



PATIENT

Heidi Gibson

PRESENTING CLINICAL SIGNS

History: Was on Deramax for 2 weeks then checked bloodwork and ALT elevated; wanted liver evaluated

Abnormal PE/Chem/CBC/UA Results: ALT 754 all else WNL

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are mostly anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

BREED

Miniature Pinscher

The left kidney is normal in size (4.72 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. The cortex is isoechoic relative to the spleen. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

SEX

Female, spayed

The right kidney is normal size (4.45 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. The cortex is isoechoic relative to the spleen. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

AGE

12 Yrs. 4 months

Adrenal Glands

WEIGHT

25 lbs.

The cranial pole of the left adrenal gland is visualized and is normal size (0.51 cm in width). The glandular echogenicity and detail are unremarkable. Surrounding vasculature appears normal.

INTERPRETED BY

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

The region of the right adrenal gland is evaluated. The gland is not definitively visualized. However, no obvious abnormalities are observed in this region.

Spleen

The spleen is subjectively normal in size with a normal capsular contour. There is appropriate echogenicity and echotexture. A 1.63 cm heterogeneous nodule is observed within the parenchyma. Splenic vasculature is normal.

IMAGING PERFORMED BY

Ashley Whitesell

Liver

The liver is subjectively normal in size with normal curvilinear 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 gall bladder lumen is moderately distended. The wall is thin and smooth. A 0.61 cm cholelith is observed within the lumen along with a small amount of aggregated, echogenic partially dependent debris/sludge. The cystic and common bile ducts are normal/not seen.

HOSPITAL NAME

Dickson AH

REFERRING VET

Dr. Hovis

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 thickness is normal with a normal layering pattern. There is evidence of slight mucosal speckling in some segments. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

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Pancreas

DATE

4/25/23



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The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

SPECIES

Canine

Free Abdomen

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

BREED

Miniature Pinscher

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

SEX

Female, spayed

- The splenic nodule could be consistent with an emerging tumor (i.e., sarcoma, round cell tumor) or a benign focus (i.e., lymphoid hyperplasia, extramedullary hematopoiesis, myelolipoma, other).
- Cholelith with adjacent gallbladder debris/sludge- incidental/non-obstructive.

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Secondary Findings:

- Bilateral, chronic renal changes with dystrophic mineralization.
- The small intestinal mucosal speckling can be associated with enteritis. However, correlation with the patient's clinical history is recommended.

WEIGHT

25 lbs.

*An obvious cause for the elevated ALT is not definitively identified in this study. Considerations include inflammatory hepatopathy (i.e., chronic hepatitis, bacterial cholangiohepatitis), hepatotoxicosis (i.e., copper), Leptospirosis, emerging neoplasia, other hepatopathy.

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(*Small Animal Internal
Medicine*)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

**IMAGING
PERFORMED BY**

Ashley Whitesell

- Consider pre- and post-prandial serum bile acids and Leptospirosis testing (i.e., blood and urine PCR, serology).
- If an aggressive approach is desired, consider a splenectomy with submission of the spleen for histopathology along with liver biopsies, aerobic and anaerobic bile cultures and hepatic copper quantitation. Three-view thoracic radiographs and clotting times should be performed prior to anesthesia.
- If a more conservative approach is desired, consider fine needle aspirates of the splenic nodule and liver (if clotting status is normal). 25-gauge needles should be used. If cytology results are inconclusive, consider surgery as recommended above.
- If tissue sampling is not pursued at this time, consider empirical treatment for bacterial cholangiohepatitis (i.e., broad spectrum antibiotics, hepatic antioxidants). If no improvement is seen in the ALT within 7-10 days of initiating therapy, antibiotics should be discontinued and hepatic tissue sampling revisited.

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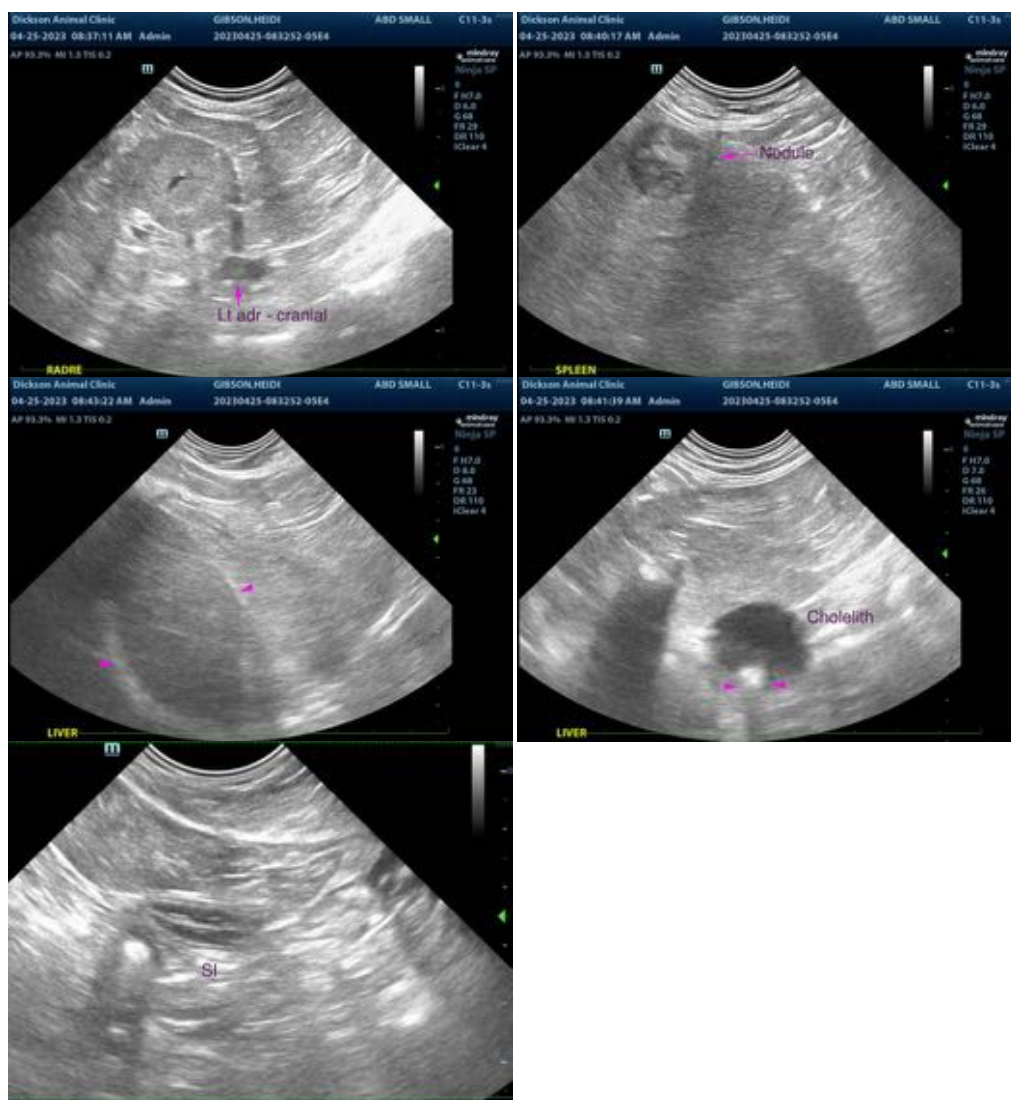
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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