



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Murphy Dietrichsen	History: Elevated liver and pancreas enzymes. Slightly enlarged axillary lymph node. Low fat gastro diet, Hepataclear, Apoquel 3.6 mgs
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: N/a
Canine	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
<b>BREED</b>	<b>Urinary System</b>
Mix	The urinary bladder is moderately distended. The wall is normal in thickness. The mucosal surface in the region of the apex is slightly irregular. A small amount of echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2.5 cm, are normal.
<b>SEX</b>	
Neutered Male	The prostate is normal in size (0.95 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.
<b>AGE</b>	
11 years 5 mos	The left kidney is normal in size (4.53 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.
<b>WEIGHT</b>	
11 years 5 mos	The right kidney is normal in size (4.39 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.
<b>INTERPRETED BY</b>	
Andrea Nicastro DVM Diplomate ACVIM (Sm Animal Internal Med)	<b>Adrenal Glands</b>
<b>IMAGING PERFORMED BY</b>	The left adrenal gland is upper limits of normal size (0.46 cm at cranial pole) (0.53 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.
Chloe Lowe, CVT	The right adrenal gland is is upper limits of normal size (0.70 cm at cranial pole) (0.53 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.
<b>HOSPITAL NAME</b>	
All Animal Vet Svcs	<b>Spleen</b>
<b>REFERRING VET</b>	The spleen is normal in size (1.17 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.
Dr. Acworth	<b>Liver</b>
<b>INVOICE</b>	The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is isoechoic 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.
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<b>DATE</b>	The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.
4-15-26	<b>Gastrointestinal</b>
	The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal



<b>PATIENT</b>	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.
Murphy Dietrichsen	
<b>SPECIES</b>	<b>Pancreas</b>
Canine	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.
<b>BREED</b>	<b>Lymph Nodes</b>
Mix	The abdominal lymph nodes are normal/not visible.
<b>SEX</b>	<b>Free Abdomen</b>
Neutered Male	The peritoneal cavity is normal. There is no evidence of inflammation or effusion.
<b>AGE</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
11 years 5 mos	<b>Primary Findings</b>
<b>WEIGHT</b>	<ul style="list-style-type: none"><li>The hepatic changes are nonspecific and could be secondary to inflammatory disease (i.e., cholangiohepatitis, chronic hepatitis), Leptospirosis, hepatotoxicosis, infiltrative neoplasia (i.e., lymphoma), vacuolar hepatopathy, regenerative nodular hyperplasia, other hepatopathy, or some combination thereof.</li></ul>
11 years 5 mos	<ul style="list-style-type: none"><li>The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.</li></ul>
<b>INTERPRETED BY</b>	<b>Secondary Findings</b>
Andrea Nicastro DVM Diplomate ACVIM (Sm Animal Internal Med)	<ul style="list-style-type: none"><li>Bilateral nonspecific age-related renal changes</li><li>Borderline bilateral adrenomegaly</li></ul>
<b>IMAGING PERFORMED BY</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
Chloe Lowe, CVT	Depending on the liver enzyme pattern, further work-up (i.e., Leptospirosis testing, pre- and postprandial serum bile acids, hepatic tissue sampling (i.e., aspirates or biopsies)) may be indicated. If hepatic tissue sampling is pursued, three-view thoracic radiographs and clotting times are recommended prior to sampling.
<b>HOSPITAL NAME</b>	
All Animal Vet Svcs	
<b>REFERRING VET</b>	
Dr. Acworth	
<b>INVOICE</b>	
22867	
<b>DATE</b>	
4-15-26	



**PATIENT**

Murphy Dietrichsen

**SPECIES**

Canine

**BREED**

Mix

**SEX**

Neutered Male

**AGE**

11 years 5 mos

**WEIGHT**

11 years 5 mos

**INTERPRETED BY**

Andrea Nicastro DVM  
 Diplomate ACVIM  
 (Sm Animal Internal Med)

