

PATIENT

Jackie Stewart

SPECIES

Canine

BREED

Jack Russel Terrier X

SEX

Female Spayed

AGE

10 years

WEIGHT

46 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

The Vet Hospital

REFERRING VET

Dr Berman

DATE

2.23.23

INVOICE

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PRESENTING CLINICAL SIGNS

History: 1. Hx chronic UTIs 2. Ongoing PUPD (sustained despite resolution of last UTI) 3. Aging changes OU (decreased lens clarity) 4. Multiple blunted teeth, grade 2 tartar 5. Hx anxiety (well managed on trazodone) 6. Otherwise, normal on exam

Abnormal PE/Chem/CBC/UA Results: Chemistry - Elevations in liver enzymes since last check (ALKP 672, ALT 403, AST 78), TG >500, Mild low MG (1.4), TCHOL elevated at 324, otherwise wnl - SDMA - normal at 7 ug/dL - T4 - low-normal at 1.2 ug/dL - UA (cysto, pale yellow) - USG 1.015 (up from 1.008 on last check), pH 5.0, GLU/PRO/KET/BIL/BLD neg, UBG wnl, WBC 1/hpf, RBC <1/hpf, Squamous and Non-squamous epi cells <1/hpf, Non-hyaline casts >1/lpf, otherwise wnl; Sediment microscopy shows occasional WBCs, occasional extracellular cocci, rod-shaped material but not consistent with bacteria, occasional hyaline casts --> ****Overall no strong indication for UTI but cannot rule out due to low USG -- recommend culture to confirm**** Current Medications Trazodone 100mg - 1-2 tabs BID PRN for anxiety

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall is normal in thickness. The mucosal surface in the region of the apex is slightly irregular. A scant amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The left kidney is normal in size (5.95 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 (6.49 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.

Adrenal Glands

The left adrenal gland is normal in size (0.67 cm at cranial pole) (0.60 cm at caudal pole) (2.47 cm in length) 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.

The right adrenal gland is mildly enlarged (1.30 cm at cranial pole) (0.70 cm at caudal pole) (2.33 cm in length) 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.

Spleen

The spleen is normal in size (1.88 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.56 cm hyperechoic nodule is observed. Splenic vasculature is normal.



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Liver

The liver is subjectively prominent in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and slightly mottled in appearance. 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. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The lumen is not distended. 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. 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.

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

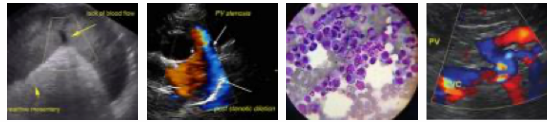
- Nonspecific diffuse hepatopathy. Differentials include inflammatory disease (i.e., bacterial cholangiohepatitis, chronic hepatitis), hepatotoxicosis (i.e., copper), Leptospirosis, vacuolar hepatopathy, regenerative nodular hyperplasia, fibrosis, other hepatopathy, or some combination thereof.

Secondary Findings

- Mild bilateral chronic renal changes with subtle dystrophic mineralization
- Mild right adrenomegaly
- The hyperechoic splenic nodule likely represents a benign myelolipoma, with a lower possibility of an emerging tumor.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Pre-and postprandial serum bile acids
- Leptospirosis testing (i.e., blood and urine PCR, serology)
- Consider hepatic tissue sampling (i.e., fine-needle aspirate or biopsies (i.e., laparoscopic or surgical)). If biopsies are pursued, aerobic and anaerobic bile cultures should be performed along with hepatic copper quantitation. Clotting times should be performed prior to any tissue sampling.



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- Three-view thoracic radiographs are recommended prior to any anesthetic event.

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- Further testing for Cushing's Disease (i.e., low-dose dexamethasone suppression test), can also be considered if a primary hepatopathy is ruled out.

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- While awaiting test results, consider empirical treatment for bacterial cholangiohepatitis (i.e., broad-spectrum antibiotics, hepatic antioxidants). If liver values do not improve within 7-10 days of initiating therapy, antibiotics should be discontinued.

