



**PATIENT**

Bella Wittenkind

**SPECIES**

Canine

**BREED**

German Shepherd Mix

**SEX**

Spayed Female

**AGE**

11 Years

**WEIGHT**

80 Lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

Westwood Regional  
VH

**REFERRING VET**

Dr. Cattiny

**INVOICE**

13950

**DATE**

2/15/22

**PRESENTING CLINICAL SIGNS**

History: Potential hepatopathy vs. neoplasia.  
Abnormal PE/Chem/CBC/UA Results: Alk. Phos. 654, T. bili. 0.5, glucose 47, magnesium 2.6, trigs 734, Precision PSL 149.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is mildly distended with anechoic urine. The wall is diffusely thickened (up to 0.55 cm) with a slightly irregular mucosal surface. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney presented normal size (6.28 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney presented normal size (6.62 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is normal size (0.70 cm at cranial pole) (0.51 cm at caudal pole) (2.85 cm in length); normal shape; 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 size (1.60 cm at cranial pole) (0.76 cm at caudal pole) (2.34 cm in length); normal shape; 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 subjectively normal in size (1.79 cm in width at the level of the hilus) with normal curvilinear peripheral contours. The parenchyma is diffusely mottled with several varying sized hypoechoic nodules as well as a few myelolipomas. Splenic vasculature appears normal with no evidence of thrombosis.

**Liver**

The liver is subjectively prominent in size with normal curvilinear 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.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A scant amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

**Gastrointestinal**



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The gastric 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. No obstructive or overt infiltrative disease is noted.

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**Pancreas**

The tip of the left limb of the pancreas is prominent in size with minimal deviation from the normal peripheral contours. The parenchyma is hypoechoic, relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is not overtly dilated. The remainder of the pancreas is isoechoic without evidence of pathology.

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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**

**AGE**

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**Primary Findings**

- Suspected benign hepatopathy. However, microscopic pathology cannot be completely excluded.

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**Secondary Findings**

- The splenic changes trend toward the benign (i.e., lymphoid hyperplasia or extramedullary hematopoiesis with some potential for emerging neoplasia (i.e., round cell tumor).
- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.
- The urinary bladder wall thickening may be artifactual due to lack of full repletion. Alternatively, cystitis may be present. Correlation with clinical findings is recommended.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Given the elevated ALP and hypoglycemia, consider pre-and postprandial serum bile acids to assess for occult hepatic dysfunction.
- Other diagnostic considerations to further investigate the hypoglycemia include the following:
  1. Insulin:glucose ratio
  2. A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended

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- Also consider a three-view thoracic radiographs to rule out occult neoplasia in the chest, as paraneoplastic syndrome can cause hypoglycemia.

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- While awaiting test results, a recheck blood glucose is recommended to confirm hypoglycemia. Also consider small frequent meals to prevent clinical signs associated with



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hypoglycemia.

