



## PATIENT PRESENTING CLINICAL SIGNS

- Henny Gill
- History of progressive ALP elevation
  - ALP 4115 on 6/16/25
- SPECIES**
- ALP 3/19/26 - 5084
  - LDDS testing WNL on 3/12/26
- Canine
- Pt is e/d/b/u normal no c/s/v/d.
  - Liver aspirates were taken at the time of ultrasound and are pending

## BREED

Chihuahua

Abnormal PE/Chem/CBC/UA Results: ALP 5084

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### SEX

Neutered Male

#### Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. 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.

### AGE

10

The left kidney is normal in size (5.04 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 hydronephrosis. Renal vasculature is normal.

### WEIGHT

20 lbs

The right kidney is normal in size (5.13 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. A thin, ill-defined hyperechoic medullary band is observed at the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

## INTERPRETED BY

Andrea Nicastro, DVM,  
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#### Adrenal Glands

The left adrenal gland is normal in size (0.46 cm at cranial pole) (0.44 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.

## IMAGING PERFORMED BY

Rebekah Keller

The right adrenal gland is mildly enlarged (1.26 cm at cranial pole) (0.76 cm at caudal pole) with swollen peripheral contours. Glandular echogenicity and detail are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

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#### Spleen

The spleen is normal in size (1.25 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.

## REFERRING VET

Jesse Gasparro

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The liver is subjectively enlarged, with swollen peripheral contours. The parenchyma is hyperechoic relative to the spleen, and diffusely mottled, with numerous, varying-sized, ill-defined hypoechoic nodules throughout the organ. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

## DATE

3-25-26

The gallbladder is distended. The wall is normal in thickness. A few, polypoid-like lesions are arising from the mucosal surface. A moderate- to large amount of aggregated, echogenic- to mineralized, partially dependent sludge/sand, +/- distinct choleliths are observed within the lumen. The cystic and common bile



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

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### ***Gastrointestinal***

The gastric 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 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.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings**

- The hepatic changes could be consistent with regenerative nodular hyperplasia, vacuolar hepatopathy, infiltrative neoplasia (i.e., round cell tumor), inflammatory disease, hepatotoxicosis (i.e., copper), fibrosis, and/or other hepatopathy.
- The gallbladder changes are suggestive of an emerging mucocele.

### **Secondary Findings**

- Mild right adrenomegaly
- Bilateral nonspecific age-related renal changes

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Given the gallbladder changes, Ursodeoxycholic acid (Ursodiol) is recommended. Serial sonographic monitoring (e.g., every 4-6 weeks) of the gallbladder is recommended to assess for progression to a fully formed mucocele. If progression occurs, a cholecystectomy may be warranted.
- Depending on the hepatic cytology results, further work-up (i.e., liver biopsies with aerobic and anaerobic bile cultures and hepatic copper quantitation) may be indicated.



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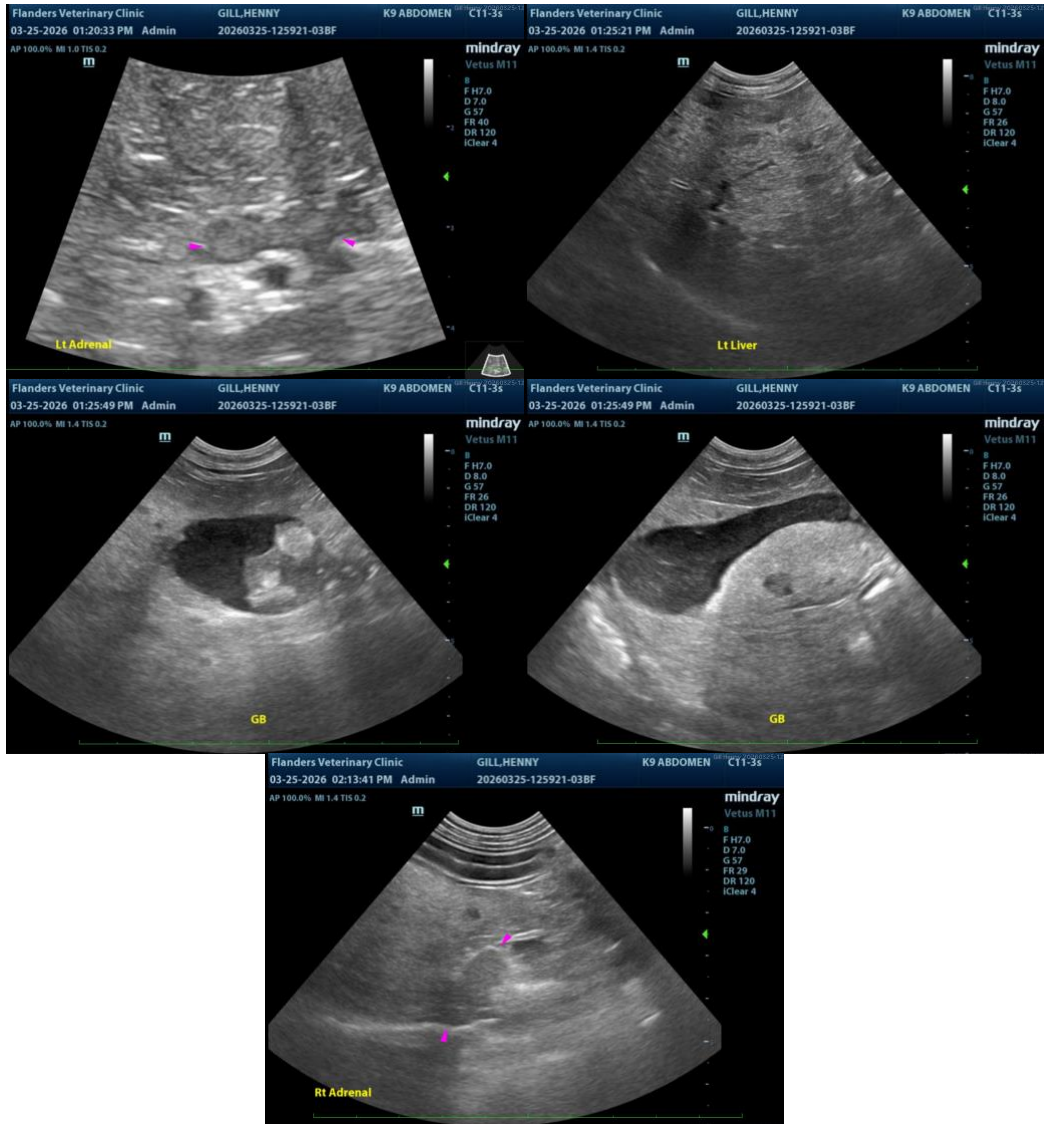
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)



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