PATIENT

Sammy Stockton

SPECIES

Canine

BREED

Shih Tzu Mix

SEX

Male Neutered

AGE

06/16/2015

WEIGHT

18.6

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Ashley Pines AH

REFERRING VET

Dr Andi Winney

INVOICE

22868

DATE

4-16-26

PRESENTING CLINICAL SIGNS

Patient had annual bloodwork and the total calcium was 11.9. ALP elevated. PTH was 5.5 (which is mid-range). Ionized calcium 1.54. The lab was unable to run a PTHrP.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. A scant 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 2.5-3.0 cm, are normal.

The prostate is normal in size (0.75 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (4.92 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Trace pyelectasia is present. There is no evidence of infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (4.80 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.74 cm at cranial pole) (0.73 cm at caudal pole) with slightly swollen peripheral contours. Glandular echogenicity and detail are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is mildly enlarged (0.55 cm at cranial pole) (0.61 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.

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. At least one myelolipoma is observed in the region of the hilus (measuring 0.70 cm in its longest dimension). Splenic vasculature is normal.

Liver

The liver is prominent-in-size, with smooth 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. The portal vein to caudal vena cava ratio is approximately 1: 1.

The gallbladder lumen is moderately distended. The wall is thin and smooth. A scant amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is minimally- to mildly distended with ingesta. 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

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mural detail. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

Pancreas
The right limb is prominent-in-size, with minimal deviation from the normal peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat, and heterogenous in appearance. The pancreatic duct is not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Lymph Nodes
The abdominal lymph nodes are normal/not visible.

Free Abdomen
There is no obvious evidence of free fluid.

Other
A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

The left thyroid lobe is subjectively normal-in-size (1.68 x 0.34 cm). A 0.27 x 0.10 cm parathyroid gland is observed approximately mid- thyroid lobe.

The right thyroid lobe is subjectively normal-in-size (1.56 x 0.32 cm). A 0.18 x 0.13 cm parathyroid gland is observed at the cranial aspect. In addition, a 0.21 x 0.13 cm parathyroid gland is observed approximately mid-lobe.

The left and right salivary glands are subjectively normal-in-size with homogenous parenchyma. No obvious pathology is observed.

The visualized portion of the cervical esophagus is unremarkable.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- 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.
- Mild bilateral adrenomegaly

Secondary Findings

- Mild bilateral nonspecific age-related renal changes with dystrophic mineralization and trace left pyelectasia.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

*There is no obvious evidence of parathyroid gland enlargement.

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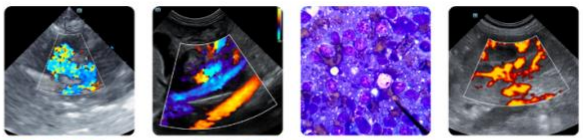

