



PATIENT

Button Saporito

SPECIES

Canine

BREED

Papillon

SEX

Female Spayed

AGE

06/08/2014

WEIGHT

8lb

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

Andi Winney/Dani Rozo

INVOICE

22898

DATE

4-23-26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Decreased appetite with vomiting on Tuesday. Tense on abdominal palpation
Radiographs within normal limits.

Abnormal lab-work values: Elevated alk phos and ATL- improved from previous ultrasound. Bloodwork sent to lab 4/22/26. Liver values normal at this time. However, Albumin is 2.1 (previously normal). Globulin 2.4 (previously normal). Urinalysis reveals a UTI. No proteinuria.

Current Medications: Clavamox, Ursodiol, Denamarin, Cerenia, previously Metronidazole but o d/c a few days ago due to difficulty giving
Radiographic Findings: NSF

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The left kidney is normal in size (3.27 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild- to moderate loss of corticomedullary distinction. An ill-defined hyperechoic medullary band is observed at the corticomedullary junction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (3.69 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild- to moderate loss of corticomedullary distinction. An ill-defined hyperechoic medullary band is observed at the corticomedullary junction. 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 (0.47 cm at cranial pole) (0.58 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.

The right adrenal gland is normal in size (0.42 cm at cranial pole) (0.38 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 (0.89 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 smooth peripheral contours. The parenchyma is isoechoic-to- hypoechoic relative to the spleen. Numerous varying-sized hypoechoic nodules are observed throughout the organ (the largest measuring 2.5 x 1.9 cm). Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.



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The gallbladder lumen is moderately distended. The wall is thin and smooth. A small amount of mobile 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 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 diffusely thickened (up to 0.48 cm) with retention of the normal layering pattern. Discreet masses are not identified. The ileoceocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

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Pancreas

The base limbs of the pancreas are visible with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic 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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Lymph Nodes

The abdominal lymph nodes are normal/not visible.

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Free Abdomen

A small amount of free fluid is present.

Other

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

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The diffuse hepatic parenchymal changes are similar to the previous sonogram. Considerations include chronic hepatitis, bacterial cholangiohepatitis, hepatotoxicosis (i.e., copper), infiltrative neoplasia, regenerative nodular hyperplasia, vacuolar hepatopathy, and/or other hepatopathy.
- The small intestinal wall thickening, in conjunction with the patient's bloodwork could be consistent with a protein-losing enteropathy (i.e., inflammatory bowel disease, lymphangiectasia, infectious/parasitic disease, emerging lymphoma).
- Mild ascites

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Secondary Findings

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Bilateral nonspecific age-related renal changes
- Mild left adrenomegaly

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*Other than the small intestinal wall thickening, changes are similar to the previous sonogram.



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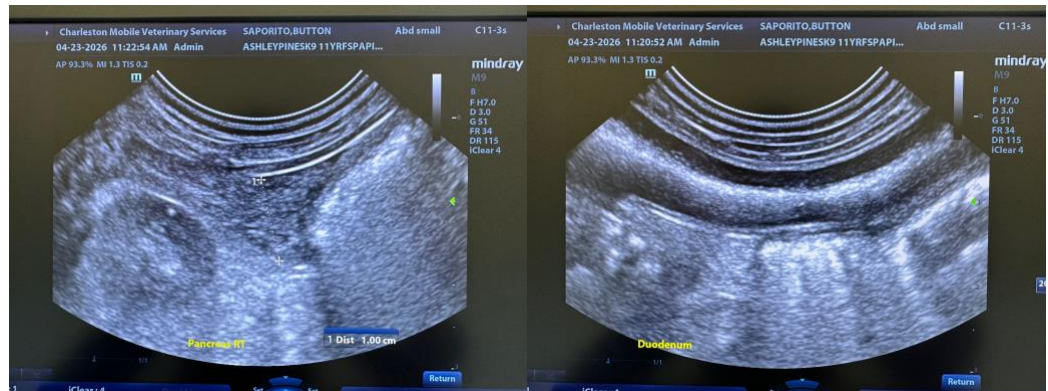
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the bacteriuria in the face of Clavamox and metronidazole, consider a urine culture and sensitivity to assess for a resistant infection.
- Given the hypoalbuminemia, consider the following:
 1. Pre- and postprandial serum bile acids to assess hepatic function
 2. Fecal evaluation for ova and Giardia
 3. GI panel including serum cobalamin and folate, TLI, PLI and resting cortisol level
 4. Depending on the results of the above diagnostics, further work-up (i.e., hepatic and/or GI biopsies) may be indicated.
 5. In the meantime, symptomatic care is recommended.





