



PATIENT

Rosie Block

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Spayed Female

AGE

13 years

WEIGHT

17.5 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kelly Vazquez

HOSPITAL NAME

Animal General on
Hudson

REFERRING VET

Dr. Vivian Ng

INVOICE

10443

DATE

2/23/22

PRESENTING CLINICAL SIGNS

History: Intermittent vomiting and diarrhea, elevated ALT, elevated ALP, Cushingoid. Head tilt (new), +/- ataxia. Grade 2/6 heart murmur - not clinical.

Abnormal PE/Chem/CBC/UA Results: 1/2022: ALT 444, ALP 329. 2/22/22: ALT 252, ALP normal.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone and the visualized portion of the proximal urethra are normal.

The left kidney is normal in size (3.37 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. Mild pyelectasia is present (0.29 cm in the longitudinal plane). There is no evidence of infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (4.48 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. Mild pyelectasia is present (0.21 cm in the longitudinal plane). There is no evidence of infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is enlarged (0.35 cm at cranial pole) (0.81 cm at caudal pole) (1.81 cm in length); with a slightly irregular 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 enlarged (1.47 cm at cranial pole) (1.09 cm at caudal pole) (2.94 cm in length); with a slightly irregular shape. A 1.05 x 0.94 cm irregular hyperechoic nodule is suspected at the cranial pole. The parenchyma at the caudal pole is slightly heterogeneous with some loss of glandular detail. 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 prominent in size with swollen curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder is moderately distended. The wall is normal in thickness. A moderate to large amount aggregated echogenic sludge with mineralized sand is observed within the lumen. There is also evidence of mineralized sand in the cystic/common bile ducts. The cystic duct is dilated (0.50 cm in



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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 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

Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Nonspecific diffuse hepatopathy. Differentials include inflammatory disease (i.e., chronic active hepatitis, bacterial cholangiohepatitis), copper hepatotoxicosis, infiltrative neoplasia (less likely) +/- concurrent age-related change (i.e., vacuolar hepatopathy, regenerative nodular hyperplasia and-or remodeling).
- Bilateral adrenomegaly. The right adrenal nodule trends toward the benign (i.e., regenerative nodular hyperplasia with a lower possibility of emerging neoplasia).
- Echogenic to mineralized gall bladder sludge with extension of the mineralized debris into the cystic duct
- Trace ascites

Secondary Findings

- Bilateral age-related renal changes with mild pyelectasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Pre-and postprandial serum bile acids are recommended to assess hepatic function. Hepatic tissue sampling (i.e., fine-needle aspirate or surgical liver biopsy), may be necessary to get a definitive diagnosis. If surgical biopsies are performed acquisition of additional hepatic tissue samples for potential copper quantitation, as well as aerobic and anaerobic bile cultures, are recommended.
- If hepatic tissue sampling is not to be performed at this time, consider empirical treatment for bacterial cholangiohepatitis (i.e., amoxicillin-clavulanic acid +/- metronidazole, Denamarin). If liver values do not improve within 5-7 days of initiating therapy, antibiotics should be discontinued, and further diagnostics pursued.



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- Regarding the neurologic signs, consultation with a board-certified neurologist is recommended.

