**PATIENT**

Rosie Mossman

SPECIES

Canine

BREED

Mini Poodle

SEX

Female

AGE

9 Yrs.

WEIGHT

24 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

PMVU

HOSPITAL NAME

Silver Spring AH

REFERRING VET

Dr. Cathy Jarrett

INVOICE

13192

DATE

1/12/22

PRESENTING CLINICAL SIGNS

History: Change in liver values and bouts of inappetence. Currently on gabapentin and Rimadyl. Just finished a course of antibiotics.

Abnormal PE/Chem/CBC/UA Results: ALT 150

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN*Urinary System*

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal size (5.10 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (5.26 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.53 cm at cranial pole) (0.61 cm at caudal pole) (2.07 cm in length); 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.

The right adrenal gland is normal size (0.89 cm at cranial pole) (0.61 cm at caudal pole) (2.37 cm in length); 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.

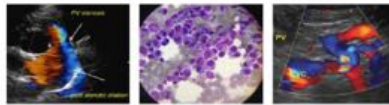
Spleen

The spleen is normal in size (1.12 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A few small, ill-defined myelolipomas are observed in the region of the hilus. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The gall bladder lumen is moderately distended. The wall is slightly thickened (up to 0.22 cm) with a "double-walled" effect. A small to moderate amount of mostly gravity-dependent echogenic debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

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The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is gas 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 thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

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Pancreas

The base 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.

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Free Abdomen**SEX**

Female

Trace free fluid is observed in the cranial abdomen. The abdominal lymph nodes are normal/not visible.

Other**AGE**

9 Yrs.

A 1.96 x 1.05 cm hyperechoic nodule/mass is observed in the cranial abdomen, just cranial to the liver and adjacent to the diaphragm.

WEIGHT

24 Pounds

ULTRASONOGRAPHIC FINDINGS**Primary Findings:**

- An obvious cause for the elevated liver enzymes is not identified in the study. However, a microscopic hepatopathy (i.e., bacterial cholangiohepatitis, Leptospirosis, chronic active hepatitis, copper-associated hepatotoxicity, reactive hepatopathy, infiltrative neoplasia (less likely)) should be considered.
- The gallbladder wall changes could be consistent with cholecystitis, low oncotic pressure (if applicable), increased hydrostatic pressure (i.e., secondary to congestive heart failure), anaphylaxis, other.
- The trace ascites may be secondary to increased hydrostatic pressure, low oncotic pressure (if applicable) and/or increased vascular permeability.

Secondary Findings:

- Mild age-related pancreatic remodeling.
- The hyperechoic cranial abdominal nodule is most consistent with an aggregation of falciform fat. However, a small mass within the mesentery cannot be completely excluded.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

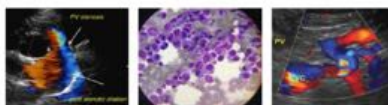
- With regard to the elevated ALT, consider the following:
 1. Pre- and post-prandial serum bile acids.
 2. Leptospirosis testing (i.e., blood and urine PCR, serology).

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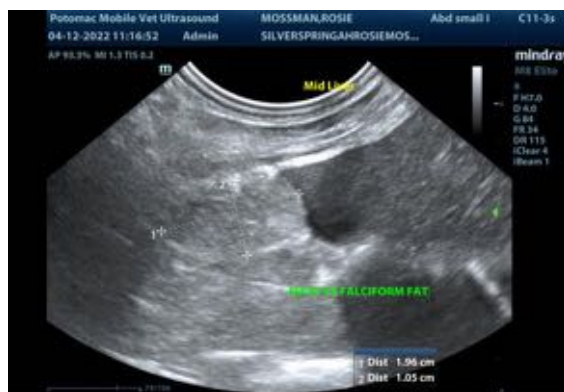
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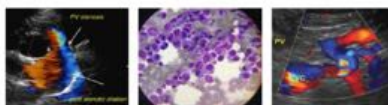
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3. A thorough oral exam is recommended to assess for dental disease, which can occasionally cause mild liver enzyme elevation as well as inappetence.
 4. Hepatic tissue sampling (i.e., fine needle aspirate or surgical biopsy may be necessary to get a definitive diagnosis). If biopsies are pursued, additional hepatic tissue samples should be obtained for potential copper quantitation. In addition, aerobic and anaerobic bile cultures are recommended. The cranial abdominal mass should also be biopsied at the time of surgery.
 5. If a conservative approach is desired, consider empirical treatment for bacterial cholangiohepatitis (amoxicillin-clavulanic acid +/- metronidazole, Denamarin). If no improvement in the liver values is seen within 7-10 days of initiating therapy, antibiotics should be discontinued and hepatic tissue sampling reconsidered. If liver values improve, continue therapy for at least 4-6 weeks and 1 week beyond normalization of the liver values.
- Regarding the trace ascites and gallbladder wall changes, consider three-view thoracic radiographs +/- an echocardiogram to look for cardiac causes for the effusion and gallbladder wall edema.
 - If surgical biopsies are not pursued at this time, a recheck ultrasound is recommended in 3-4 weeks to reassess the cranial abdominal nodule.





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The information and recommendations provided are based on the images presented by the referring veterinarian. 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, DVM, Diplomate ACVIM (Small Animal Internal Medicine)

Andrea.nicastro@sonopath.com

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4/12/22