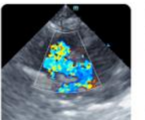

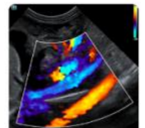

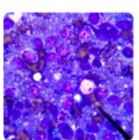

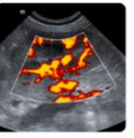

Clinical Sonography & Telecytology
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video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