



**PATIENT**

Bernice Lenez

**SPECIES**

Canine

**BREED**

Corgi Mix

**SEX**

Female Spayed

**AGE**

05/04/2013

**WEIGHT**

30.2 LBS 13.6986 KG

**INTERPRETED BY**

Andrea Nicastrò DVM  
Diplomate ACVIM  
(Sm Animal Internal Med)

**IMAGING PERFORMED BY**

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Diplomate ACVIM  
(Sm Animal Internal Med)

**HOSPITAL NAME**

Sun Dog Cat Moon

**REFERRING VET**

Dr Fetterolf

**INVOICE**

23110

**DATE**

6-2-26

**PRESENTING CLINICAL SIGNS**

Clinical Exam Findings: Presenting Complaint: Bernice Lenez presents for nighttime restlessness, crying, and recent reverse sneezing episodes

**Patient History:**

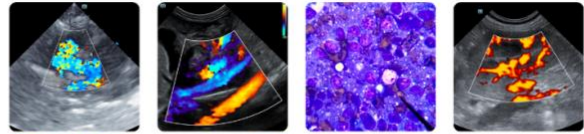
- Nighttime pacing, whining, and crying started 2-3 weeks ago
- Episodes occur 2-3 nights per week, lasting all night
- Recent reverse sneezing episode with difficulty breathing (one night this past weekend)
- Intermittent mucoid stool with blood approximately every 3 weeks (started after moving in October)
- Previous veterinarian suspected inflammatory condition for stool issues
- History of anxiety and anti-anxiety medications when younger, but stable since living with current client for 7 years
- Previous fatty mass removal from elbow due to infection
- Current preventatives: Seresto collar, ProHeart 12 (administered 3-12-2026)
- Diet: Royal Canin hydrolyzed protein (free feeding), chicken strip treats
- Previous blood work approximately one year ago showed elevated liver values (ALT 147 IU/L, AlkPhos 530 IU/L)

**ASSESSMENT / PROBLEM LIST**

- Nighttime restlessness and vocalization - r/o cognitive dysfunction syndrome, pain, anxiety
- Multiple cutaneous masses - r/o lipomas, mast cell tumors, sebaceous adenomas
- Periodontal disease - r/o gingivitis, periodontitis
- Intermittent mucoid bloody stool (historical finding) - r/o inflammatory bowel disease, dietary intolerance, parasites

**Abnormal lab-work values:**

- SuperChem
- Total Protein 7.4 5.0-7.4 g/dL
- Albumin 4.3 2.7-4.4 g/dL
- Globulin 3.1 1.6-3.6 g/dL
- A/G Ratio 1.4 0.8-2.0
- AST (SGOT) 34 15-66 IU/L
- ALT (SGPT) 147 12-118 IU/L HIGH
- Alk Phosphatase 1716 5-131 IU/L HIGH
- GGTP 3 1-12 IU/L
- Total Bilirubin 0.1 0.1-0.3 mg/dL
- Urea Nitrogen 17 6-31 mg/dL
- Creatinine 1.0 0.5-1.6 mg/dL
- SDMA 6.9 <14.0 UG/dL
- BUN/Creatinine Ratio 17 4-27
- Phosphorus 5.1 2.5-6.0 mg/dL
- Glucose 93 70-138 mg/dL
- Calcium 10.8 8.9-11.4 mg/dL
- Magnesium 3.0 1.5-2.5 mEq/L HIGH
- Sodium 149 139-154 mEq/L
- Potassium 5.0 3.6-5.5 mEq/L
- NA/K RATIO 30 27-38
- Chloride 108 102-120 mEq/L
- Cholesterol 293 92-324 mg/dL
- Triglycerides 844 29-291 mg/dL HIGH
- Amylase 597 290-1125 IU/L



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PrecisionPSL 92 24-140 U/L Pancreatitis is unlikely, but a normal PrecisionPSL result does not completely exclude pancreatitis as a cause for gastrointestinal signs.

CPK 114 59-895 IU/L

Comment

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Lipemia 3+. No significant analyte interference.

Hemolysis 4+. CK may be increased by 20%. Phosphorus may be increased by 25%. AST may be increased by 30%. LDH may be increased by 40%. See online reports for specific comments regarding this interference. No other significant analyte interference.

