



**DATE PRESENTING CLINICAL SIGNS**

4/27/26

**Patient History:** Presented for annual exam - mild age related changes but no specific findings / clinical signs of concern. Drinks well appetite is normal etc not showing symptoms of cushings. BW shows progression in ALP elevation and now ALT mildly increased as well

**PATIENT**

Sadie Bowen

**Current Medications:** Trazodone as needed.

**Labwork Results:** Labwork attached, reported as: ALT 156 (18 - 121) previous normal, ALP 1324 (5 - 160) previous 773

**SPECIES**

Canine

**Date of Previous IntraPet Ultrasound:** 2/1/24. See attached.

**Sedation:** IV Torb required to complete full diagnostic ultrasound.

**Stat Report:** Not requested.

**BREED**

Rottweiler mix

**Imaging Performed by:** Rachel Brillhart, RDMS.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**SEX**

Female, spayed

**Urinary System**

The urinary bladder wall is normal in thickness and 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 the visible portion of the proximal urethra are normal.

**AGE**

11/16/2016

The left kidney is normal in size (6.73 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**WEIGHT**

63.2 lbs.

The right kidney is normal in size (7.06 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**INTERPRETED BY**

**Adrenal Glands**

The left adrenal gland is normal in size (0.54 cm at cranial pole) (0.56 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 (1.28 cm at cranial pole) (0.67 cm at caudal pole) with a normal shape and smooth peripheral contours. There is a questionable 0.47 x 0.41 cm hyperechoic nodule at the cranial to mid-aspect seen in 1-2 video clips. The remaining glandular echogenicity and detail are normal. Surrounding vasculature appears normal.

**Spleen**

The spleen is normal in size (2.22 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. A 1.10 x 0.60 cm hypoechoic nodule is observed approximately mid-body. Splenic vasculature is normal.

**Liver**

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion.

**INVOICE**

13681

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

**HOSPITAL NAME**

Northwind AH

**REFERRING VET**

Dr. Repsher

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of mostly gravity-dependent echogenic to mineralized debris/sand +/- small distinct non-obstructive choleliths. The cystic and common bile ducts are normal/not seen.

### ***Gastrointestinal***

The gastric lumen is not distended. The gastric wall is 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. There is no evidence of an obstructive pattern.

### ***Pancreas***

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.

### ***Lymph nodes***

The abdominal lymph nodes are normal/not visible.

### ***Free Abdomen***

The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

### ***Other***

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

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings:**

- The splenic nodule trends toward the benign (i.e., focus of lymphoid hyperplasia or similar). However, an emerging tumor cannot be completely excluded. The diffuse splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a lower possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

### **Secondary Findings:**

- Gallbladder debris/sand +/- tiny non-obstructive choleliths (non-mucocele)
- Questionable right adrenal nodule. This may represent an imaging artifact or a true nodule. If a true nodule is present, considerations would include focal nodular hyperplasia, adenoma, emerging adenocarcinoma, pheochromocytoma, other.
- Mild bilateral nonspecific, age-related renal changes

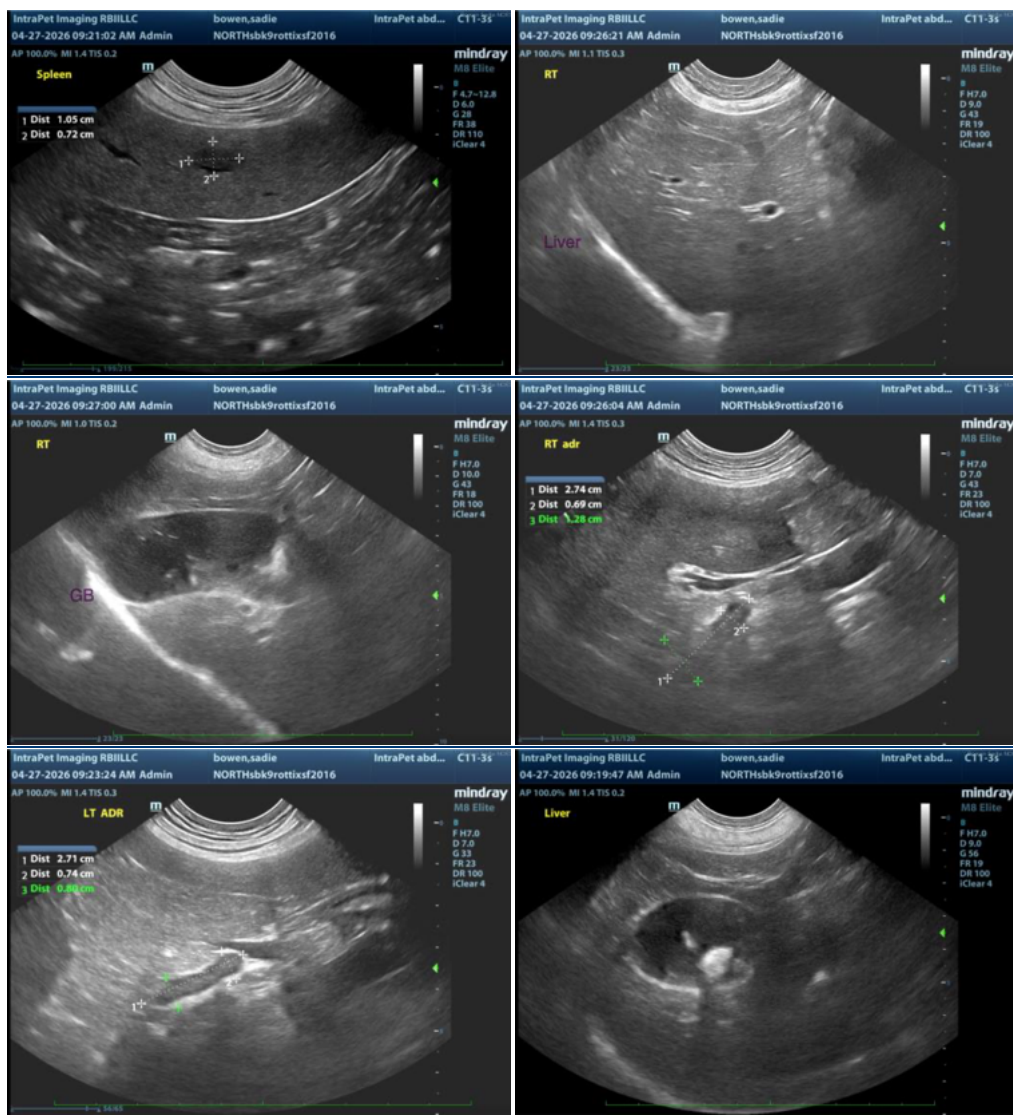
\*An obvious cause for the patient's elevated liver values is not definitively identified in this study. Given the liver enzyme pattern, a benign hepatopathy (i.e., regenerative nodular hyperplasia or mild vacuolar hepatopathy) are of top consideration with a lower possibility of inflammatory disease, hepatotoxicosis, infiltrative neoplasia or other hepatopathy.