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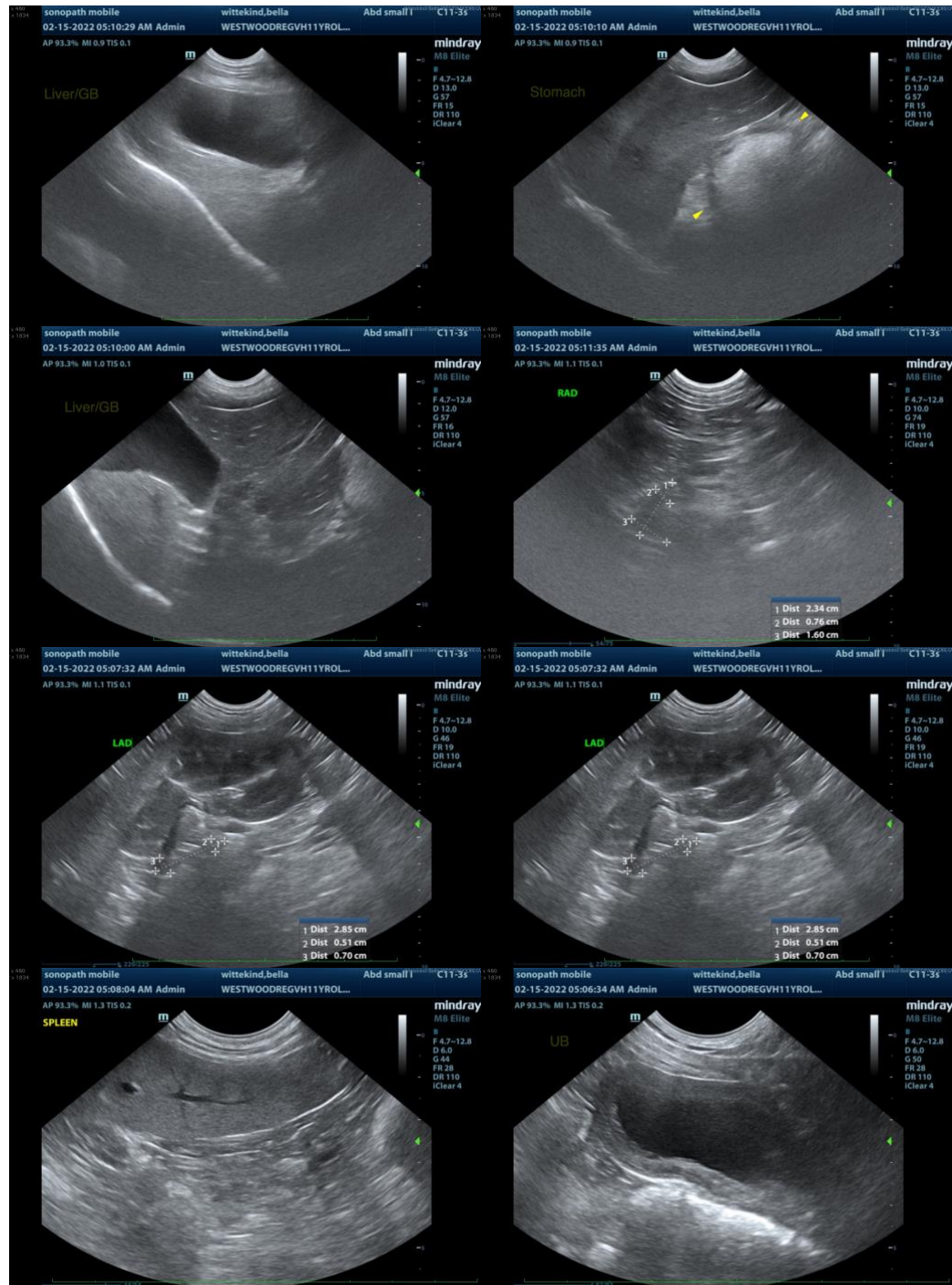
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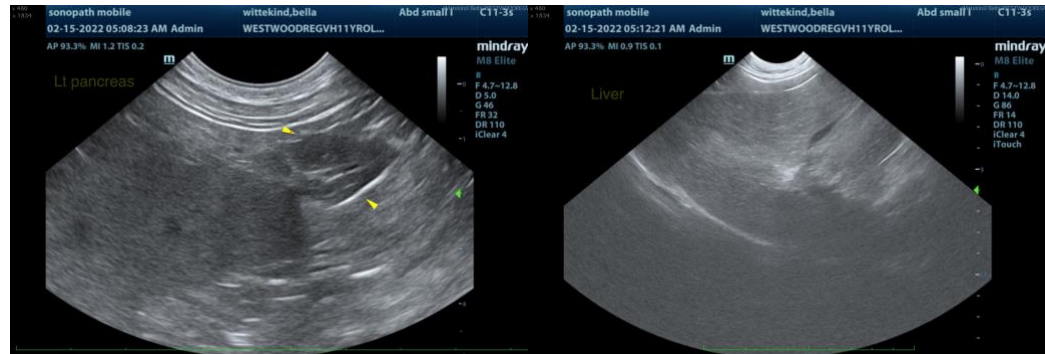
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@SonoPath.com

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