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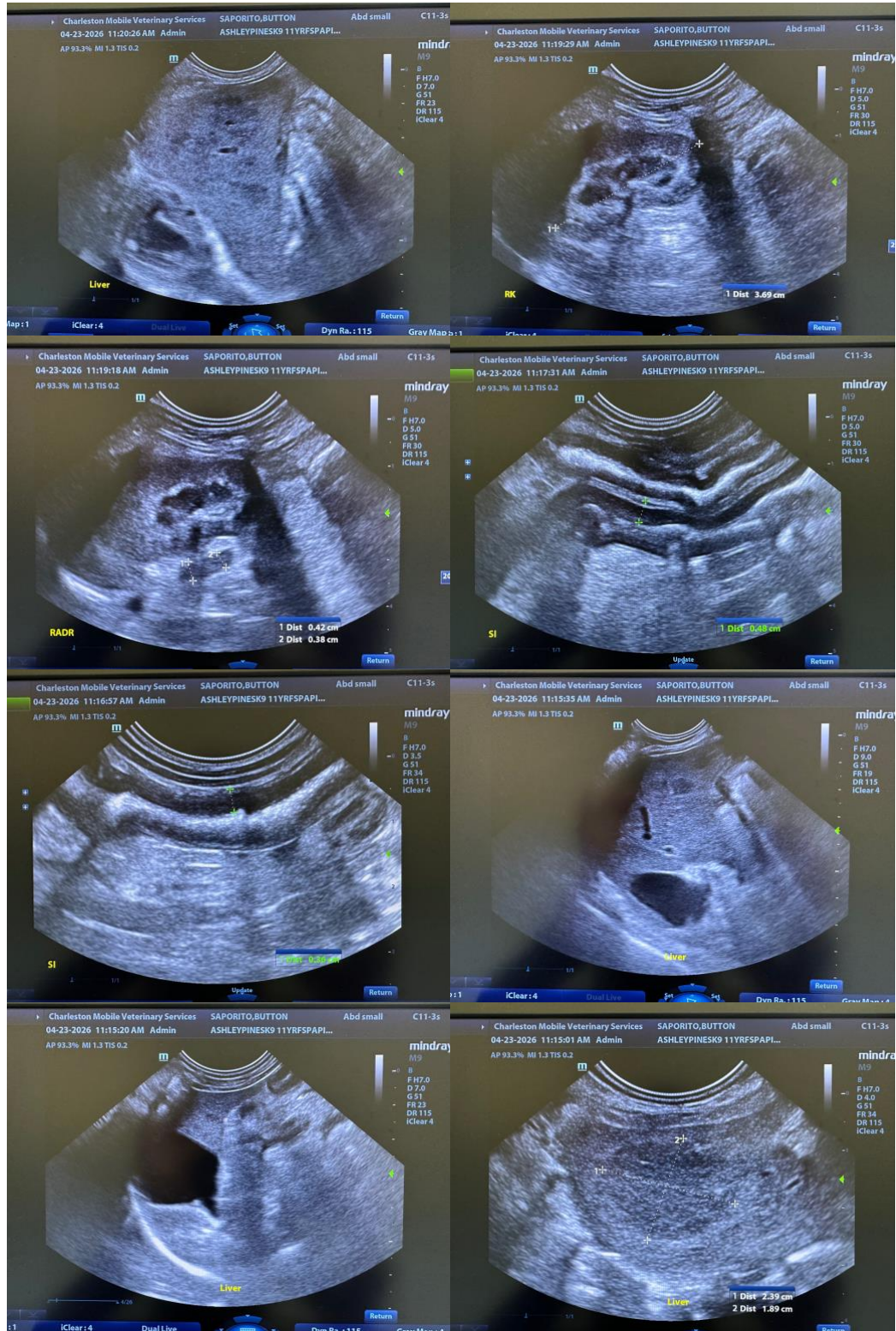
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