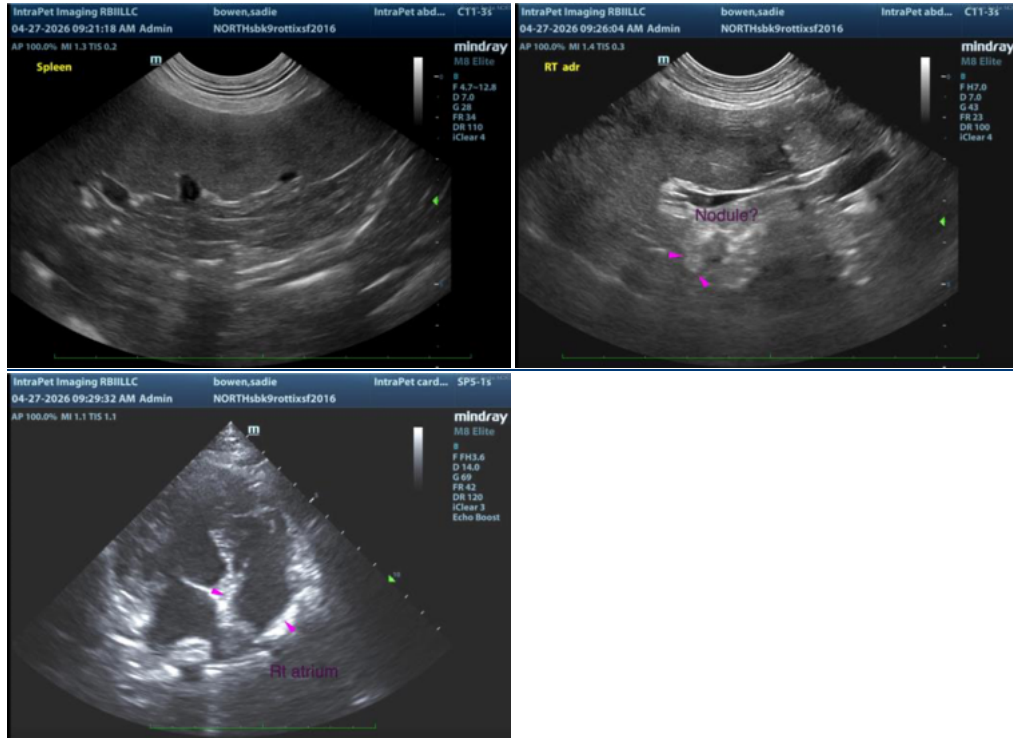
## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

1. Hepatic tissue sampling (i.e., aspirates or biopsies) can be considered (assuming normal clotting status). However, results may be of low yield. Alternatively if a more conservative approach is

desired, 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.

2. Regarding the splenic nodule, fine needle aspiration can be considered (assuming normal clotting status). A 25 gauge needle should be used. Alternatively, consider a recheck ultrasound in 1-2 months to assess for growth of the lesion.
3. Regarding the questionable right adrenal nodule, a recheck ultrasound is recommended in 3-4 months for reevaluation.





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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