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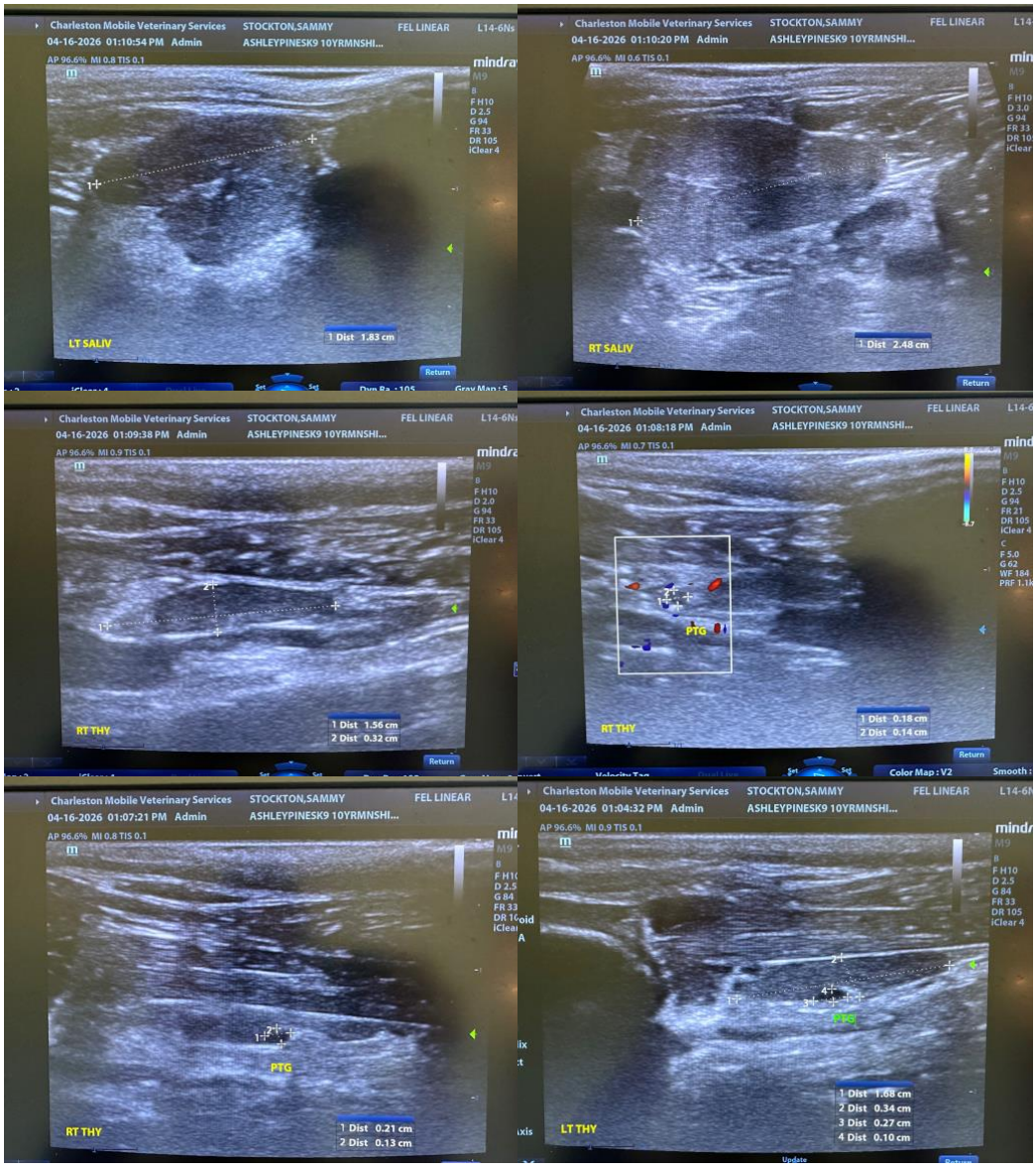
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Serial monitoring (i.e., every 3-4 months) of the patient's liver values is recommended. If liver values continue to increase, a repeat abdominal ultrasound +/- hepatic tissue sampling may be warranted.
- Consider testing for hyperadrenocorticism with a low-dose dexamethasone suppression test or ACTH stimulation test if clinical signs (i.e., PU/PD) develop in the future.
- Regarding the hypercalcemia, consider rechecking a total, and/or ionized calcium in 1-2 months. If the calcium level continues to increase, a repeat PTH as well as a PTHrP should be considered.



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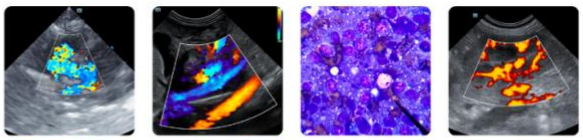