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Complete Blood Count

WBC 6.5 4.0-15.5 103/mL

RBC 7.9 4.8-9.3 106/mL

HGB 19.0 12.1-20.3 g/dL

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HCT 56 36-60 %

MCV 71 58-79 fL

MCH 24.2 19-28 pg

MCHC 34 30-38 g/dL

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Platelet Count 497 170-400 103/mL HIGH

Platelet Estimate Increased

Differential Absolute %

Neutrophils 4615 71 2060-10600 /mL

Lymphocytes 1235 19 690-4500 /mL

Monocytes 390 6 0-840 /mL

Eosinophils 260 4 0-1200 /mL

Basophils 0 0 0-150 /mL

Absolute Neutrophils 4615 2060-10600 /mL

Absolute Lymphocytes 1235 690-4500 /mL

Absolute Monocytes 390 0-840 /mL

Absolute Eosinophils 260 0-1200 /mL

Absolute Basophils 0 0-150 /mL

T4 1.3 0.8-3.5 mg/dL

Accuplex neg x 4

UA - yellow, clear, usg 1.018, pH 5.5, 2+ protein

KeyScreen GI Parasite PCR Panel NC - no parasites detected

Bloodwork in May 2025 revealed and ALP of 530 and an ALT of 53.

Current Medications: Anxitane (medium to large dog formulation): 1/2 tablet PO q12h for anxiety

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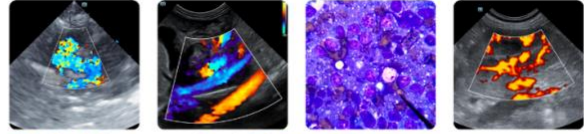
**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder wall is normal in thickness. 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 3.5 cm, are normal.

The left kidney is normal in size (5.66 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal- to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (6.15 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal- to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.



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**Adrenal Glands**

The left adrenal gland is enlarged (0.80 cm at cranial pole) (0.96 cm at caudal pole) with swollen peripheral contours. The parenchyma is heterogenous, with some loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is enlarged (1.03 cm at cranial pole) (0.94 cm at caudal pole) with swollen peripheral contours. The parenchyma is heterogenous, with some loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.

**Spleen**

The spleen is normal in size (1.42 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.51 x 0.23 cm hyperechoic nodule is observed approximately mid-body. Splenic vasculature is normal.

**Liver**

The liver is subjectively enlarged with swollen peripheral contours. The parenchyma is isoechoic- to slightly hypoechoic relative to the spleen, and diffusely mottled with numerous, varying-sized hypoechoic nodules/masses throughout the organ (one measuring 3.2 x 2.0 cm). Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

The gallbladder lumen is moderately distended. The wall is thin and smooth. Several polypoid-like lesions are arising from the mucosal surface. A moderate amount of aggregated, echogenic, partially dependent sludge, with a partially stellate pattern is observed within the lumen. The cystic and common bile ducts are normal/not seen.

**Gastrointestinal**

The gastric lumen is gas-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 is normal in thickness 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 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 hepatic changes could be consistent with infiltrative neoplasia (i.e., lymphoma). Alternatively, a benign process (i.e., regenerative nodular hyperplasia, inflammatory disease, vacuolar hepatopathy, hepatotoxicosis (i.e., copper), fibrosis, and/or other hepatopathy may be present.



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- The gallbladder changes are consistent with a developing mucocele.
- Bilateral adrenomegaly

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**Secondary Findings**

- Mild bilateral nonspecific age-related renal changes
- The hyperechoic splenic nodule likely represents a benign myelolipoma with a low possibility of more insidious splenic pathology.

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- Consider fine-needle aspiration of the liver (to rule out lymphoma) assuming normal clotting status. A 25-gauge needle should be used. If there is no evidence of hepatic neoplasia, consider further testing for Cushing's disease (i.e., low-dose dexamethasone suppression test) if the patient is overtly symptomatic.

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- Other considerations could include the following

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1. Given the gall bladder changes, Ursodeoxycholic acid (Ursodiol) is recommended. Serial sonographic monitoring (e.g., every 4-6 weeks) of the gall bladder is recommended to assess for progression to a fully formed mucocele. If progression occurs, a cholecystectomy may be warranted.
2. Baseline blood pressure measurement to assess for systemic hypertension.

