



PATIENT PRESENTING CLINICAL SIGNS

Bailey Buck

SPECIES

Canine

BREED

Cockapoo

SEX

Spayed Female

AGE

11 years

WEIGHT

13.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

St. Catharines AH

REFERRING VET

Dr. Boctor

INVOICE

10742

DATE

4/14/22

History: Please try to evaluate liver and adrenals. On Flexadin Joint supplement
Abnormal PE/Chem/CBC/UA Results: GGT 31(10-14) ALP 696 (10-140) Albumin 44(25-40) Total
Bilirubin 29(0-9) CBC normal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. A 0.36 cm cystic calculus is present within the lumen along with a small amount of suspended echogenic debris. The region of the trigone is normal.

The left kidney is normal in size (4.70 cm in length); with a normal shape and smooth peripheral contours. The cortex is mildly thickened. There is moderate loss of corticomedullary distinction. A few nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.96 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. Several nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.61 cm at cranial pole) (0.60 cm at caudal pole) (1.87 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 (1.13 cm at cranial pole) (0.60 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.

Spleen

The spleen is normal in size (1.05 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.

Liver

The liver is subjectively prominent in size with swollen curvilinear peripheral contours. The parenchyma is isochoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder is mildly distended. The wall is normal in thickness. A small amount of mostly gravity dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.



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Gastrointestinal

The gastric lumen is distended with ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. 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.

Pancreas

A portion of the pancreas is obscured by the gastric distention. In the visualized portion of the left limb, it appears visible to slightly prominent. The parenchyma is slightly hypoechoic relative to surrounding omental fat and subtly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is visible but not overtly dilated.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Suspected benign diffuse hepatopathy (i.e., regenerative nodular hyperplasia and/or vacuolar hepatopathy). Given the normal ALT, and inflammatory hepatopathy is considered less likely. Infiltrative neoplasia is possible but also considered less likely. The patient's elevated total bilirubin may be artifactual (i.e., due to hemolysis) and should be rechecked. If persistently elevated, cholestatic liver disease may be present.
- Gall bladder debris – incidental
- Small cystic calculus

Secondary Findings

- Minor age-related pancreatic remodeling
- Bilateral age-related renal changes with nonobstructive nephrocalcinosis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Urinalysis is recommended to determine if the patient is isosthenuric.
- As mentioned above, a repeat total bilirubin is recommended to assess for persistent hyperbilirubinemia. If the total bilirubin continues to be elevated, hepatic tissue sampling should be considered. Otherwise, serial monitoring (i.e., every 3-4 months) of the patient's liver values is recommended. If values continue to increase, repeat abdominal ultrasound +/- hepatic tissue sampling may be warranted.
- If the patient is exhibiting clinical signs of Cushing's disease, further testing (i.e., low-dose dexamethasone suppression test or ACTH stimulation test) should be considered.