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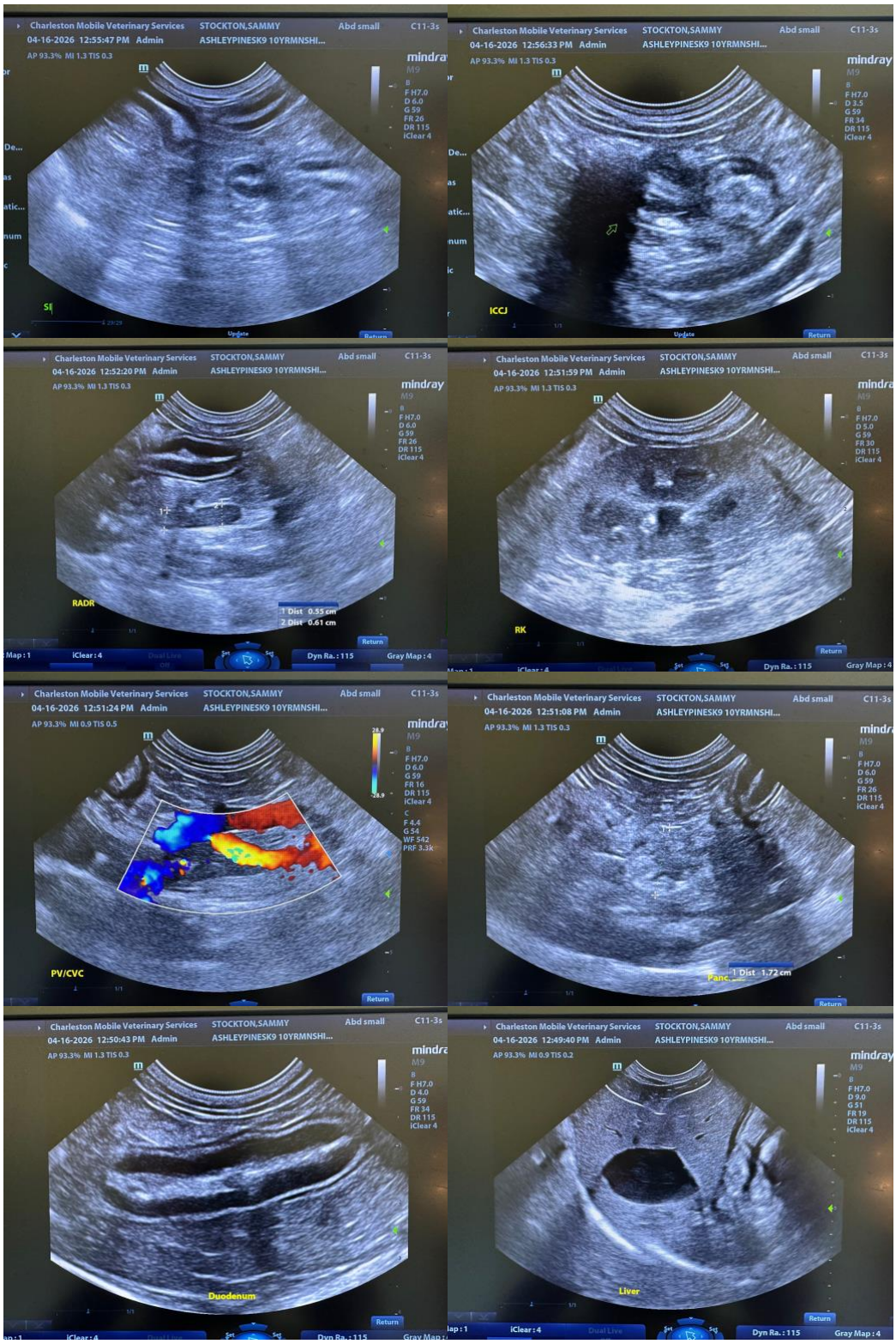

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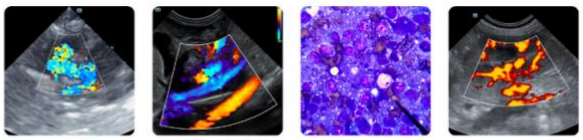

