



PATIENT

Hayley Woebbe

SPECIES

Canine

BREED

Schnauzer mix

SEX

Female, spayed

AGE

11 Yrs.

WEIGHT

32.6 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Goodman

HOSPITAL NAME

Evandale-Blue Ash PH

REFERRING VET

Dr. Goodman

INVOICE

14928

DATE

5/9/23

PRESENTING CLINICAL SIGNS

History: Recheck ultrasound from 6/17/2022. Current medications: Denamarin, Vit E, Ursodiol, Standard Process Hepatic Support Patient has been doing okay at home, new developments include her having increased hunger to the point she will get into things and steal them. Will growl at owners when they are eating. She started to urinate and defecate inside very early in the morning. no v/c/s/d or increased urinations. These behaviors were not noted in March 2023. We have been keeping an eye on her liver values and recently added in Hepatic Support after her bloodwork recheck in Jan 2023.

Urinalysis from March 2023- USG 1.020 with proteinuria, inactive sediment, ALP 3832.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended. The wall is diffusely thickened (up to 0.39 cm) with an irregular mucosal surface. Luminal contents are mostly anechoic. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal in size (5.25 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. The cortex is isoechoic relative to the spleen. Hyperechoic to mineralized foci are observed within the cortex. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

The right kidney is normal size (5.24 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. The cortex is isoechoic relative to the spleen. Hyperechoic to mineralized foci are observed within the cortex. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

Adrenal Glands

The left adrenal gland is enlarged (0.93 cm at cranial pole) (0.81 cm at caudal pole) with a slightly irregular shape. A 0.77 x 0.67 cm hyperechoic to heterogeneous nodule is observed at the cranial pole. The glandular echogenicity and detail at the caudal pole are unremarkable. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.85 cm at cranial pole) (0.56 cm at caudal pole) with a normal shape and smooth peripheral contours. A 0.50 x 0.32 cm hyperechoic nodule is observed at the cranial pole. The glandular echogenicity and detail at the caudal pole are unremarkable. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.38 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. Several, irregular hyperechoic nodules are observed throughout the organ. Splenic vasculature is normal.

Liver

The liver is subjectively enlarged with swollen peripheral contours. The parenchyma is isoechoic relative to the spleen with several ill-defined hyperechoic nodules/areas throughout the organ. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is



PATIENT

Hayley Woebbe

moderately distended. The wall is thin and smooth. A small to moderate amount of mostly gravity dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

SPECIES

Canine

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.

BREED

Schnauzer mix

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.

SEX

Female, spayed

Free Abdomen

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

AGE

11 Yrs.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

32.6 lbs.

Primary Findings:

- The patient's liver enzyme pattern, in conjunction with the sonographic changes, are most consistent with a benign hepatopathy (i.e., regenerative nodular hyperplasia and/or vacuolar hepatopathy). However, a neoplastic process cannot be completely excluded.
- Gallbladder debris, non-mucocele.
- The urinary bladder wall changes are suggestive of cystitis.

INTERPRETED BY

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

Secondary Findings:

- Bilateral chronic nephropathy with dystrophic mineralization.
- Bilateral adrenal nodules. These findings could be due to benign nodular hyperplasia or emerging tumors. Left adrenomegaly is present.
- The hyperechoic splenic nodules are most consistent with myelolipomas with a low possibility of an emerging neoplastic process (i.e., mast cell disease).

IMAGING PERFORMED BY

Dr. Goodman

HOSPITAL NAME

Evandale-Blue Ash PH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

Dr. Goodman

- Regarding the urinary bladder wall changes, a urine culture and sensitivity is recommended to assess for occult infection.
- If proteinuria persists in the absence of infection, a UPC should also be considered.
- Given the adrenal changes and the development of polyphagia, also consider Cushing's testing (i.e., low dose dexamethasone suppression test or ACTH stimulation test).

INVOICE

14928

DATE

5/9/23



PATIENT

Hayley Woebbe

- Given the recent change in behaviors, a neurologic examination +/- consultation with a board-certified neurologist is also recommended.