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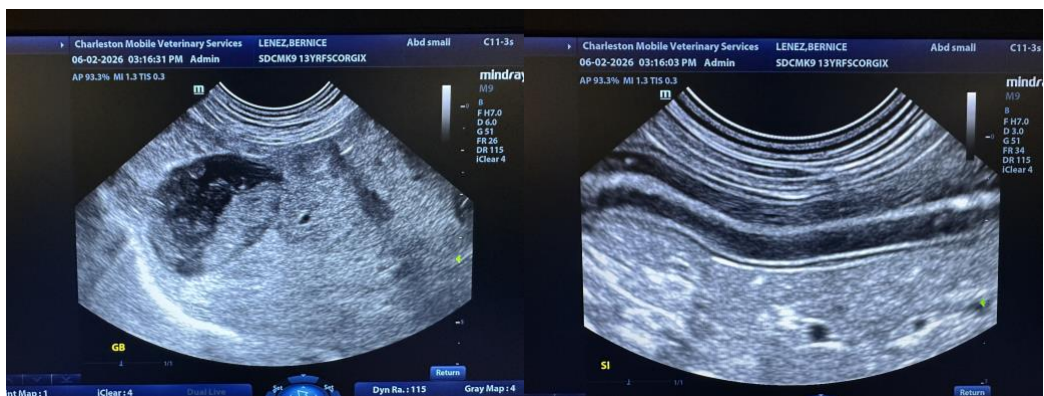
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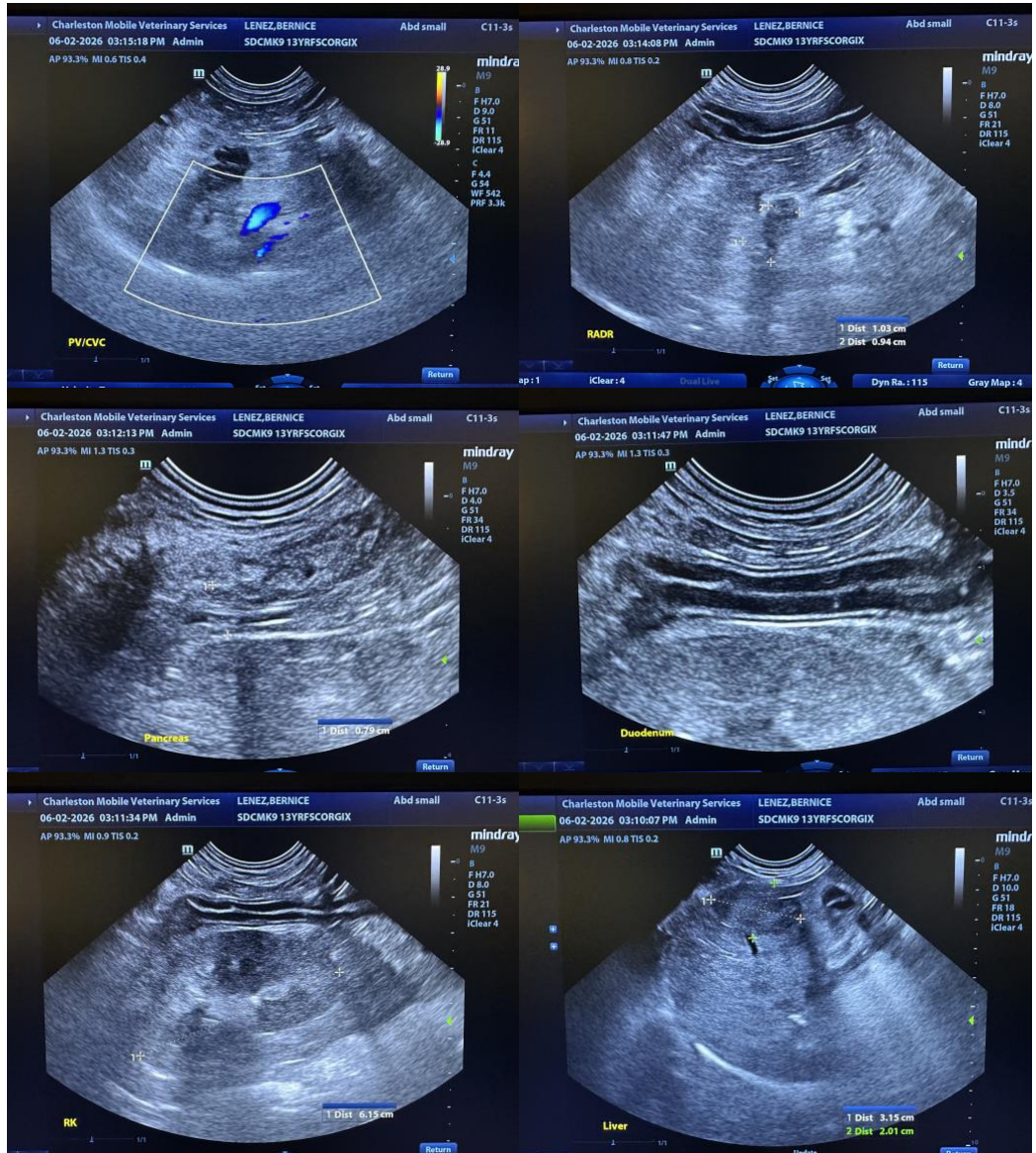
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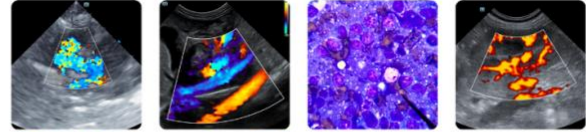