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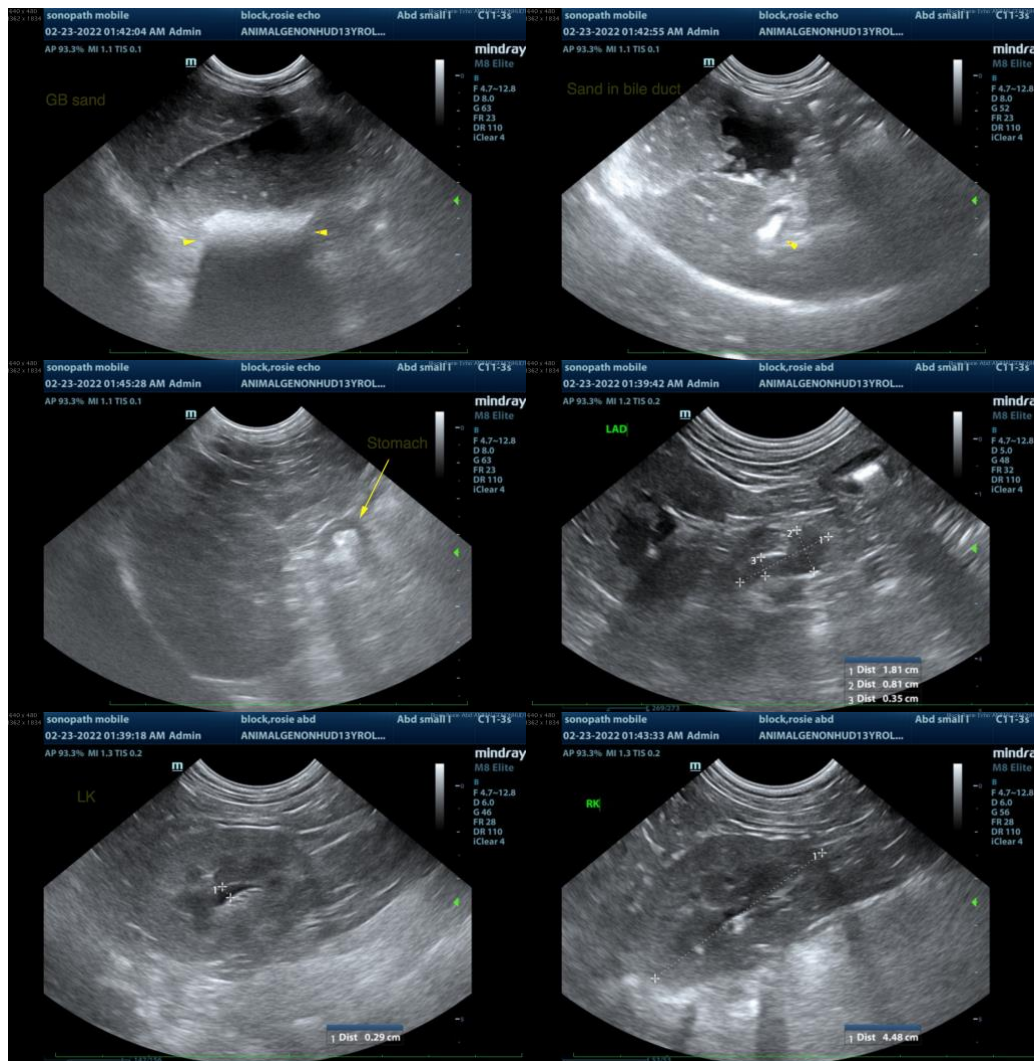
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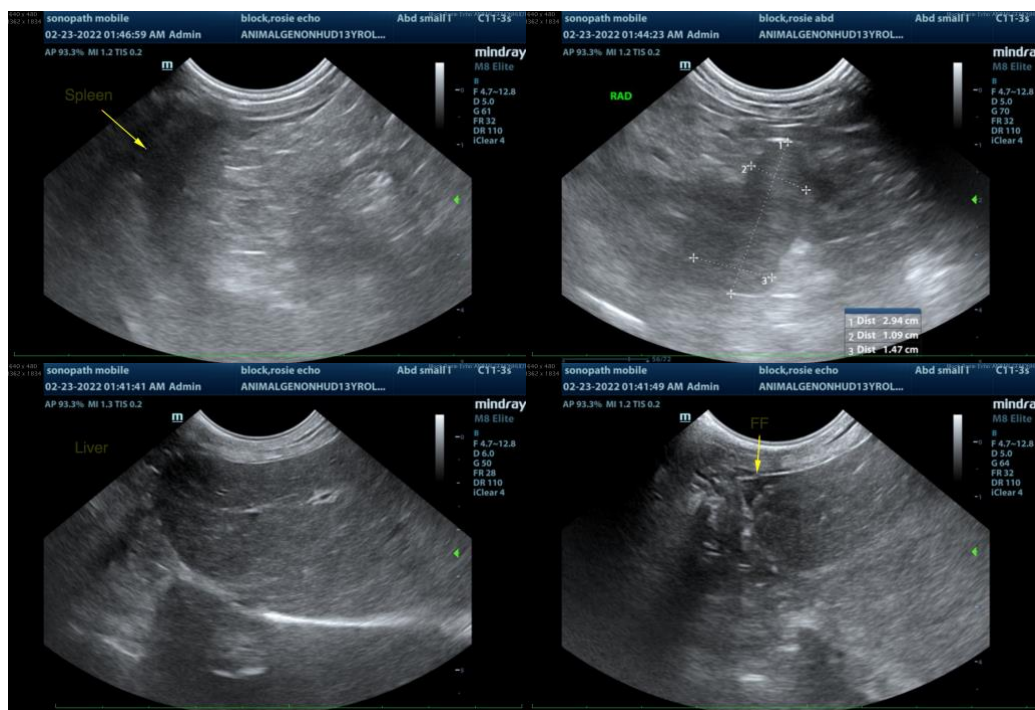
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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