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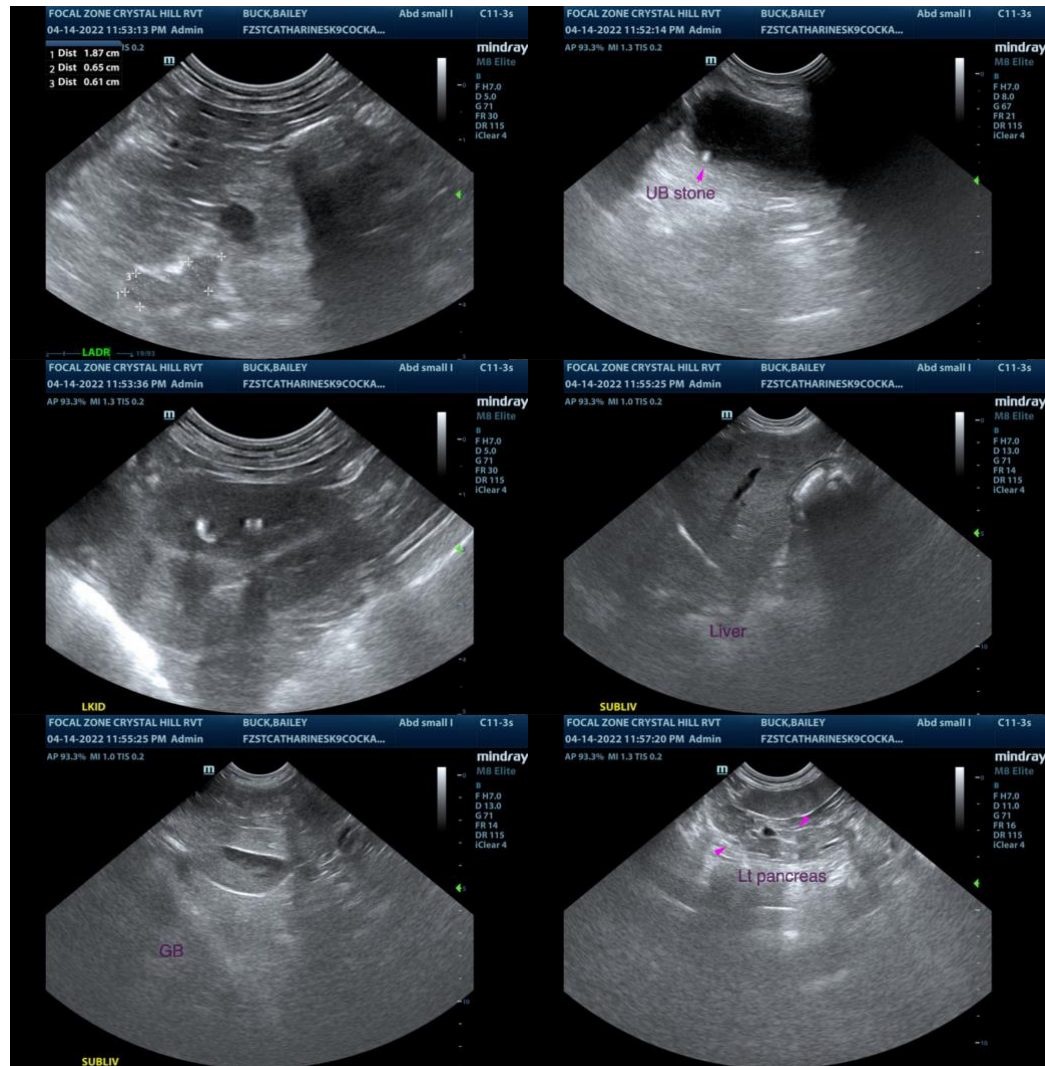
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Regarding the cystic calculus, if a conservative approach is desired, a cystostomy with stone removal analysis and culture is recommended. Alternatively, medical dissolution of the stones can be considered with a prescription renal diet and broad-spectrum antibiotic therapy. If there is no improvement in stone size after 4 weeks of therapy, a cystostomy should be reconsidered. If the stone size is reduced, continue therapy until complete dissolution has been achieved.





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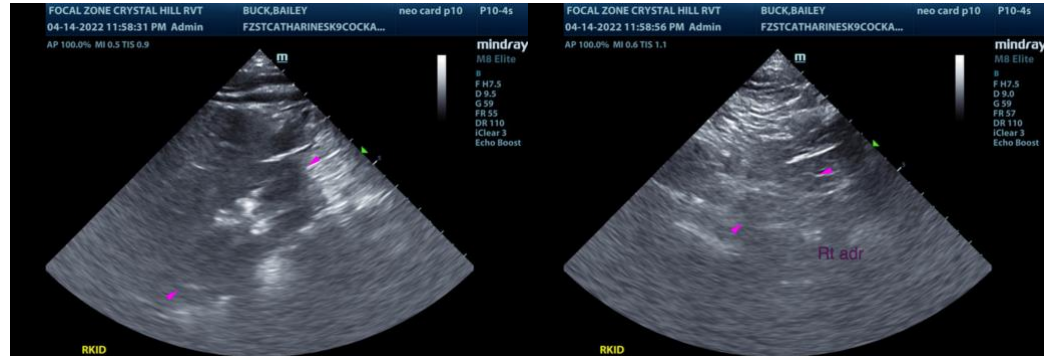
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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