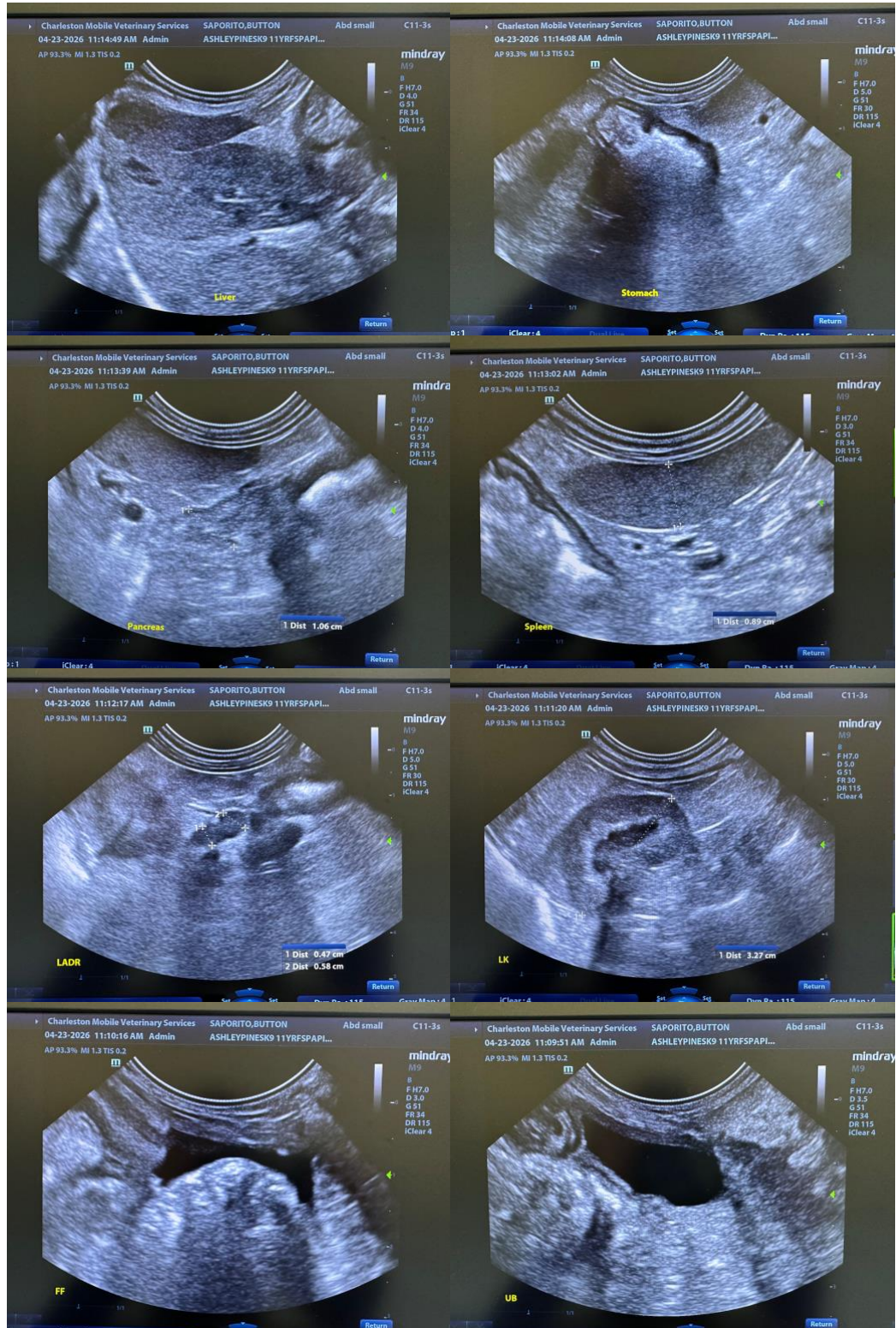
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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