**IMAGING PERFORMED BY**

Chloe Lowe, CVT

**HOSPITAL NAME**

All Animal Vet Svcs

**REFERRING VET**

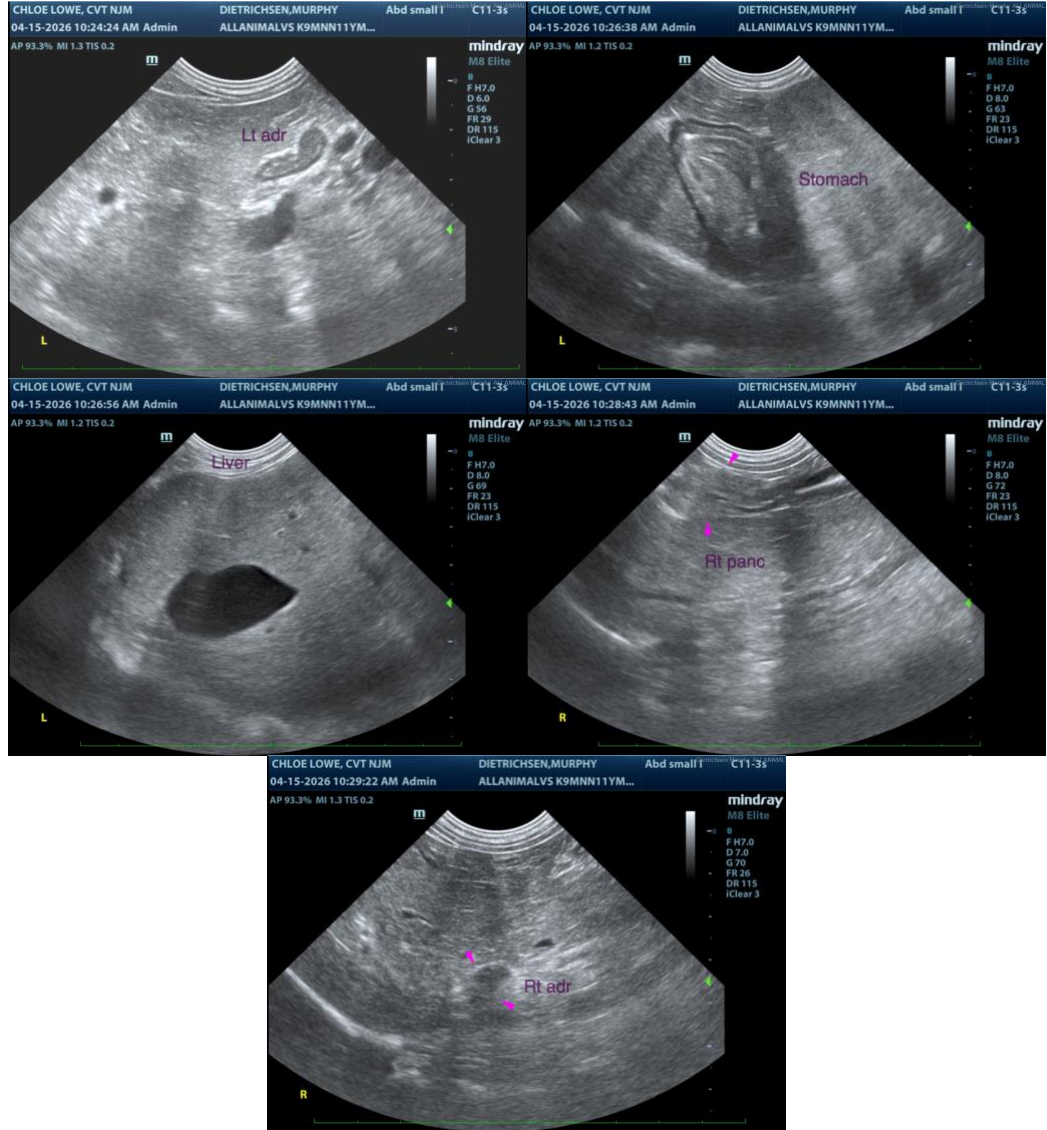
Dr. Acworth

**INVOICE**

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**DATE**

4-15-26



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)**  
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