

DATE

2/2/26

PATIENT

Maisie Chow

SPECIES

Canine

BREED

Chihuahua

SEX

Female Spayed

AGE

10/5/2012

WEIGHT

13.5lbs

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

VCA Columbia at
Centre Park

REFERRING VET

Dr. Washington

INVOICE

22497

PRESENTING CLINICAL SIGNS

Patient History: ALKP elevation. History of periodontal disease

Current Medications: N/A.

Labwork Results: Labwork not attached, reported as: ALKP 489 (5-131)

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Requested.

Imaging Performed by: Stephanie Warga RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are mostly anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 1.5 cm, are normal.

The left kidney is normal in size (3.82 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal-to-mild corticomedullary distinction. Trace pyelectasia is present (0.13 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.44 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal-to-mild corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is enlarged (0.78 cm at cranial pole) (1.98 cm at caudal pole) with an irregular shape. A 2.1 x 2.0 cm hyperechoic-to-heterogenous mass is observed at the caudal pole. Glandular echogenicity and detail at the cranial pole are normal. The phrenicoabdominal vein and surrounding vasculature appear normal.

The right adrenal gland is enlarged (1.02 cm at cranial pole) (0.73 cm at caudal pole) swollen peripheral contours. A 0.76 x 0.71 cm hyperechoic-to-heterogenous nodule is observed cranially. In addition, a 0.70 x 0.61 cm hyperechoic-to-heterogenous nodule is observed caudally. Surrounding vasculature is normal.

Spleen

The spleen is normal in size (1.10 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 present. Splenic vasculature is normal.

Liver

The liver is subjectively enlarged with slightly swollen 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 gallbladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of echogenic-to mineralized debris is observed within the lumen (most of which is gravity-dependent, some of which is stranding). Some of the debris is stranding. The cystic and common bile ducts are normal/not seen.

Gastrointestinal



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The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a 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 pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

Lymph Nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The diffuse hepatic changes are most consistent with vacuolar hepatopathy (i.e., endocrine, idiopathic) with a lower possibility of inflammatory disease, infiltrative neoplasia, or other hepatopathy.
- Gallbladder debris/sand The pattern of debris within the gall bladder lumen may be a normal variant for this patient or could be consistent with cholestasis, fasting, or an emerging mucocele.
- Left adrenal mass. Neoplasia (i.e., adenocarcinoma, pheochromocytoma) is possible. Other considerations include adenoma, nodular hyperplasia, other. The right adrenal nodules could be consistent with focal nodular hyperplasia, adenomas, or emerging adenocarcinomas, pheochromocytomas, other.

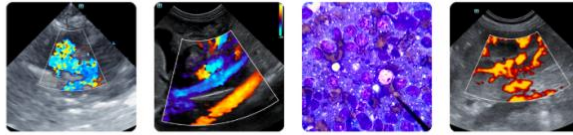
Secondary Findings

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Mild bilateral nonspecific age-related renal changes with trace left pyelectasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the bilateral adrenal changes, consider the following:
 1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases
 2. Baseline blood pressure measurement
 3. Further testing for functional tumors (i.e., low-dose dexamethasone suppression test, urine/blood metanephrine levels) particularly if the patient is exhibiting appropriate clinical signs
 4. Recheck ultrasound in 2-3 months to assess growth of the lesions.
- Serial monitoring (i.e., every 3-4 months) of the patient's liver values is recommended. If values continue to increase, a repeat abdomen ultrasound +/- a more advanced hepatic work-up (i.e., tissue sampling) may be warranted.

Imaging performed by



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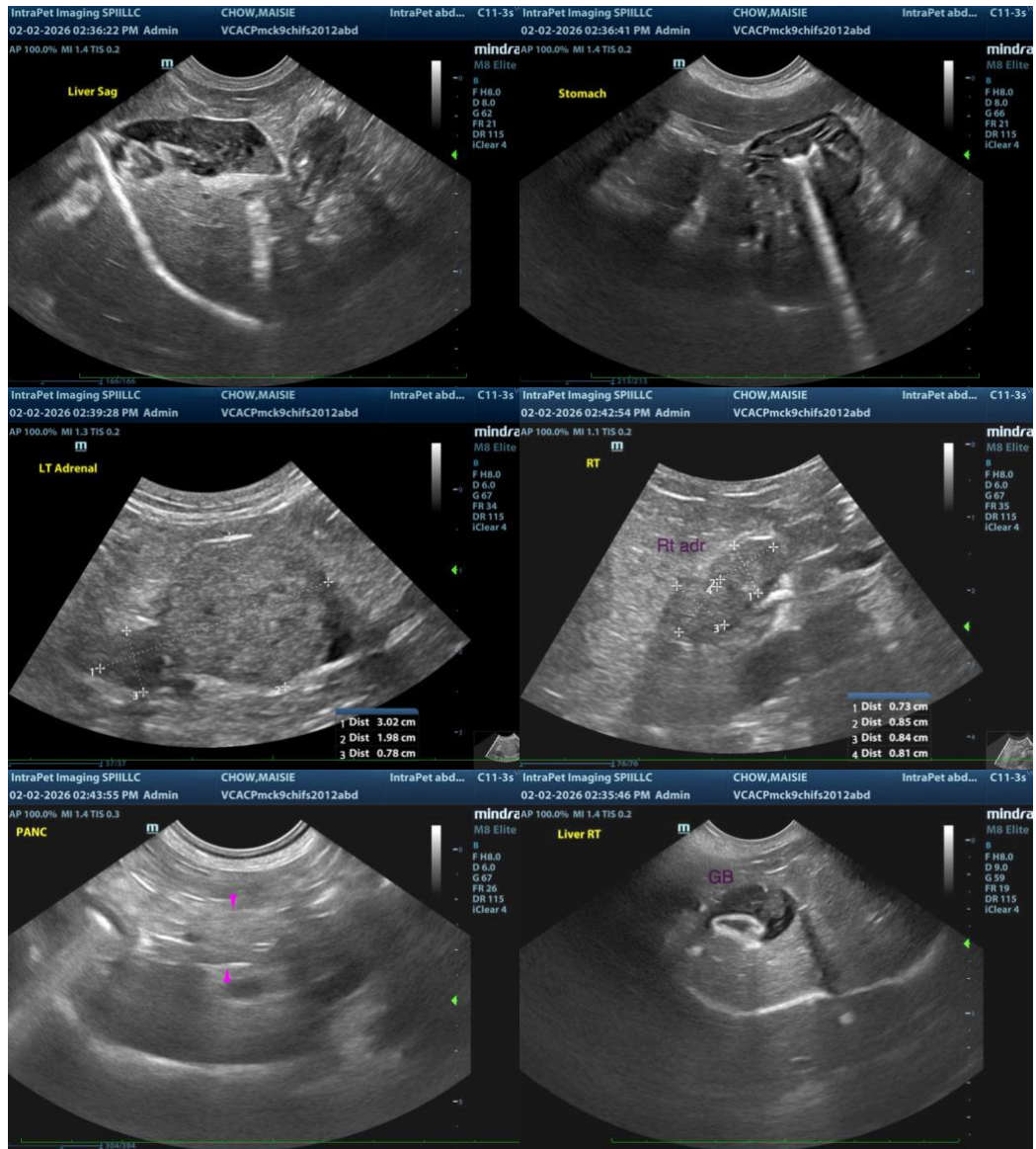
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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