**PATIENT**

Ranger Breeden

**SPECIES**

Canine

**BREED**

Chihuahua/Pom Mix

**SEX**

Neutered Male

**AGE**

7 years, 6 mos

**WEIGHT**

34.6 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Potomac Mobile  
Veterinary Ultrasound

**HOSPITAL NAME**

Vets &amp; Pets AH

**REFERRING VET**

Dr. Cathy Jarrett

**INVOICE**

11079

**DATE**

6/15/22

**PRESENTING CLINICAL SIGNS**

History: High ALP. Asymptomatic.

Abnormal PE/Chem/CBC/UA Results: (05/16/2022) Urine Cortisol/Creatinine Ratio: 14.  
(05/03/2022) CHEM: Globulin 3.8, ALKP 768, Cholesterol 538, Triglyceride 446, Amylase 1158,  
PrecisionPSL 333. CBC: WNL. T4: WNL.

**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.

The prostate is normal in size (1.93 cm in length, 0.69 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney presented normal size (5.41 cm in length); 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 hydroureter. Renal vasculature is normal.

The right kidney presented normal size (5.92 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is normal size (0.49 cm at cranial pole) (0.61 cm at caudal pole); 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.

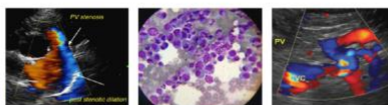
The right adrenal gland is normal size (0.36 cm at cranial pole) (0.60 cm at caudal pole); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

**Spleen**

The spleen is normal in size (1.43 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 enlarged with slightly swollen 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 small amount of aggregated echogenic partially dependent debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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The gall bladder lumen is 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.

**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 ileocecolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

**Pancreas**

The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

**Free Abdomen**

A 1.30 x 1.20 cm irregular, heterogenous nodule with focus of mineralization is observed within the mesentery in the midabdominal region, near the ileocecolic junction. One to two jejunal lymph nodes are visible, the largest measuring 0.54 cm in length. The nodes are normal in shape and echogenicity.

**ULTRASONOGRAPHIC FINDINGS****Primary Findings**

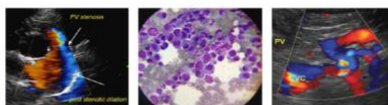
- Suspected, benign diffuse hepatopathy. Top differentials include idiopathic vacuolar hepatopathy and regenerative nodular hyperplasia. Inflammatory disease is considered less likely in light of the normal ALT. Infiltrative neoplasia is possible but also considered unlikely based on the sonographic appearance.

**Secondary Findings**

- Minor, age-related renal changes
- The significance of the nodule within the mesentery is unclear. It may represent a lipoma, lipogranuloma, Bates body, other. An emerging tumor is also possible but considered less likely.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Serial monitoring (i.e., every 3-4 months) of the patient's liver values is recommended. If values continue to increase, a repeat abdomen ultrasound +/- a more advanced hepatic work-up (i.e., tissue sampling) may be warranted.
- Consider testing for hyperadrenocorticism with a low-dose dexamethasone suppression test or ACTH stimulation test if clinical signs (i.e., PU/PD) develop in the future.
- Consider a recheck ultrasound in 1-2 months to reevaluate the mid-abdominal nodule for progression.



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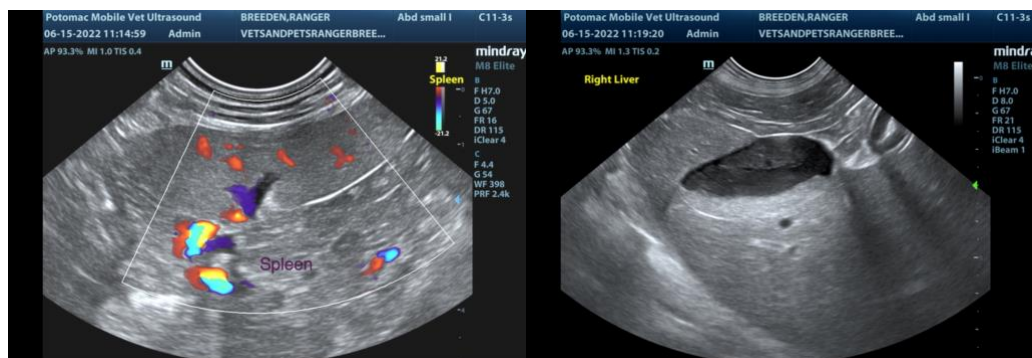
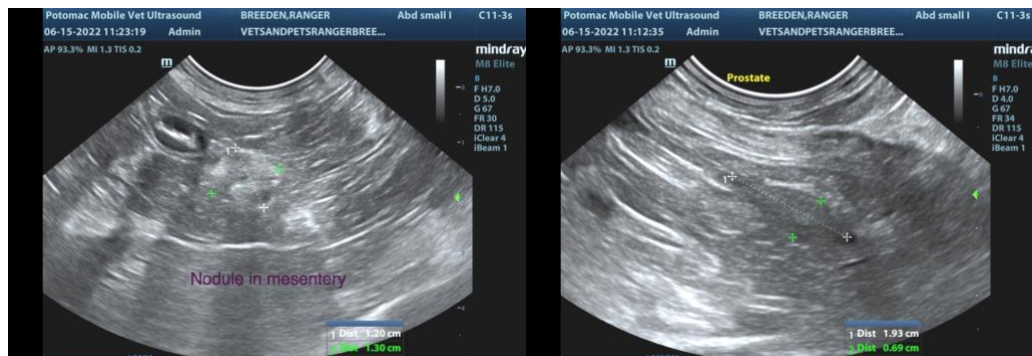
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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