

**PATIENT PRESENTING CLINICAL SIGNS**

**Suki Hennon** History: Persistent liver enzyme elevations. ALP is around 2000-3,000. ALT is in the 400s. Patient is PU/PD and polyphagic.

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED Urinary System**

Maltipoo

The urinary bladder is moderately distended. The wall is normal in thickness. A few cystic calculi are observed (the largest measuring 0.76 cm in diameter). A small amount of suspended echogenic debris is also seen. The region of the trigone is normal. A small amount of mineralized sand is observed within the proximal urethra. The prostatic urethral lumen is not dilated. The wall is normal in thickness.

**SEX**

Spayed Female

The left kidney is normal in size (4.58 cm in length) with a normal shape and smooth peripheral contours. The cortex is isoechoic relative to the spleen and mildly thickened. There is mild to moderate loss of corticomedullary distinction. Several nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

**AGE**

05.29.11

**WEIGHT**

16 lbs

The right kidney is normal in size (5.67 cm in length) with a normal shape and smooth peripheral contours. The cortex is isoechoic relative to the spleen and mildly thickened. There is mild to moderate loss of corticomedullary distinction. Several nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

**INTERPRETED BY**

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

**Adrenal Glands**

The left adrenal gland is mildly enlarged (0.86 cm at cranial pole) (0.69 cm at caudal pole) with a slightly irregular 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.

**IMAGING PERFORMED BY**

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

The right adrenal gland is mildly enlarged (0.68 cm at cranial pole) (0.59 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.

**HOSPITAL NAME**

Central Vet Hospital

**Spleen**

The spleen is normal in size (0.83 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. Several pinpoint hyperechoic-to-mineralized foci are observed throughout the organ. Splenic vasculature is normal.

**REFERRING VET**

Dr. Miller

**INVOICE**

13572

**Liver**

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The portal vein to caudal vena cava ratio is approximately 1: 1.

**DATE**

7.6.23

The gall bladder lumen is distended. The wall is thin and smooth. A small-to-moderate amount of echogenic debris is observed within the lumen (most of which is gravity-dependent and some of which is suspended). The cystic and common bile ducts are normal/not seen.

**Gastrointestinal**

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly distended with ingesta. The gastric wall and pylorus are normal in thickness with a normal layering



**PATIENT** Suki Hennon  
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 colonic wall is normal. There is no evidence of an obstructive pattern.

**SPECIES** *Pancreas*

Canine

The base limbs of the pancreas are 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.

**BREED**

Maltipoo *Free Abdomen*

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

**SEX**

Spayed Female

*Other*

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

**AGE**

05.29.11

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

16 lbs

**Primary Findings**

- The hepatic parenchymal changes are nonspecific and may be secondary to vacuolar hepatopathy (i.e., idiopathic/endocrine), inflammatory disease (i.e., chronic hepatitis, bacterial cholangiohepatitis), infiltrative neoplasia (less likely), other hepatopathy.
- Mild bilateral adrenomegaly
- Cystic calculi with urethral sand

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

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

**HOSPITAL NAME**

Central Vet Hospital

**REFERRING VET**

Dr. Miller

**Secondary Findings**

- Bilateral chronic renal changes with nonobstructive nephrolithiasis
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Splenic dystrophic mineralization. This is a benign incidental finding often seen with endocrinopathies.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INVOICE**

13572

**DATE**

7.6.23

- Regarding the elevated liver values, consider the following:
  - Pre-and postprandial serum bile acids to assess hepatic function.
  - Hepatic tissue sampling (i.e., fine-needle aspirate or biopsies (i.e., laparoscopic, or surgical) if clotting status is appropriate). If a more conservative approach is desired, consider empirical treatment for cholangiohepatitis with amoxicillin-clavulanic acid along with hepatic antioxidants. If liver values do not begin to improve within 7-10 days of initiating therapy, antibiotics should be discontinued and hepatic tissue sampling reconsidered. If values do improve, a 4–6-week course of treatment is recommended.



