



PATIENT

Daisy Baxter

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Spayed Female

AGE

13 Years 7 Months

WEIGHT

14.5 Lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dallas Reynolds

HOSPITAL NAME

Lone Mtn. AH

REFERRING VET

Dr. Munoz

INVOICE

14009

DATE

2/19/22

PRESENTING CLINICAL SIGNS

History: Presents for pre-op (dental) bw and liver values were elevated. P has had mild elevation of ALP in the past, has been on Denamarin . Dental canceled.

Abnormal PE/Chem/CBC/UA Results: Chem- AST = 230, ALT = 808 , ALP = 447 , T bili = 0.4, Trig 995. cbc - PLT 646

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 is moderately distended. A small amount of suspended echogenic debris is observed within the lumen. 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 presented normal size (3.88 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.

*Two still images of the right kidney are available for interpretation. The right kidney presented normal size (4.27 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.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.43 cm at cranial pole) (0.63 cm at caudal pole); 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.

*One still image of the right adrenal gland is available for interpretation. The caudal pole is visualized and is mildly enlarged (0.62 cm in width) with a normal shape, glandular echogenicity and detail.

Spleen

The spleen is normal in size (1.16 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.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and heterogeneous in appearance with several ill-defined hypoechoic nodules throughout the organ. 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 small amount of mostly gravity dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.



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Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are 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.

Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic 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

- Nonspecific diffuse hepatopathy. Top differentials include inflammatory/immune mediated disease (i.e., bacterial cholangiohepatitis, chronic active hepatitis), hepatotoxicosis (i.e., copper) +/- concurrent benign age-related change (i.e., regenerative nodular hyperplasia and/or vacuolar hepatopathy). Infiltrative neoplasia is possible but considered less likely.
- Gallbladder debris- incidental

Secondary Findings

- Bilateral degenerative renal changes with dystrophic mineralization
- Mild bilateral adrenomegaly
- Age-related pancreatic remodeling

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider pre- and postprandial serum bile acids to assess hepatic function
- Hepatic tissue sampling (i.e., fine needle aspirate or biopsy) would be necessary to get a definitive diagnosis. Surgical biopsies are ideal as they are more representative of global organ pathology. If surgery is pursued, aerobic and anaerobic bile cultures and acquisition of additional hepatic tissue samples for potential copper quantitation are recommended.
- Also consider Leptospirosis testing (i.e., blood and urine PCR, serology).
- Three-view thoracic radiographs should be performed prior to any anesthetic event.



