



**PATIENT**

Marathon Clendenin

**SPECIES**

Canine

**BREED**

Jack Russel Terrier Mix

**SEX**

Spayed Female

**AGE**

15 years

**WEIGHT**

9.9 lbs

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Harold Mike Beard

**HOSPITAL NAME**

West Prince AH

**REFERRING VET**

Harold Mike Beard

**INVOICE**

10407

**DATE**

2/18/22

**PRESENTING CLINICAL SIGNS**

History: 15yr old JRT mix presents for chronic dermatitis.  
Abnormal PE/Chem/CBC/UA Results: Chemistry reveals an increase in ALK, GGT, and cholesterol.  
CBC in WNL. T4 is low.

**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 mostly 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 left kidney is normal in size (3.47 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (3.89 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is upper limits of normal size (0.51 cm at cranial pole) (0.56 cm at caudal pole) (1.86 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 upper limits of normal size (0.80 cm at cranial pole) (0.57 cm at caudal pole) (1.55 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 normal in size with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

**Liver**

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and exhibits subtly heterogeneity. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic 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 moderate amount of echogenic to slightly mineralized suspended sludge is observed within the lumen. The cystic and common bile ducts are normal.



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**Gastrointestinal**

The gastric lumen is mildly to moderately distended with ingesta. 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.

**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.

**Free Abdomen**

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

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- Suspected benign diffuse hepatopathy. Regenerative nodular hyperplasia and vacuolar hepatopathy are the top differentials.
- The gallbladder changes are not consistent with a mucocele at this time, but there is potential for the development of mucocele formation in the future.

**Secondary Findings**

- Bilateral degenerative renal changes with dystrophic mineralization
- Borderline bilateral adrenomgaly

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Serial monitoring (i.e., every 3-4 months), of the patient's liver values is recommended. If values continue to increase, a repeat abdominal ultrasound +/- hepatic tissue sampling may be warranted
- 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.
- Regarding the gall bladder sludge, initiation of ursodiol therapy can be considered. Alternatively, consider a repeat ultrasound in 3-4 weeks, preferable 2 hours post-small meal. If the gall bladder sludge is similar to the current scan, initiation of ursodiol therapy can be considered at that time to potentially help reduce the risk of mucocele formation.



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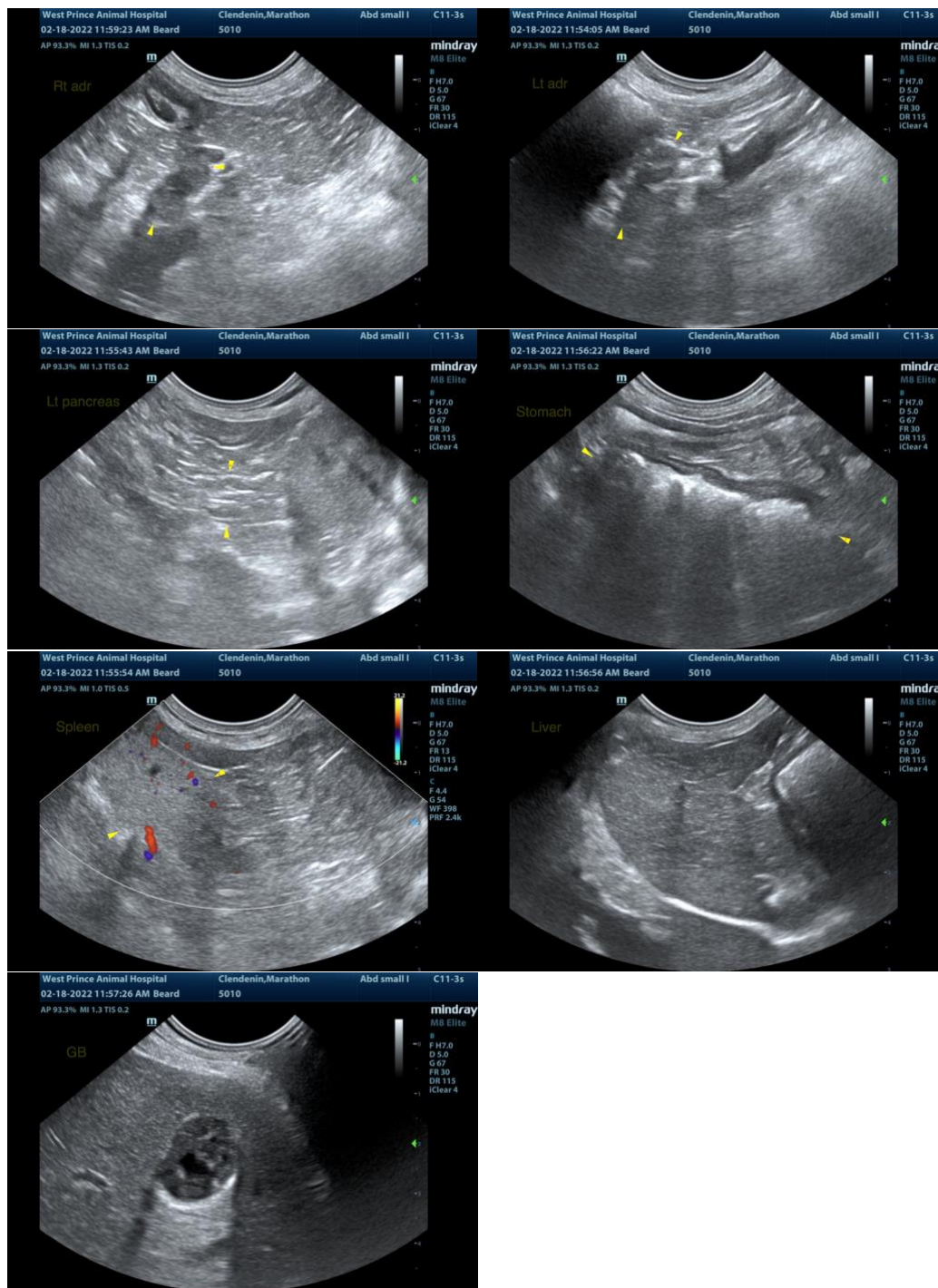
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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info@SonoPath.com

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