



## PATIENT

Levy Lorete

## SPECIES

Canine

## BREED

Rodhesian Ridgeback

## SEX

Female, spayed

## AGE

8 Yrs.

## WEIGHT

74 lbs.

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Matt

## HOSPITAL NAME

TLC AH

## REFERRING VET

Dr. Dashley

## INVOICE

13612

## DATE

3/16/26

## PRESENTING CLINICAL SIGNS

History:

- Continue ursodiol and denamarin, d/c abx and recheck chem 15 and full abd u/s w/ radiologist review in 1-2 months

Chronically elevated liver values. Liver biopsy performed Aug 2022 (Liver: Compatible with vacuolar hepatopathy, diffuse to midzonal). Pt currently on denamarin and ursodiol. Pt dx w/ Cushing's in Jan 2024 and has been regulated on veteryl. Monitoring ultrasound and liver values. Mucocele diagnosed Sept 2025 via ultrasound. O opted to pursue medial therapy before surgery. Pt amoxi clav and metronidazole since August (O opted for medical management instead of surgery). BW from 12/2/24 showed alt 189 (was 141), alpk >2000 (unchanged), ggt 14 (was 13), BUN low. Recheck ultrasound performed.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal in size (8.07 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 loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is subjectively normal in size with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

### Adrenal Glands

The caudal pole of the left adrenal gland is visualized and is enlarged (1.39 cm in width) with swollen peripheral contours. The glandular echogenicity and detail are unremarkable. Surrounding vasculature appears normal.

The right adrenal gland is not definitively visualized in the available images. No obvious pathology is observed in this region.

### Spleen

The spleen is normal in size (1.37 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. Pinpoint hyperechoic foci are observed throughout the organ. 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 gall bladder lumen is distended. The wall is normal in thickness. A moderate amount of aggregated, echogenic, partially dependent sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

### Gastrointestinal

The gastric lumen is mildly distended with ingesta. 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



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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.

## ULTRASONOGRAPHIC FINDINGS

### Primary Findings:

- The hepatic changes are nonspecific and could be secondary to inflammatory disease (i.e., cholangiohepatitis, chronic hepatitis), Leptospirosis, hepatotoxicosis, infiltrative neoplasia (i.e., lymphoma), vacuolar hepatopathy, regenerative nodular hyperplasia, other hepatopathy, or some combination thereof.
- The gallbladder changes are consistent with a developing mucocele.
- Left adrenomegaly. The right adrenal gland is not definitively visualized.

### Secondary Findings:

- Minor bilateral nonspecific, age-related renal changes

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Baseline lab work should be repeated to reevaluate the patient's liver values, if not recently performed. If liver values are increasing, repeat hepatic tissue sampling may be warranted. In the meantime, continuation of Ursodiol and Denamarin is reasonable as long as these drugs are well tolerated.
2. Serial sonographic monitoring (i.e., every 6-8 weeks) of the patient's gallbladder is recommended to assess for progression to a fully formed mucocele.



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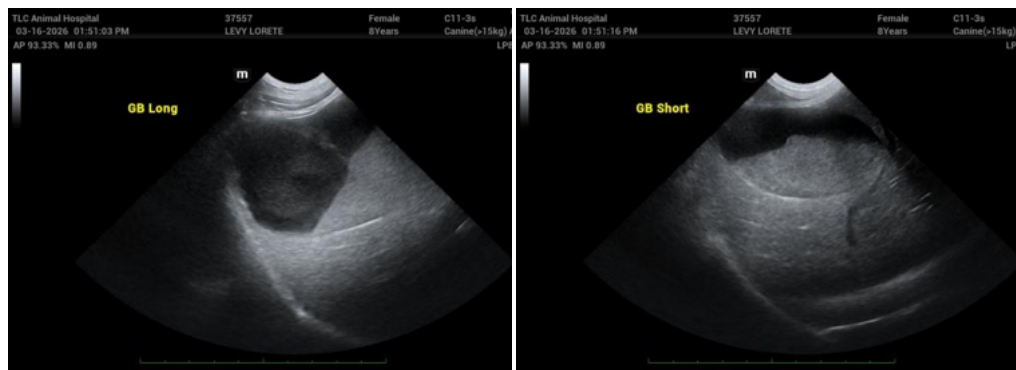
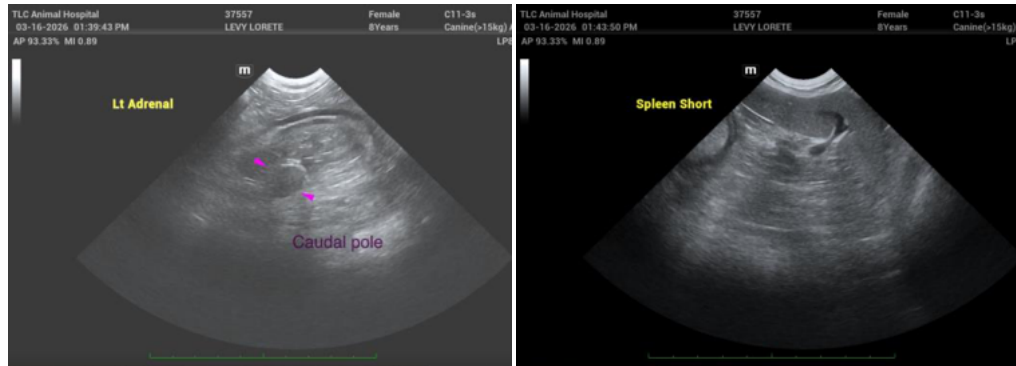
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)