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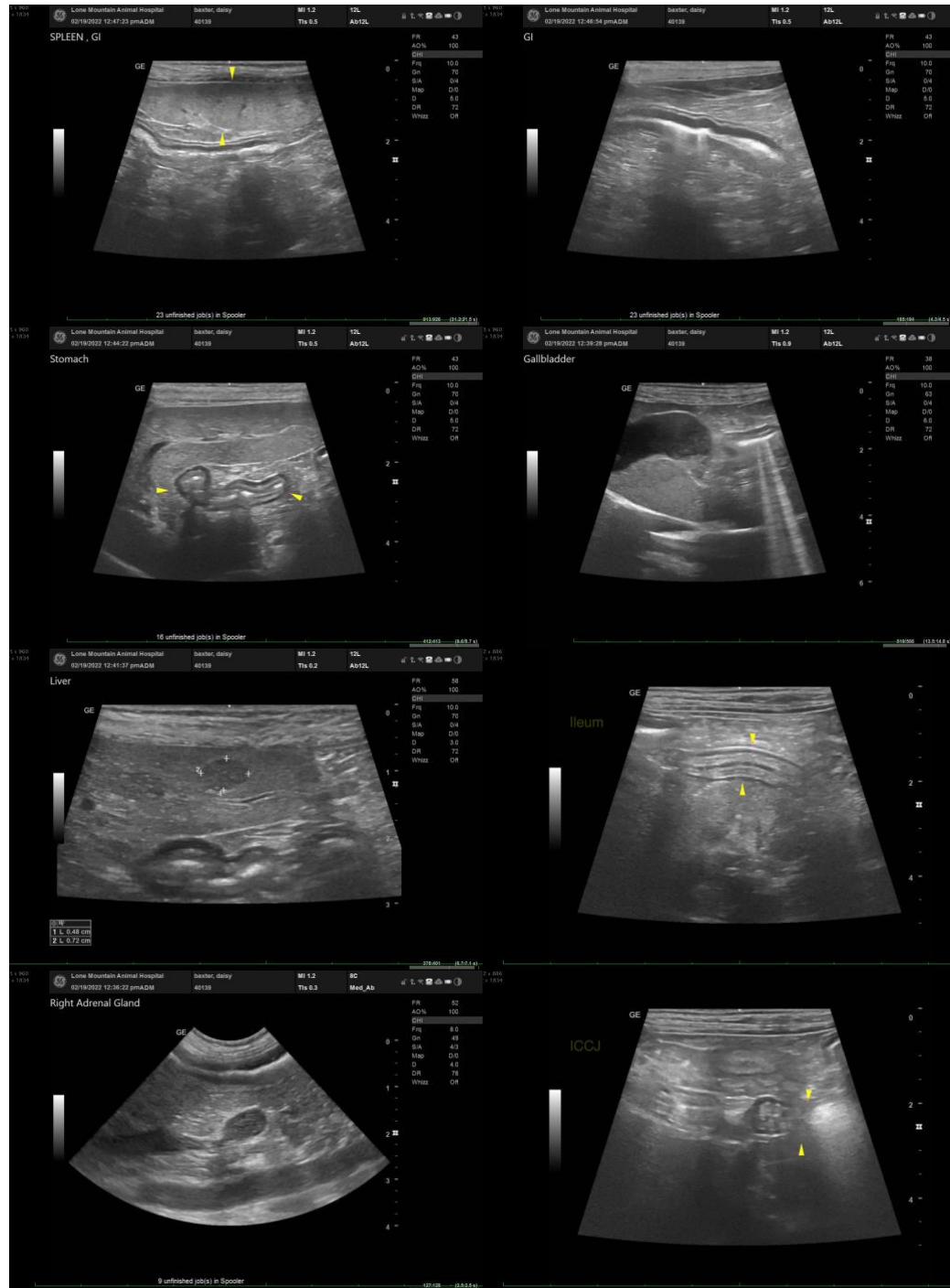
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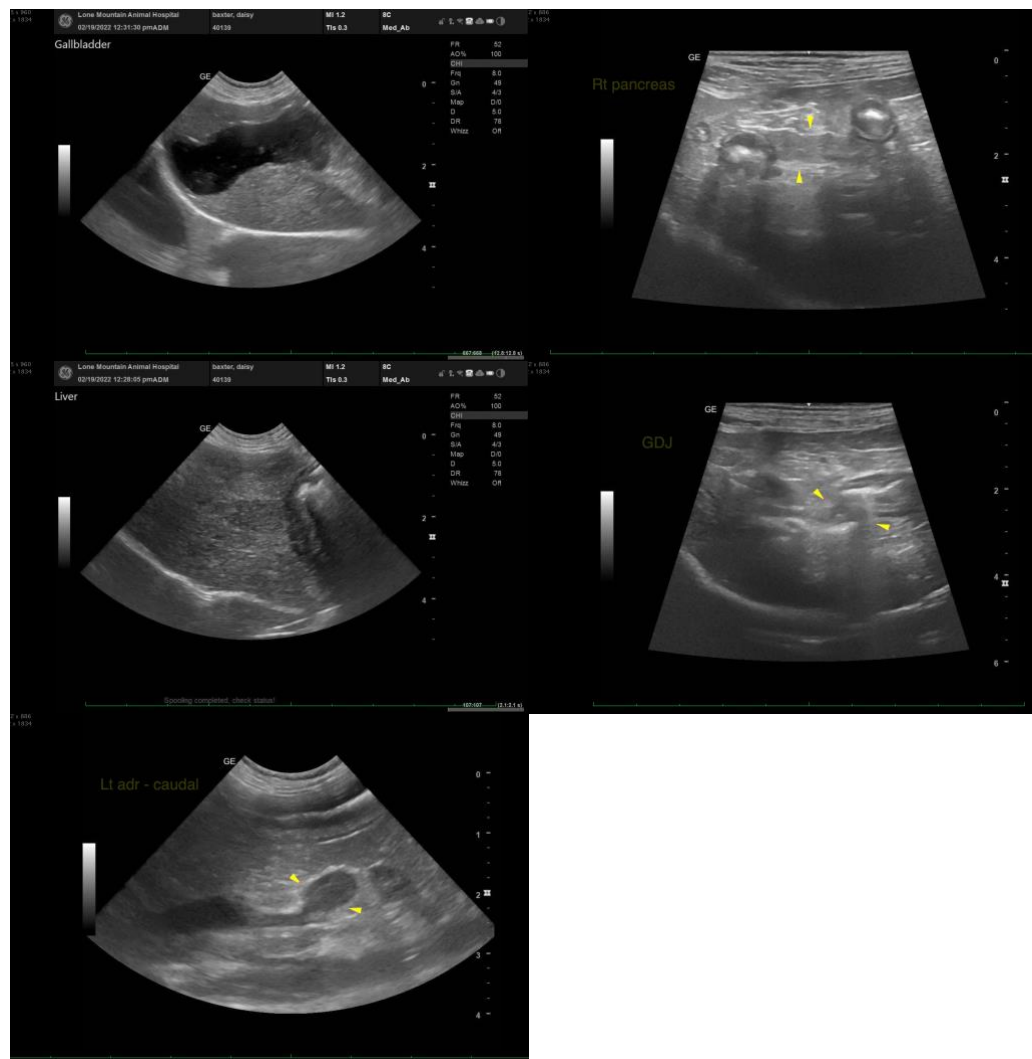
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com