



PATIENT

Bogey Brown

SPECIES

Canine

BREED

Dachshund mix

SEX

Male Neutered

AGE

08/22/2018

WEIGHT

36.8 lbs

INTERPRETED BY

Andrea Nicastrò DVM
Diplomate ACVIM
(Sm Animal Internal Med)

**IMAGING
PERFORMED BY**

Andrea Nicastrò DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

VC Myrtle Beach

REFERRING VET

Dr Steven Lemme

INVOICE

23122

DATE

6-5-26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings:

Mucous Membranes: Pink

Hydration Status: Adequate

Pain Score: See above

Fear Anxiety Stress Score: Anxious

Eyes: nuclear sclerosis, Visual OU

Ears: normal ear canals, free of discharge.

Nasal: Free of discharge

Oral/Dental: Grade 2-3/4 dental calculus is present. There is a black, non-erythematous, gingival mass caudal to maxillary canine

Cardiovascular: No murmur auscultated; no arrhythmias appreciated. Normal Pulses are strong and synchronous.

Respiratory: Eupneic, Lungs auscult clear, no crackles or wheezes

Neurological: No neurological deficits on brief assessment.

Musculoskeletal: Is tense when back is palpated, suspicious for pain/discomfort, but also likely due to anxiety.

Lymphatic: All peripheral lymph nodes palpated normal.

Gastrointestinal: Benign abdomen - soft, non-painful on palpation.

Reproductive/Urinary: Normal external reproductive and urinary structures.

Integument: No ectoparasites noted; Healthy coat.

Abnormal lab-work values:

5/22/2026

ALT (SGPT) 203 (HIGH) 12-118 IU/L

ALK PHOS 2,267 (HIGH) 5-131 IU/L

2/27/2026

ALT (SGPT) 179 (HIGH) 12-118 IU/L

ALK PHOS 1,310 (HIGH) 5-131 IU/L

8/14/2025

ALT (SGPT) 159 (HIGH) 12-118 IU/L

ALK PHOS 222 (HIGH) 5-131 IU/L

Current Medications: Prednisone 1.25mg: every other day, Denamarin SID

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is mildly to modly distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 4.0 cm, are normal.

The prostate is normal in size (1.08 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (5.49 cm in length) with a normal shape, architecture and 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.

The right kidney is normal in size (5.43 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild- to moderate 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 normal in size (0.53 cm at cranial pole) (0.53 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 (0.91 cm at cranial pole) (0.53 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.

Spleen

The spleen is normal in size (1.11 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A small, ill-defined myelolipoma is observed in the region of the hilus. Splenic vasculature is normal.

Liver

The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is hyperechoic 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 portal vein to caudal vena cava ratio is approximately 1: 1.

The gallbladder is moderately distended. The wall is normal in thickness. A moderate- to large amount of consolidated, suspended sludge in a partially stellate pattern is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is not 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 ileoceocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

Pancreas

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

Lymph Nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

There is no obvious evidence of free fluid.

Other

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The gallbladder changes are consistent with a developing- to fully-formed mucocele.