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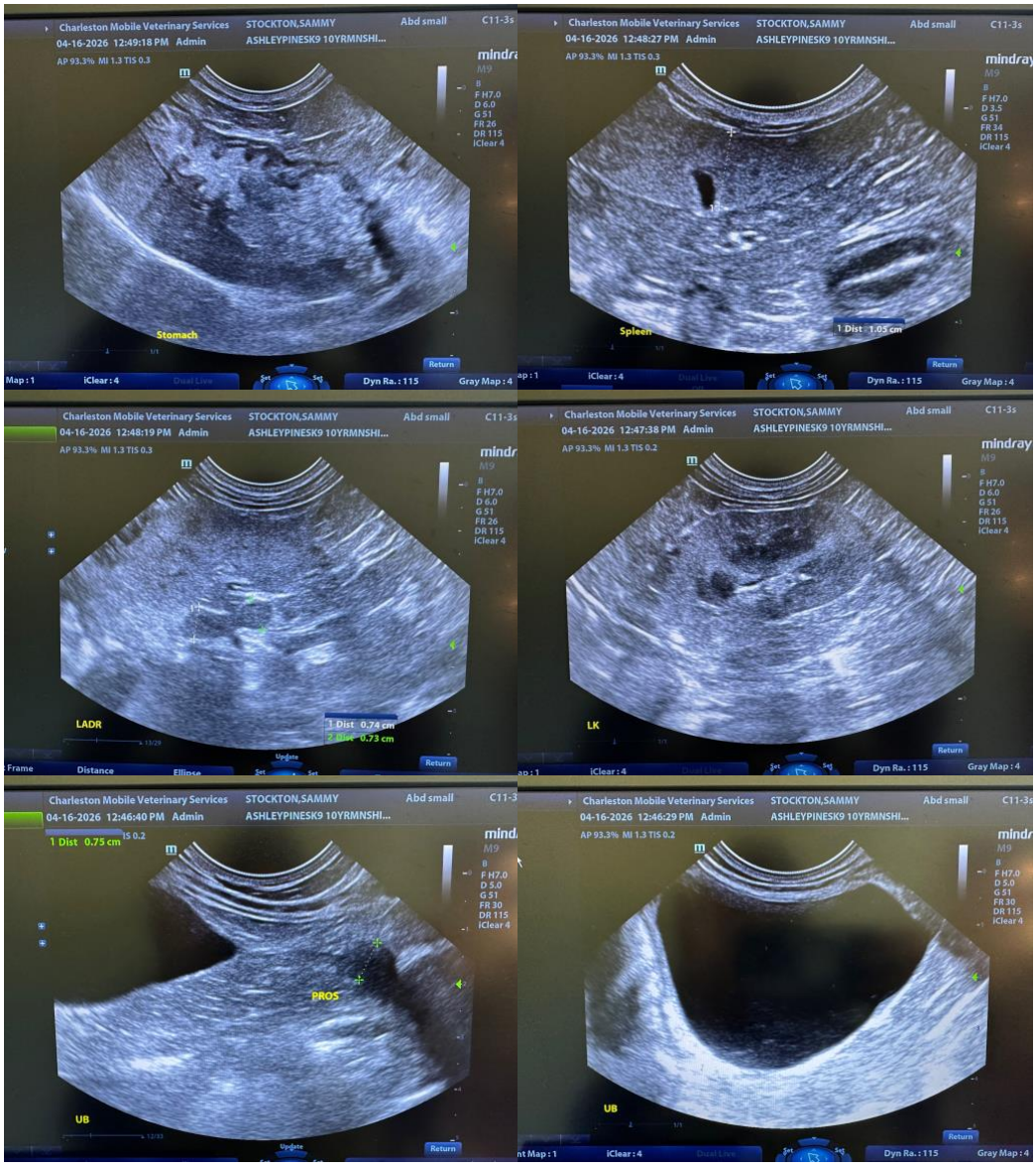

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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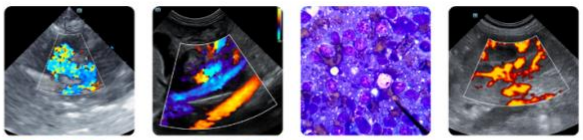

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