



**PATIENT**

Chloe Goggins

**PRESENTING CLINICAL SIGNS**

History: PU/PD. Slightly overweight. Concerned about Cushing's vs hepatopathy. ALP 612. UA- trace protein. In December was seen for stranguria and hematuria. No hematuria in February.

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is moderately distended. Overall, the wall is normal in thickness with a smooth mucosal surface. A scant amount of echogenic debris is observed within the lumen. No cystic calculi are observed. At the cystourethral junction, a 1.81 x 0.58 cm echogenic mass is observed within the lumen. The mass appears to extend into the proximal urethra. The urethra distal to the lesion appears normal in thickness. The lumen is not overtly dilated.

**BREED**

Dachshund

**SEX**

Female, spayed

The left kidney is normal in size (4.72 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.

**AGE**

10 Yrs.

The right kidney is normal size (4.90 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.

**WEIGHT**

20 lbs.

**Adrenal Glands**

The left adrenal gland is borderline enlarged (0.60 cm at cranial pole) (0.57 cm at caudal pole); normal 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.

**INTERPRETED BY**

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

The right adrenal gland is normal size (0.44 cm at cranial pole) (0.53 cm at caudal pole); normal 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.

**IMAGING PERFORMED BY**

Pamela Harrigan

**Spleen**

The spleen is normal in size (1.59 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

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VCA Palmer

**Liver**

The liver is subjectively prominent to enlarged with swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and subtly mottled 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 moderately distended. The wall is thin and smooth. A small to moderate amount of mostly gravity-dependent echogenic to mineralized debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

**REFERRING VET**

Dr. Haroules

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**Gastrointestinal**

The gastric lumen is not distended. The gastric wall in the region of the fundus is normal in thickness with a normal layering pattern. In the region of the pyloric antrum, the wall is mildly thickened (up to

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0.61 cm) with a prominent muscularis layer. The pyloric outflow tract appears patent. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. There is evidence of mucosal fogging/striations in the proximal duodenum. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. No obstructive disease is noted.

**SPECIES**

Canine

**Pancreas**

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

**BREED**

Dachshund

**Free Abdomen**

**SEX**

Female, spayed

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

**AGE**

10 Yrs.

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

20 lbs.

**Primary Findings:**

- Mass at the cystourethral junction. Neoplasia (i.e., transitional cell carcinoma) is suspected. However, a focal inflammatory process cannot be completely excluded.
- The hepatic parenchymal changes are most consistent with a benign hepatopathy (i.e., vacuolar (i.e., endocrine, idiopathic)) with a lower possibility of inflammatory disease or infiltrative neoplasia.

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**Secondary Findings:**

- Bilateral, chronic age-related renal changes with dystrophic mineralization.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Gallbladder debris- incidental.
- The pyloric antral wall changes may be a normal variant for this patient or may be secondary to hypertrophy, inflammation or emerging neoplasia. The duodenal wall changes could be consistent with inflammatory disease and/or lymphangiectasia. However, correlation with the patient's clinical history is recommended.

**IMAGING  
PERFORMED BY**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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- To further evaluate for lower urinary tract neoplasia, a urine BRAF test is recommended. A positive test confirms neoplasia. However, a negative test does not completely rule out the possibility of cancer.
- Consider further testing for Cushing's disease (i.e., low-dose Dexamethasone suppression test) once the mass in the cystourethral junction has been evaluated.

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- If Cushing's disease is ruled out, consider pre and post prandial serum bile acids and serial monitoring (i.e., every 3 months) of the patient's liver values is recommended. If values continue to increase, a repeat abdominal ultrasound +/- hepatic tissue sampling may be warranted.

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## REFERRING VET

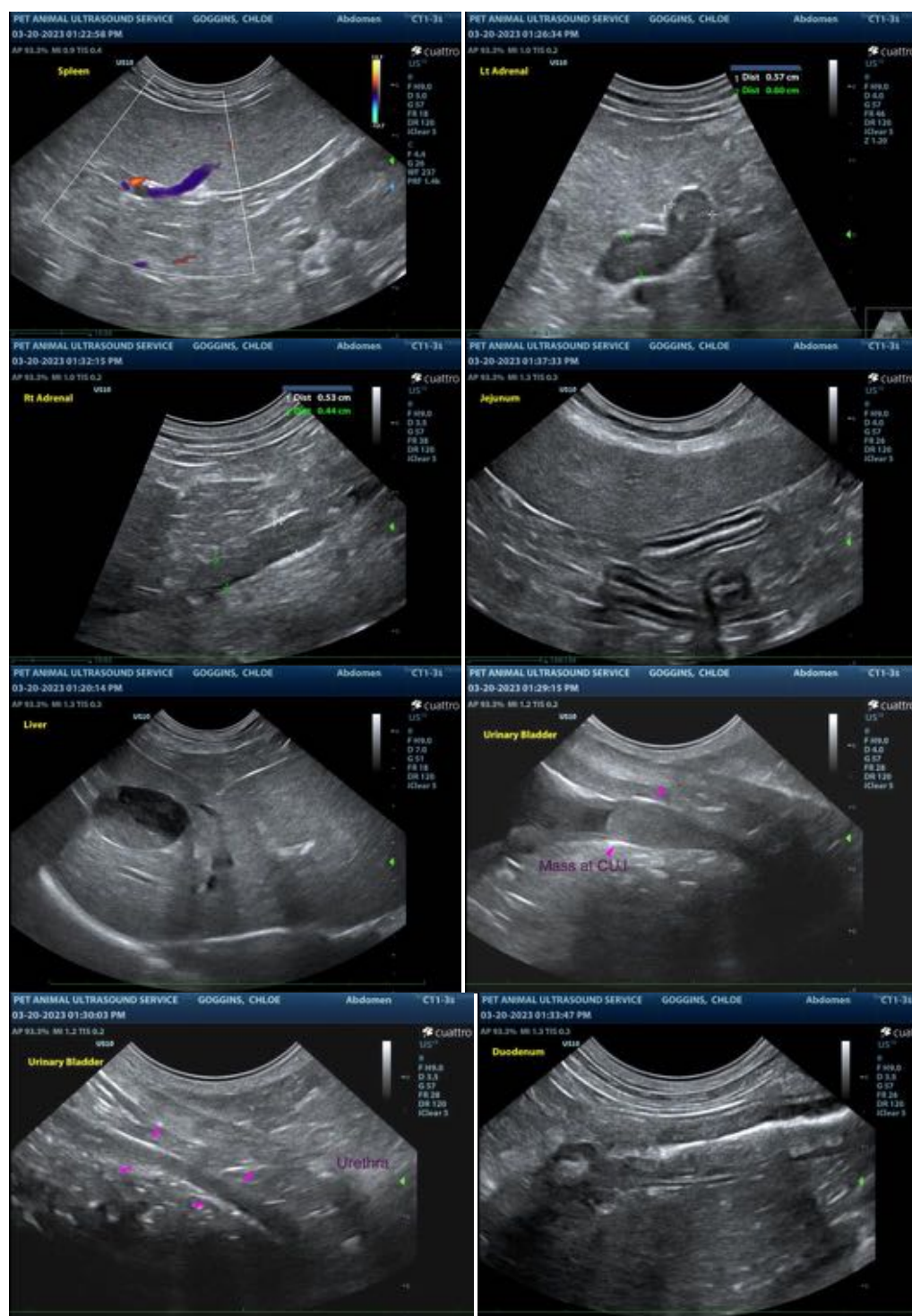
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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