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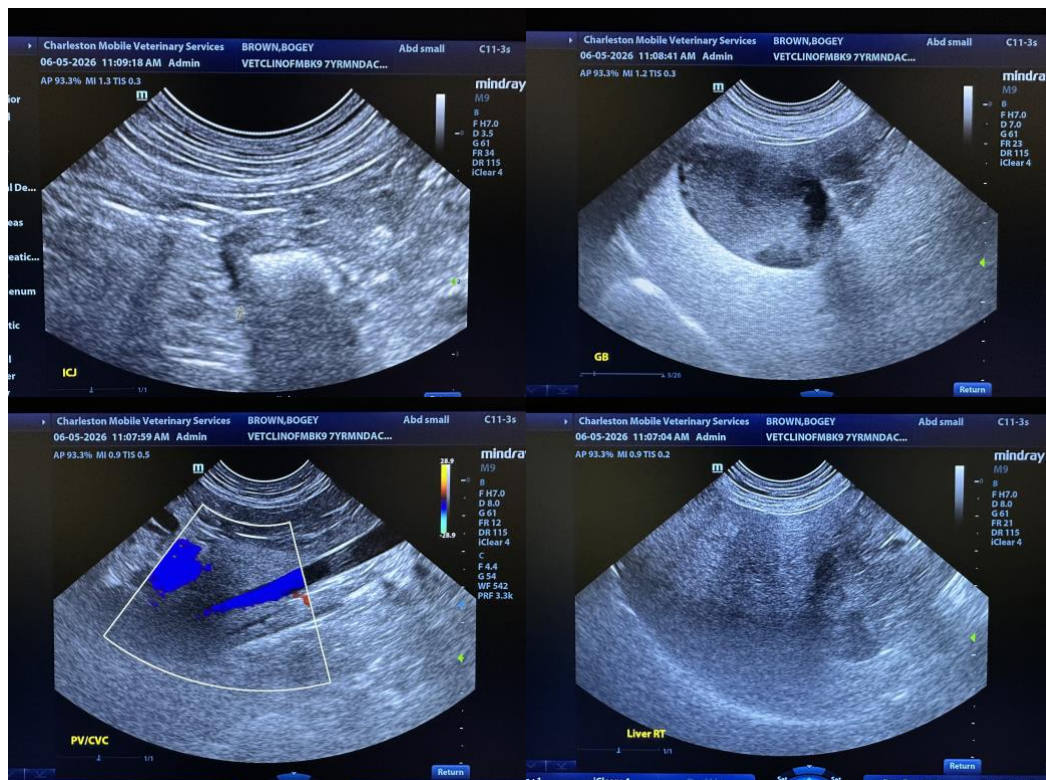
- The diffuse hepatic changes are most consistent with vacuolar hepatopathy (i.e., endocrine, idiopathic) with a lower possibility of inflammatory disease, infiltrative neoplasia, or other hepatopathy.

Secondary Findings

- Bilateral nonspecific age-related renal changes
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the gallbladder changes, a prophylactic cholecystectomy can be considered. If pursued, liver biopsies should also be obtained at the time of surgery. If surgery is not pursued at this time, initiation of Ursodiol is recommended, with serial sonographic monitoring (i.e., every 1-2 months) to assess progression.
- Regarding the elevated liver values, and aggressive approach would be to consider liver aspiration or biopsy, assuming normal clotting status. 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.