**PATIENT**

Suki Hennon

**SPECIES**

Canine

**BREED**

Maltipoo

**SEX**

Spayed Female

**AGE**

05.29.11

**WEIGHT**

16 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

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

**HOSPITAL NAME**

Central Vet Hospital

**REFERRING VET**

Dr. Miller

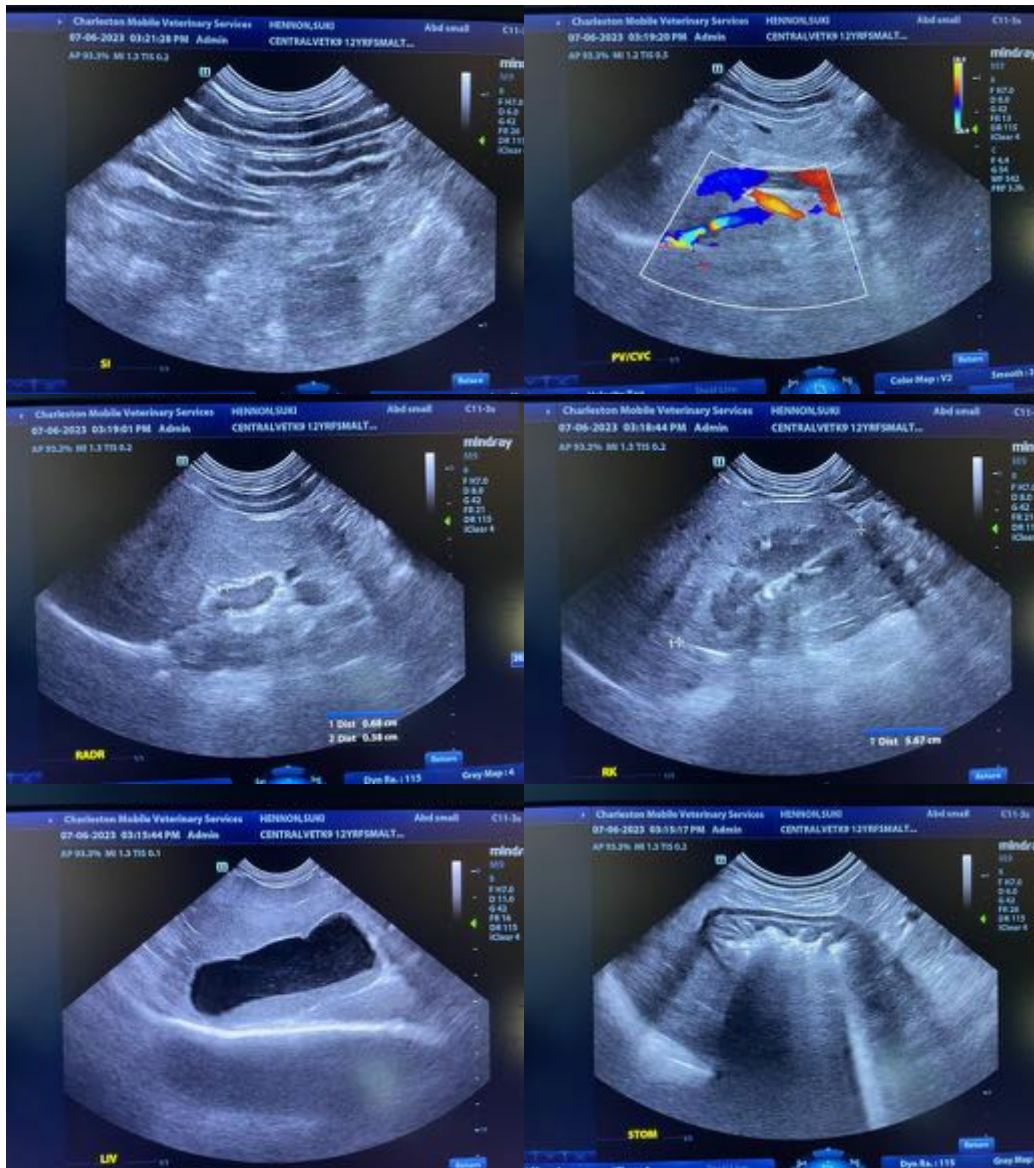
**INVOICE**

13572

**DATE**

7.6.23

- Given the patient's clinical history, consider further testing for Cushing's disease (i.e., low-dose dexamethasone suppression test).
- A urinalysis is also recommended (if not already performed) to assess for isosthenuria, proteinuria, etc.





