



## PATIENT PRESENTING CLINICAL SIGNS

- Ziggy Reis**
- Ziggy is a 12-year-old MN Pitbull terrier who presented for increased drinking, urinating, eating and muscle atrophy
- SPECIES**
- Patient was also previously diagnosed with hypothyroidism at previous veterinarian and is currently being managed on 0.5 mg split every 12 hours.
- Canine**
- Patient is a very anxious dog.
  - Patient had a UCCR test that came back elevated at around 65.

## BREED

American Pitbull  
Terrier Mix

Abnormal PE/Chem/CBC/UA Results: CBC/Chem/UA showed an elevated ALP of 366, diluted urine of 1.018, and a lymphopenia of 0.69. An LDDS test was done which showed less than 50% cortisol suppression at the 4-hour mark (0-hours - 3.2, 4-hours - 2.2, 8-hours - 2.8).

## SEX

Neutered Male

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is mildly- to 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.

## AGE

12

The prostate is normal in size (0.85 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

## WEIGHT

53 lbs

The left kidney is normal in size (5.8 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

## INTERPRETED BY

Andrea Nicastro, DVM,  
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The right kidney is normal in size (5.52 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.

## IMAGING PERFORMED BY

Dr. Belekdanian

### Adrenal Glands

The left adrenal gland is mildly enlarged (0.95 cm at cranial pole) (0.83 cm at caudal pole) with slightly swollen peripheral contours. A 0.79 x 0.42 cm hyperechoic nodule is observed at the cranial pole. The remaining glandular echogenicity and detail are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

## HOSPITAL NAME

Overpeck Creek AH

The right adrenal gland is mildly enlarged (1.25 cm at cranial pole) (0.77 cm at caudal pole) with a normal shape, glandular echogenicity and detail. The phrenicoabdominal vein and surrounding vasculature are normal.

## REFERRING VET

Dr Varujan  
Belekdanian

### Spleen

The spleen is normal in size (1.82 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.

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## DATE

3-25-26

### Liver

The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is hyperechoic 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.



## PATIENT

Ziggy Reis

The gallbladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of mostly partially dependent, hyperechoic debris/sand is observed within the lumen. The cystic and common bile ducts are normal/not seen.

## SPECIES

Canine

### *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.

## BREED

American Pitbull  
Terrier Mix

### *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.

## SEX

Neutered Male

### *Lymph Nodes*

The abdominal lymph nodes are normal/not visible.

## AGE

12

### *Free Abdomen*

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

## WEIGHT

53 lbs

## ULTRASONOGRAPHIC FINDINGS

### **Primary Findings**

- Mild bilateral adrenomegaly. The left adrenal nodule could be consistent with focal nodular hyperplasia, adenoma, or less likely, emerging adenocarcinoma, pheochromocytoma, other.
- 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.

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### **Secondary Findings**

- Bilateral nonspecific age-related renal changes

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the bilateral adrenomegaly and the patient's clinical history, consider initiation of medical therapy for hyperadrenocorticism. A baseline blood pressure measurement is also recommended.
- Regarding the left adrenal nodule, consider a recheck ultrasound in 2-3 months to assess for growth of the lesion.
- Regarding the gallbladder changes, consider rechecking an ultrasound of the gallbladder 2-3 hours following a small meal. If the gallbladder changes are similar to today's study, initiation of Ursodiol therapy may be indicated.

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**PATIENT**

Ziggy Reis

**SPECIES**

Canine

**BREED**

American Pitbull  
Terrier Mix

**SEX**

Neutered Male

**AGE**

12

**WEIGHT**

53 lbs

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PERFORMED BY**

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**REFERRING VET**

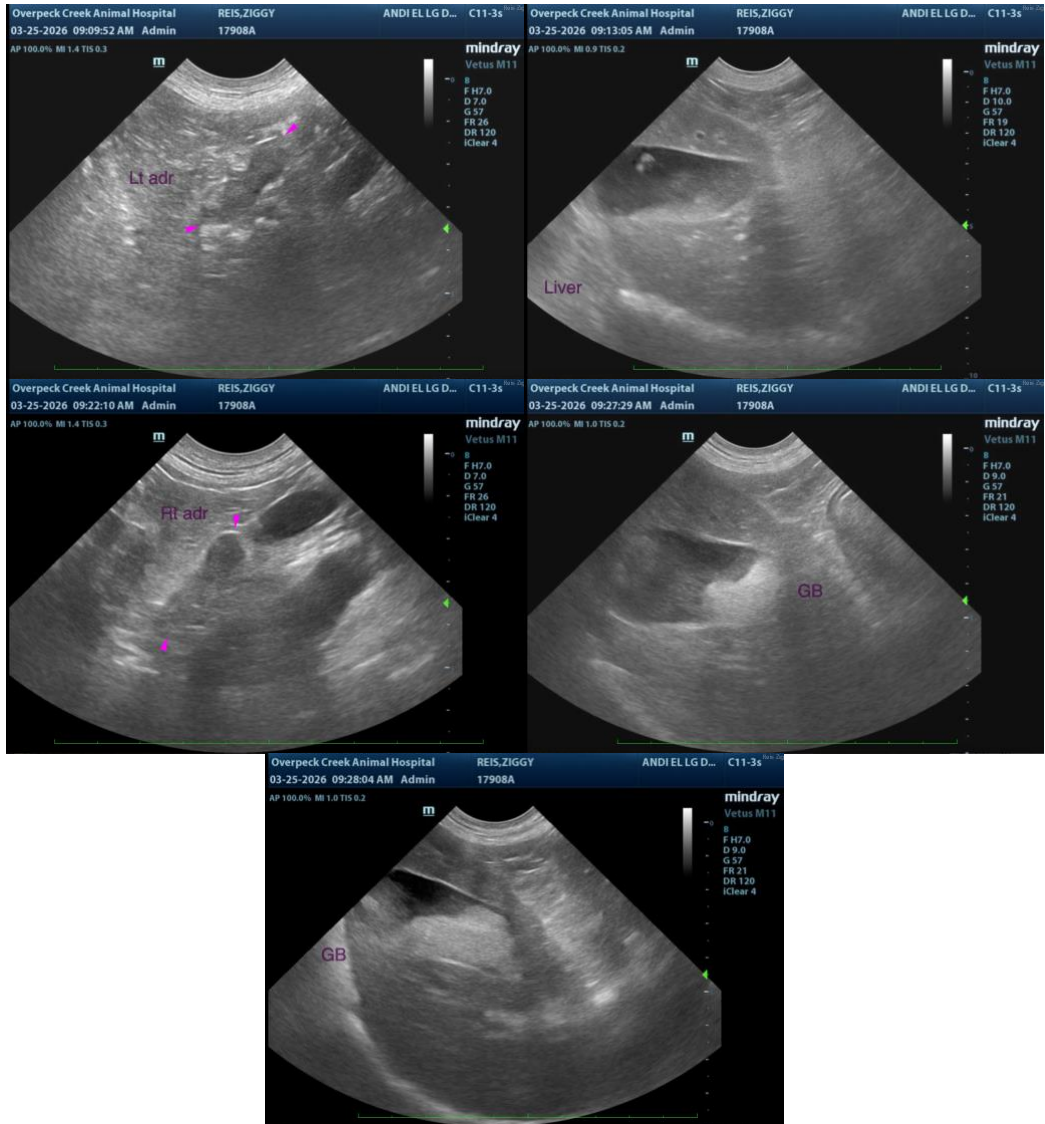
Dr Varujan  
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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