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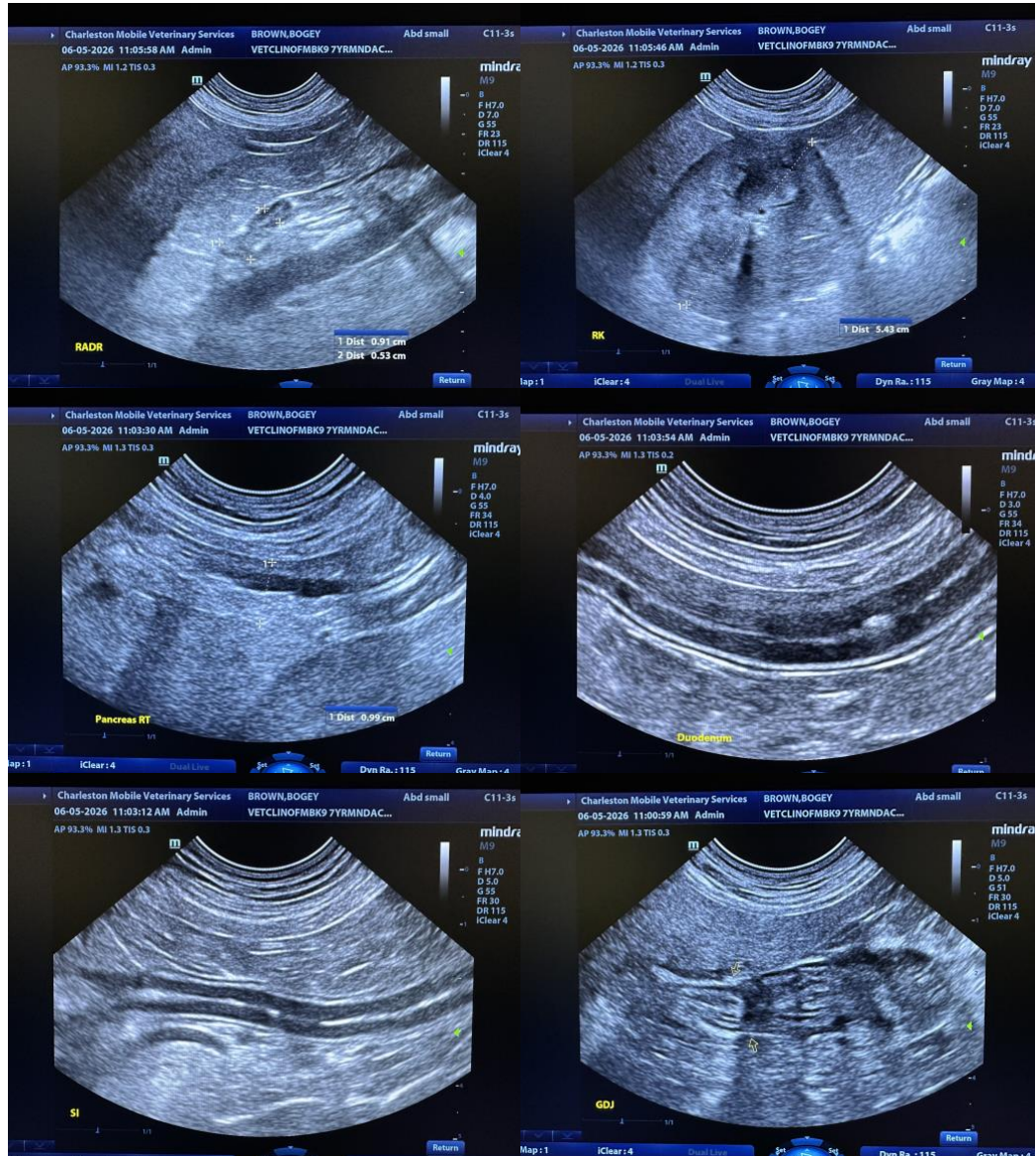
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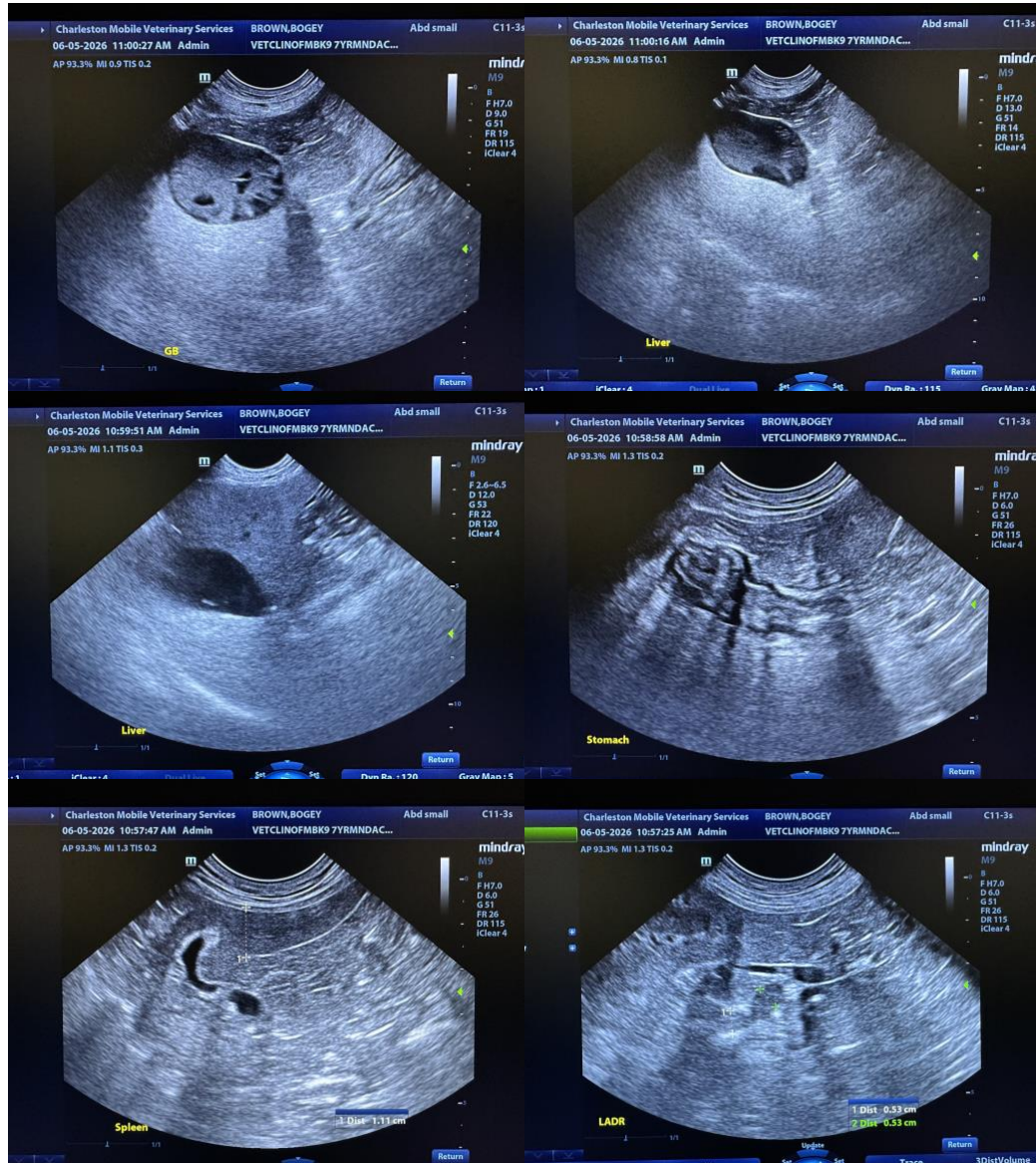