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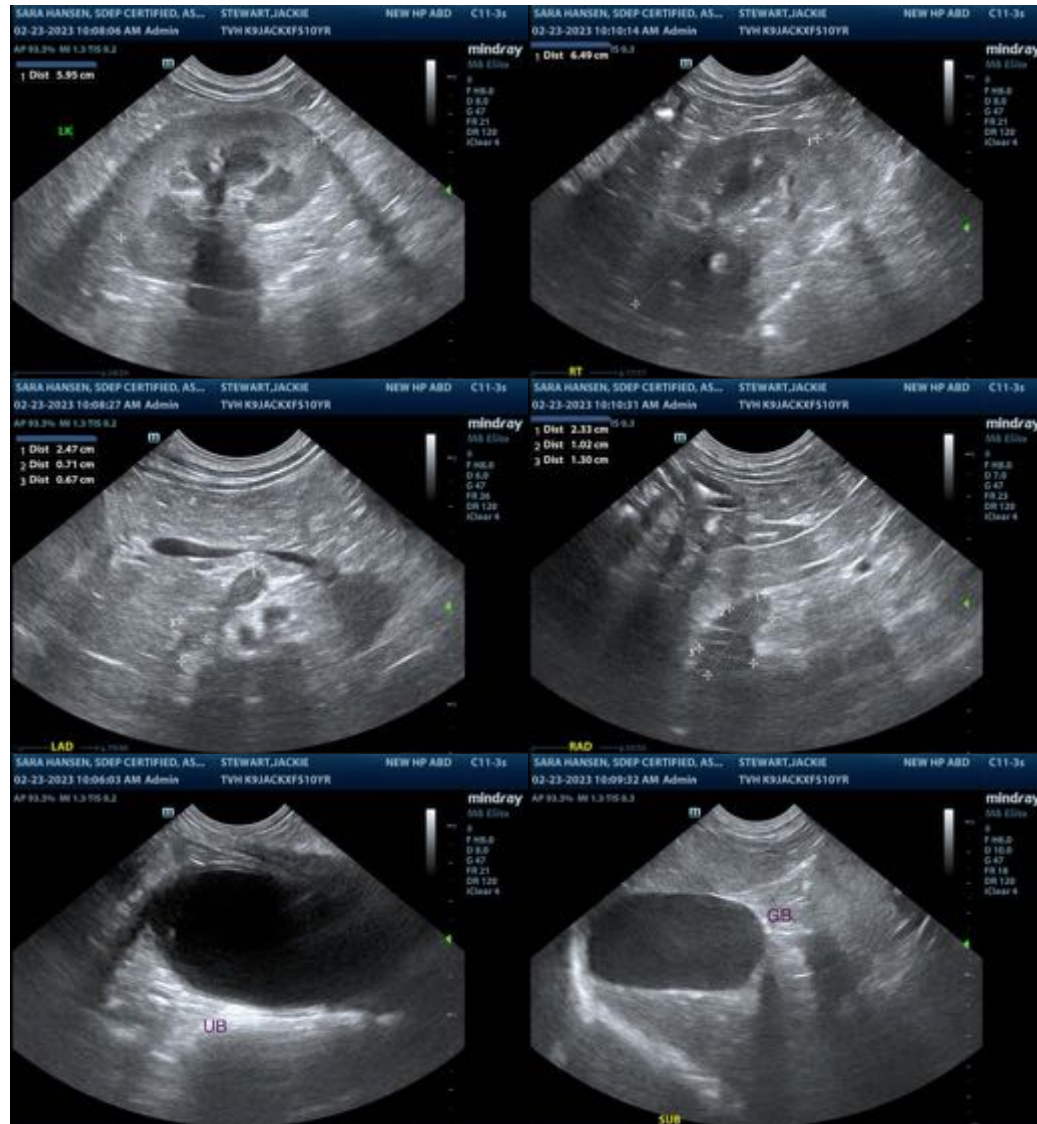
Dr Berman

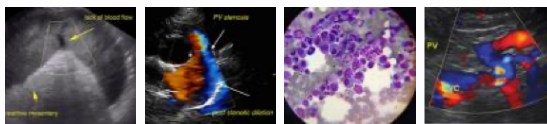
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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