



**PATIENT**

Kitty Hill

**PRESENTING CLINICAL SIGNS**

Chief Concern/Provisional Diagnosis: - Possible seizure episode. - Significantly elevated ALKP.

**SPECIES**

Canine

History/Physical Findings: Patient presents for evaluation of possible seizure episode (patient began to vigorously shake head out of the blue while sitting next to the owner in the morning for about 10 seconds). No additional seizure activity has been noted since the first reported episode. Eating, drinking, urinating, and defecating appropriately. No coughing, sneezing, vomiting, diarrhea, increased thirst, or increased urination noted. No previous medical history. No medications or supplements. No possibility in getting into any toxins, etc. BCS 5.5/9. Summary of Laboratory Abnormalities: - Significantly elevated ALKP (1020 U/L). - Mild hemoconcentration. - Mild leukopenia ( $5.55 \times 10^9/L$ ), mild lymphopenia ( $0.71 \times 10^9/L$ ). - USG: 1.037 Radiographic Abnormalities: Radiographs not performed. Current Therapy and Medications: None.

**BREED**

Boston Terrier

**SEX**

Spayed Female

Abnormal PE/Chem/CBC/UA Results:

**AGE**

10 years

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

**WEIGHT**

24 lbs

**INTERPRETED BY**

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

The left kidney presented normal size (5.08 cm in length); normal shape and architecture with 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 hydronephrosis.

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques,  
RVT LVT

The right kidney presented normal size normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis.

**HOSPITAL NAME**

LuxPetVet

**Adrenal Glands**

The left adrenal gland is mildly enlarged (0.72 cm at cranial pole) (0.78 cm at caudal pole) (2.25 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

**REFERRING VET**

Dr. Kristin Kee

The right adrenal gland is normal size (0.76 cm at cranial pole) (0.63 cm at caudal pole) (2.12 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

**INVOICE**

10933

**Spleen**

The spleen is normal in size (1.69 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.

**DATE**

5/18/22



**PATIENT**

Kitty Hill

**Liver**

The liver is subjectively prominent in size with swollen curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

**SPECIES**

Canine

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of aggregated, echogenic to mineralized, partially dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal.

**BREED**

Boston Terrier

**Gastrointestinal**

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are 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. No obstructive or overt infiltrative disease is noted.

**SEX**

Spayed Female

**AGE**

10 years

**Pancreas**

The base and right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely 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.

**WEIGHT**

24 lbs

**Free Abdomen**

Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

**INTERPRETED BY**

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

**Other**

A uterine stump is visible and is normal in size (0.36 cm in width). No obvious pathology is observed.

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

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques,  
RVT LVT

**ULTRASONOGRAPHIC FINDINGS**

**HOSPITAL NAME**

LuxPetVet

**Primary Findings**

- Suspected benign diffuse hepatopathy. Top differentials include regenerative nodular hyperplasia, idiopathic vacuolar hepatopathy and/or age-related remodeling. Inflammatory disease is considered unlikely in light of the normal ALT. Infiltrative neoplasia is possible but considered less likely.
- Gall bladder debris/sludge, non-mucocele
- Trace ascites

**REFERRING VET**

Dr. Kristin Kee

**INVOICE**

10933

\*An obvious cause for the patient's seizures is not identified in this study. Considerations include primary neurologic disease, hepatic encephalopathy, toxin exposure, other.

**DATE**

5/18/22



**PATIENT**

Kitty Hill

**SPECIES**

Canine

**BREED**

Boston Terrier

**SEX**

Spayed Female

**AGE**

10 years

**WEIGHT**

24 lbs

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Loetitia Saint-Jacques,  
RVT LVT

**HOSPITAL NAME**

LuxPetVet

**REFERRING VET**

Dr. Kristin Kee

**INVOICE**

10933

**DATE**

5/18/22

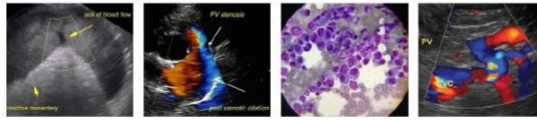
**Secondary Findings**

- The pancreatic changes are suggestive of age-related remodeling +/- fibrosis. Low-grade pancreatitis is also possible, particularly if the patient exhibits cranial abdominal pain on palpation.
- Mild left adrenomegaly
- Visible uterine stump - incidental

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Consider pre-and postprandial serum bile acids +/- a blood ammonia level to further assess for hepatic encephalopathy.
- A baseline blood pressure measurement is recommended to assess for systemic hypertension.
- A thorough neurologic examination is recommended to assess for deficit
- Referral to a board-certified neurologist for possible MRI/CSF Tap can be considered.





**PATIENT**

Kitty Hill

**SPECIES**

Canine

**BREED**

Boston Terrier

**SEX**

Spayed Female

**AGE**

10 years

**WEIGHT**

24 lbs

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Loetitia Saint-Jacques,  
RVT LVT

**HOSPITAL NAME**

LuxPetVet

**REFERRING VET**

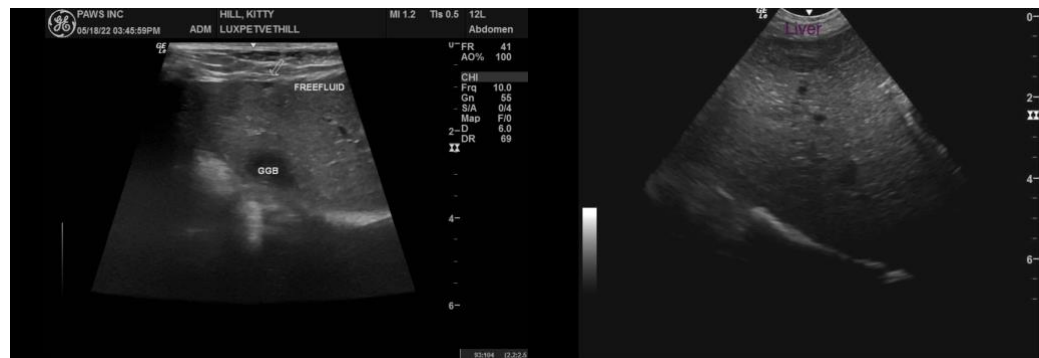
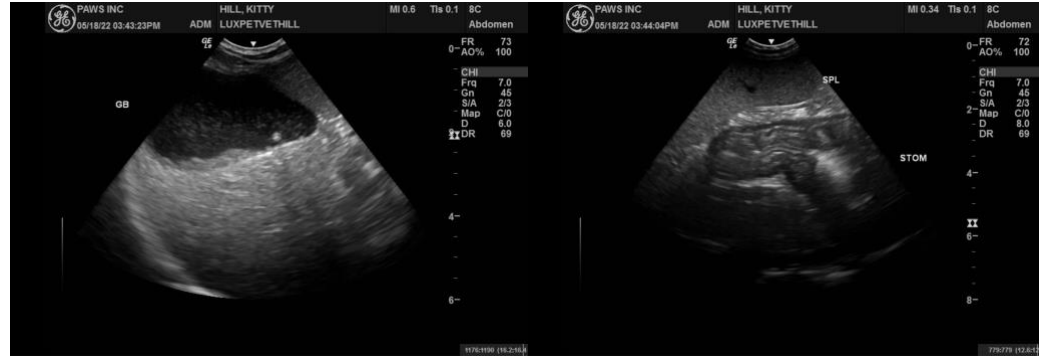
Dr. Kristin Kee

**INVOICE**

10933

**DATE**

5/18/22



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, DVM, Diplomate DACVIM (Small Animal Internal Medicine)**  
info@SonoPath.com