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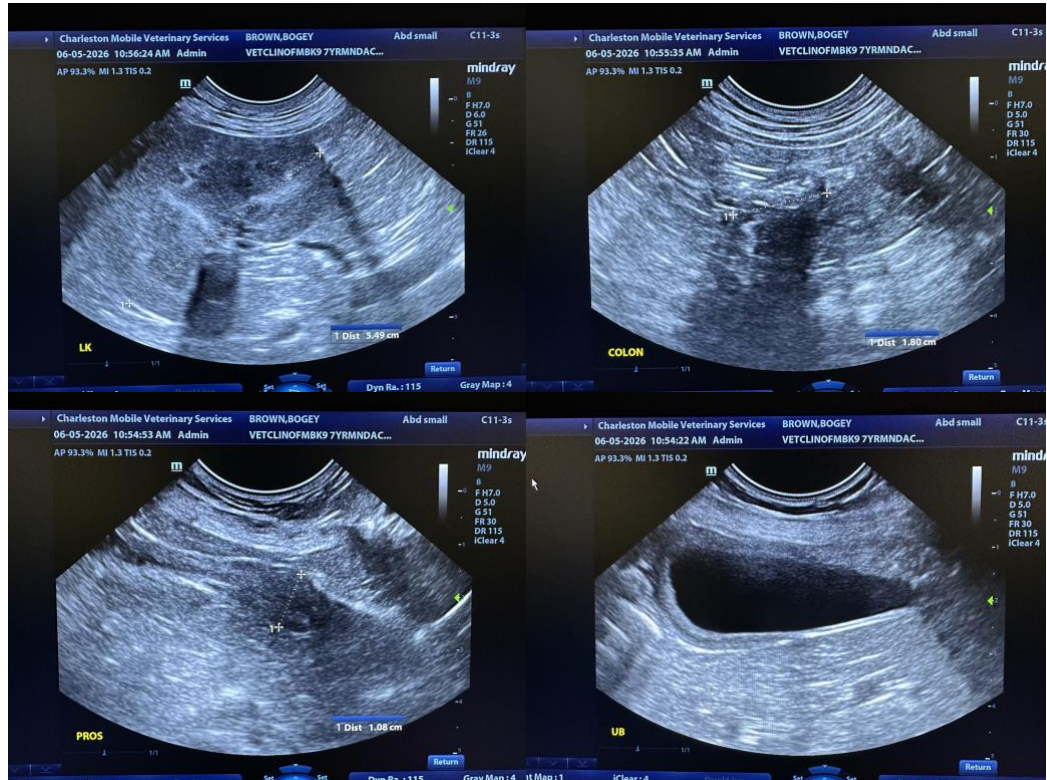
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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