



## PATIENT PRESENTING CLINICAL SIGNS

**CLAUDIA REAGGLE**  
**SPECIES** Canine  
**BREED** Bichon Frise Mix  
**SEX** Female Spayed  
**AGE** 8  
**WEIGHT** 18.9 lbs

History: Patient presented on 2/19/26 for dental cleaning and papilloma removal. Patients ALT and ALKP were elevated. Owner elected to postpone surgery and look into this further. LDDST done on 2/23/26 and came back negative for Cushing's Dz. Patient is here today for AUS and repeat BW. Owner reports that patient is drinking a lot of water. Patient was put on Amoxi/Clav 2/19

Abnormal PE/Chem/CBC/UA Results: USG 1.039. Hematuria and pyuria present. ALT-198 ALK-468 TBIL-1.3 -ALKP and ALT have improved since 2/19 to today 2/27. However, TBil increased 0.3 to 1.3. Bilirubin is present in her urine as well;  
 (Lab Results Attached)

## 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 anechoic. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal in size (3.70 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. The cortex is isoechoic relative to the spleen. Pinpoint hyperechoic foci are observed within cortex. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.10 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 mildly enlarged (0.44 cm at cranial pole) (0.58 cm at caudal pole) 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 (0.54 cm at cranial pole) (0.63 cm at caudal pole) 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 (1.56 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 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 small- to moderate amount of aggregated, echogenic, partially dependent debris/sludge is observed within the lumen. The cystic and

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

## IMAGING PERFORMED BY

Keisha Smitley, CVT

## HOSPITAL NAME

Geary Veterinary Svc

## REFERRING VET

Curtis Geary, VMD

## INVOICE

22628

## DATE

2-27-26



**PATIENT** common bile ducts are normal/not seen.

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**Gastrointestinal**

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 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.

**Lymph Nodes**

The abdominal lymph nodes are normal/not visible.

**Free Abdomen**

The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

**Other**

In the visualized portion of the thorax, several B-lines are suspected.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

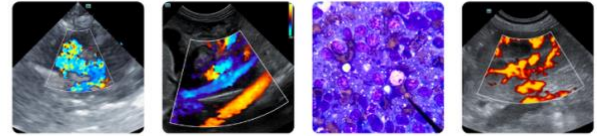
- The diffuse hepatic changes are most consistent with vacuolar hepatopathy (i.e., endocrine, idiopathic) with a lower possibility of inflammatory disease, infiltrative neoplasia, or other hepatopathy.
- The gallbladder changes could be consistent with cholestasis, fasting, or an emerging mucocele.
- Mild bilateral adrenomegaly

**Secondary Findings**

- Bilateral nonspecific age-related renal changes with subtle dystrophic mineralization
- The suspected B-lines in the thorax could be consistent with pulmonary parenchymal disease.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Hepatic tissue sampling (i.e., aspirates or biopsies) can be considered, if an aggressive approach is desired and if clotting status is appropriate. However, results may be of low yield. Alternatively, if a more conservative approach is desired, consider serial monitoring of the patient's liver values every 3-4 months. If values continue to increase, a repeat abdominal ultrasound +/- hepatic tissue sampling may be warranted.
- Given the urinalysis changes, a urine culture and sensitivity are recommended.
- Give the possible B-lines, consider three-view thoracic radiographs to assess cardiopulmonary status.



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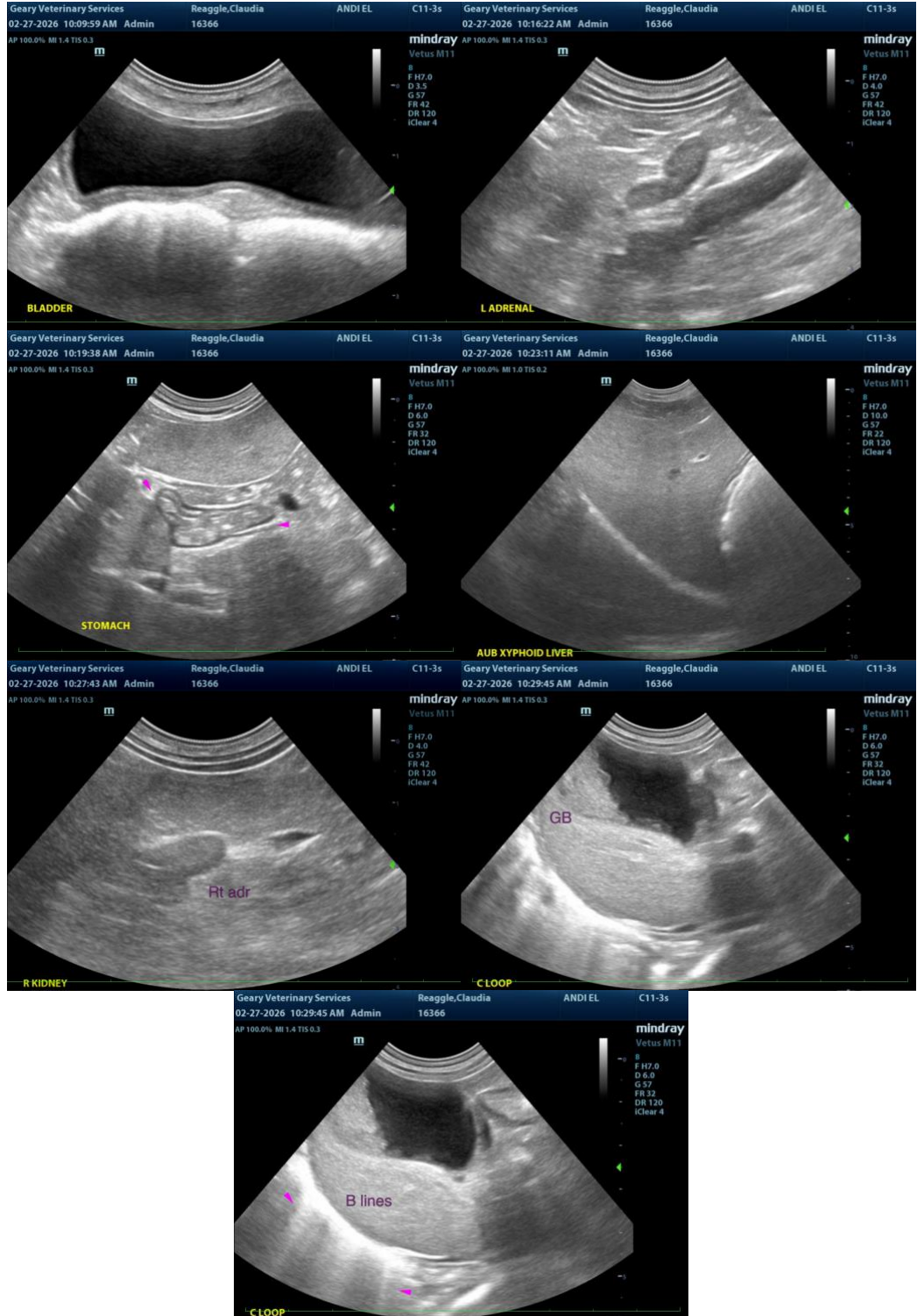
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in



**PATIENT** the image/video clips provided.

Claudia Reaggle

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

[info@SonoPath.com](mailto:info@SonoPath.com)

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