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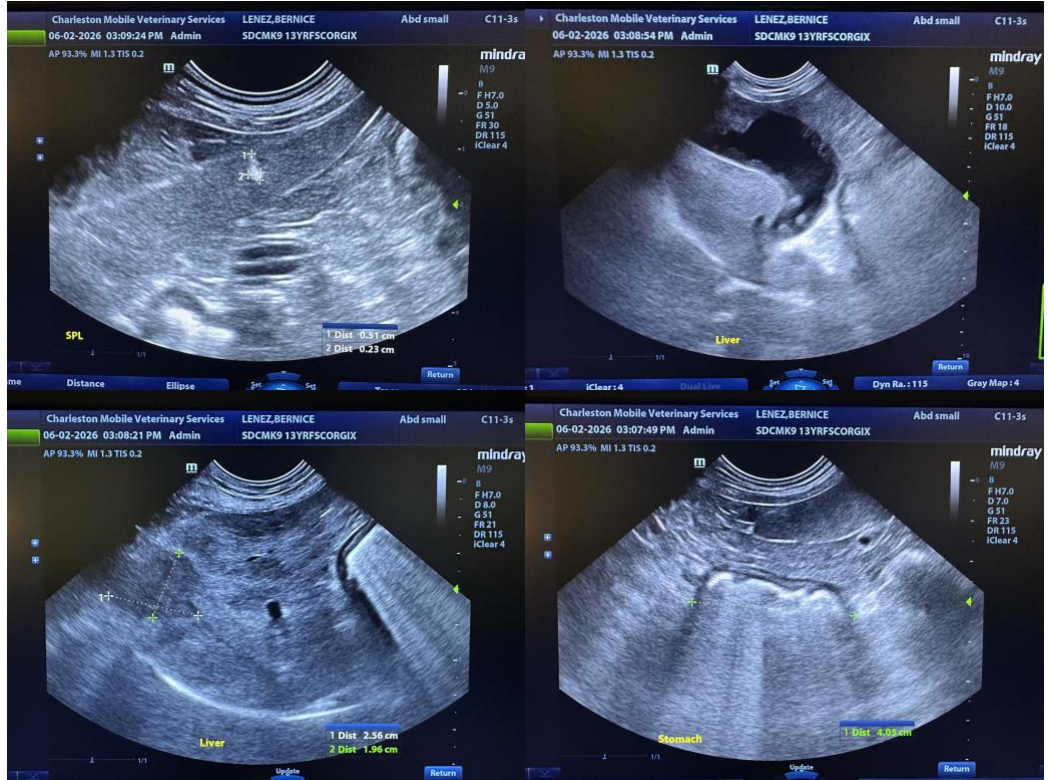
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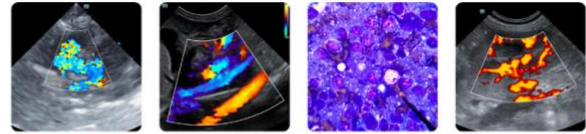
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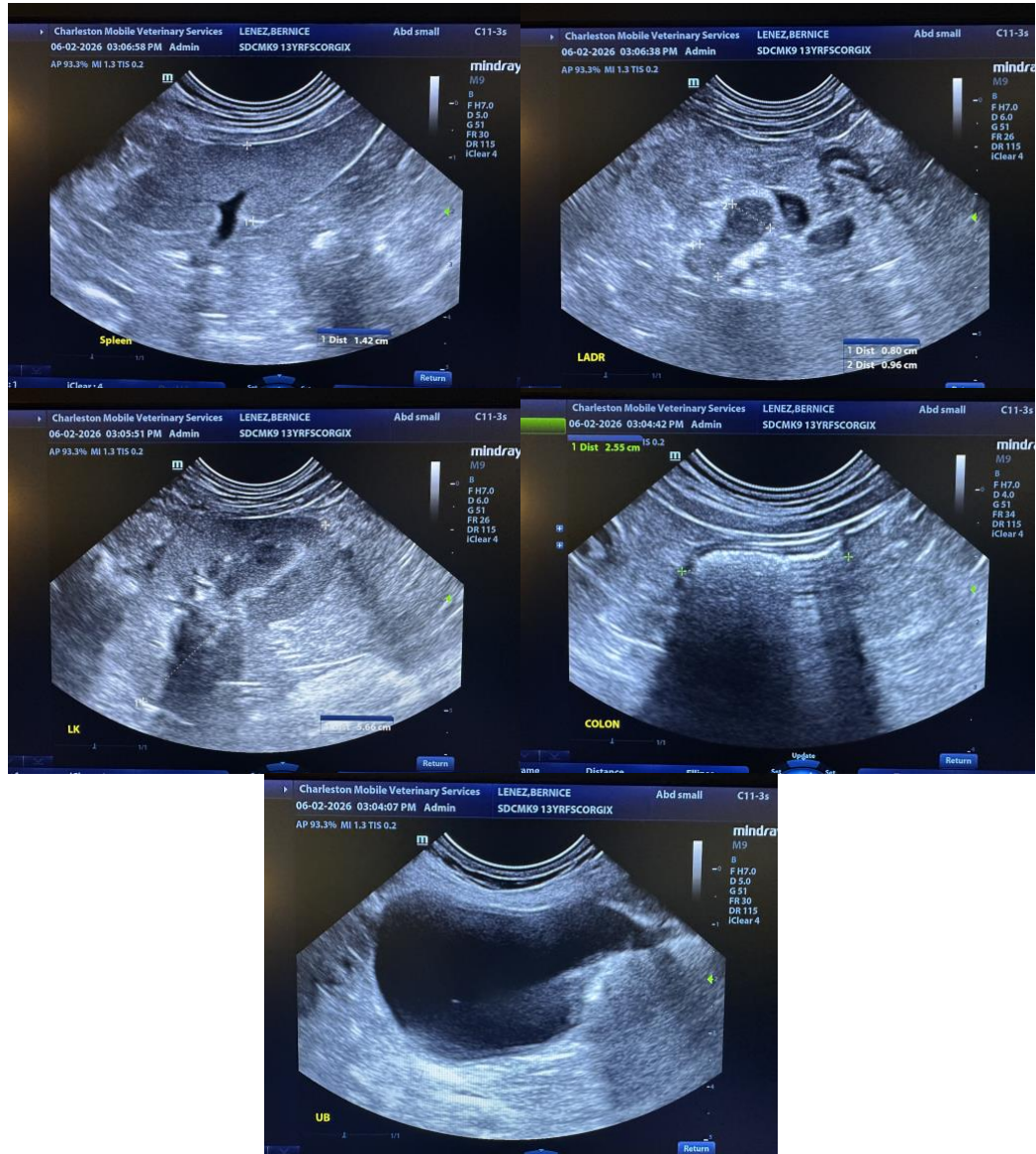
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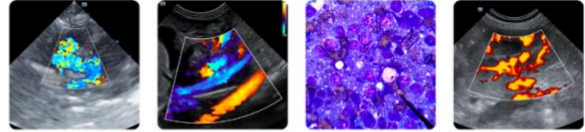
The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)**  
[info@SonoPath.com](mailto:info@SonoPath.com)



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