**PATIENT**

Suki Hennon

**SPECIES**

Canine

**BREED**

Maltipoo

**SEX**

Spayed Female

**AGE**

05.29.11

**WEIGHT**

16 lbs

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

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

**HOSPITAL NAME**

Central Vet Hospital

**REFERRING VET**

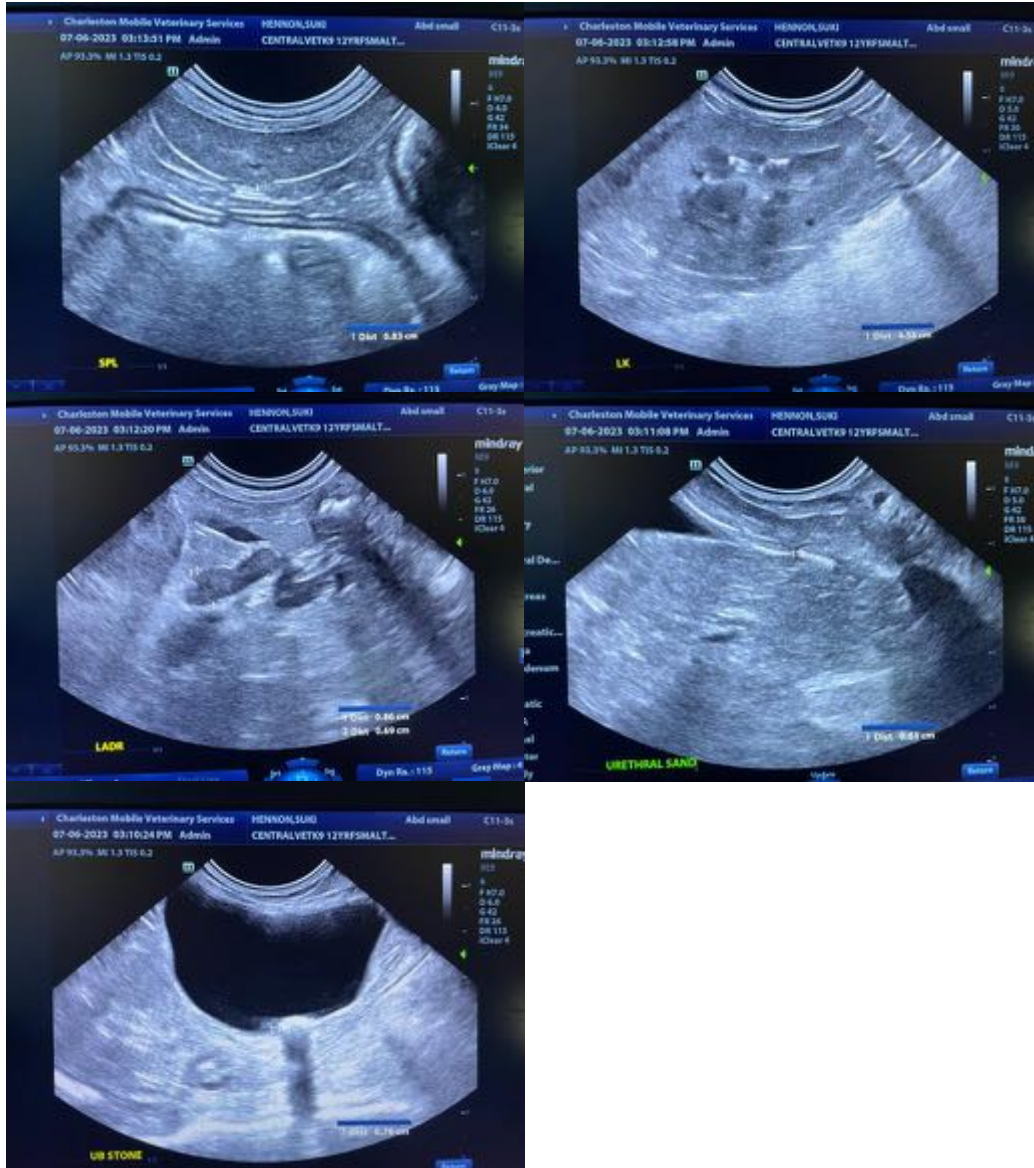
Dr. Miller

**INVOICE**

13572

**DATE**

7.6.23



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.

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)