SPECIES

Canine

BREED

Schnauzer mix

SEX

Female, spayed

AGE

11 Yrs.

WEIGHT

32.6 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Goodman

HOSPITAL NAME

Evandale-Blue Ash PH

REFERRING VET

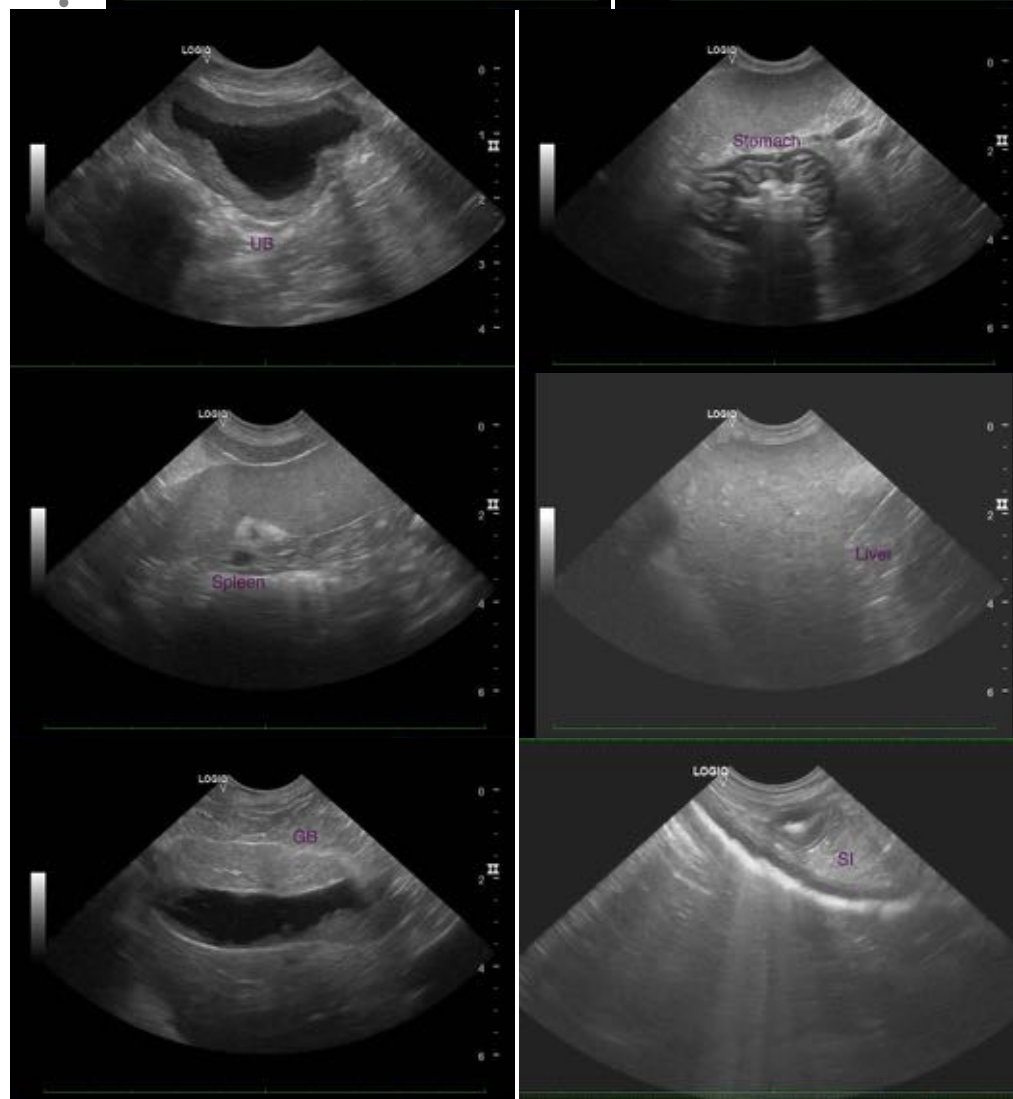
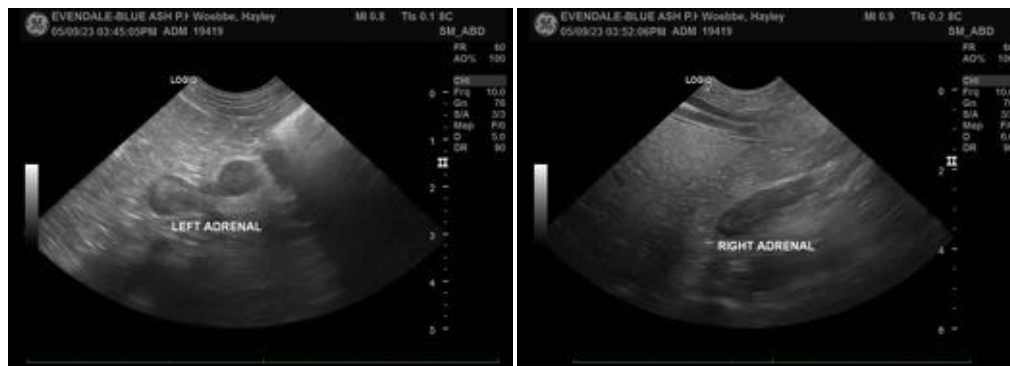
Dr. Goodman

INVOICE

14928

DATE

5/9/23



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.



PATIENT

Hayley Woebbe

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.

SPECIES

Canine

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com

BREED

Schnauzer mix

SEX

Female, spayed

AGE

11 Yrs.

WEIGHT

32.6 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Goodman

HOSPITAL NAME

Evandale-Blue Ash PH

REFERRING VET

Dr. Goodman

INVOICE

14928

DATE

5/9/23