

PATIENT PRESENTING CLINICAL SIGNS

Scooter Walter
History: History: Heart disease and collapsing trachea. History of elevated liver values and previous ultrasound showed hepatopathy. Liver values had improved on Denamarin and Ursodiol.
Abnormal PE/Chem/CBC/UA Results: ALP 1446, ALT 178, GGT 18, elevated spec cPL. USG 1.042, 3+ proteinuria, inactive sediment. T4 mildly elevated at 4.1.

SPECIES

Canine
Most recent lab results show large increase in liver values again, even though p is still on the liver support medication/supplement.

BREED

Silky Terrier mix

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Neutered Male
The urinary bladder wall is 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. The region of the trigone and the visible portion of the proximal urethra are normal.

AGE

10 Years

The prostate is normal in size (0.66 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

WEIGHT

14.9 Pounds

The left kidney is normal size (4.69 cm in length); normal shape and architecture with smooth peripheral margins. A 0.36 cm cortical cyst is observed at the caudolateral aspect. 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.

INTERPRETED BY

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

The right kidney is normal size (4.59 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.

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

Adrenal Glands

The left adrenal gland is normal size (0.41 cm at cranial pole) (0.30 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.

HOSPITAL NAME

Advanced PetCare of
Nevada

The right adrenal gland is normal size (0.66 cm at cranial pole) (0.44 cm at caudal pole) (1.61 cm in length); 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.

REFERRING VET

Dr. Sarah Behrens

Spleen

The spleen is normal in size (1.24 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.

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Liver

The liver is subjectively prominent in size with slightly swollen peripheral contours. The parenchyma is hypoechoic relative to the spleen and subtly heterogeneous in appearance with a few small, ill-defined hypoechoic nodules throughout the organ. A 0.59 cm cyst is observed on the left side. Vascular and

DATE

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PATIENT

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biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

SPECIES

Canine

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 pyloric outflow tract is patent. 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. No obstructive disease is noted.

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Pancreas

SEX

Neutered Male

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

AGE

10 Years

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A 0.77 cm jejunal lymph node is observed just medial to the spleen.

WEIGHT

14.9 Pounds

ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

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Diplomate ACVIM
(*Small Animal Internal
Medicine*)

Primary Findings:

- Non-specific diffuse hepatopathy. Given the liver enzyme pattern, a benign hepatopathy (i.e., regenerative nodular hyperplasia and/or vacuolar hepatopathy) is suspected. Inflammatory disease is considered less likely. Neoplastic infiltration is possible but also considered less likely given the sonographic appearance. The left hepatic cyst is likely benign with a low possibility of emerging vascular tumor. The hepatic changes are overall similar to the previous sonogram except for the hypoechoic nodules and left cystic lesion, which are new findings.

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Secondary Findings:

- Minor bilateral, age-related renal changes. Changes are similar to the previous sonogram.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis. Changes are similar to the previous sonogram.
- The prominent jejunal lymph node is likely reactive.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- 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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- Given the proteinuria, a UPC is recommended.



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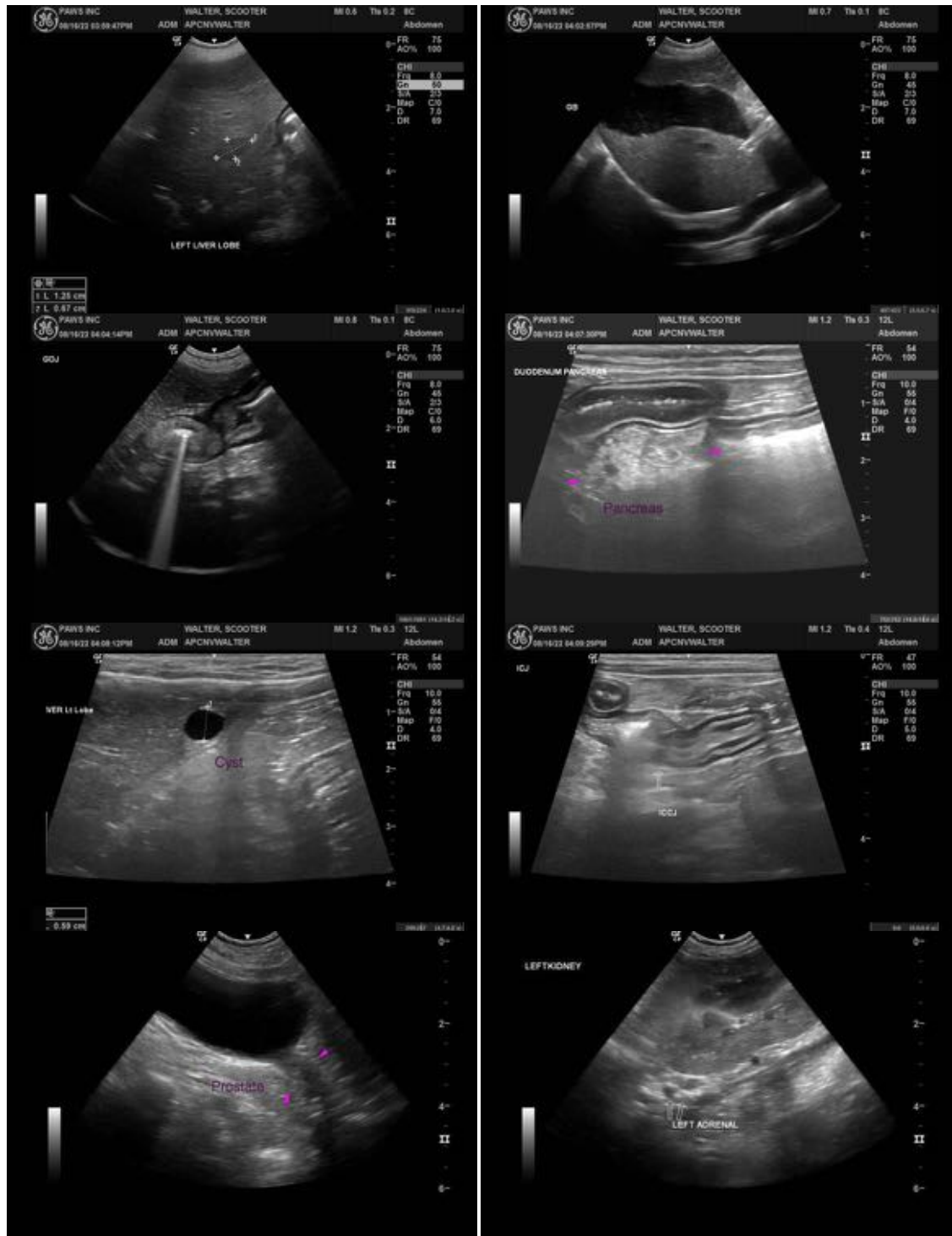
Dr. Sarah Behrens

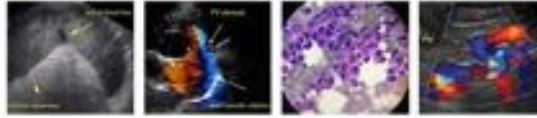
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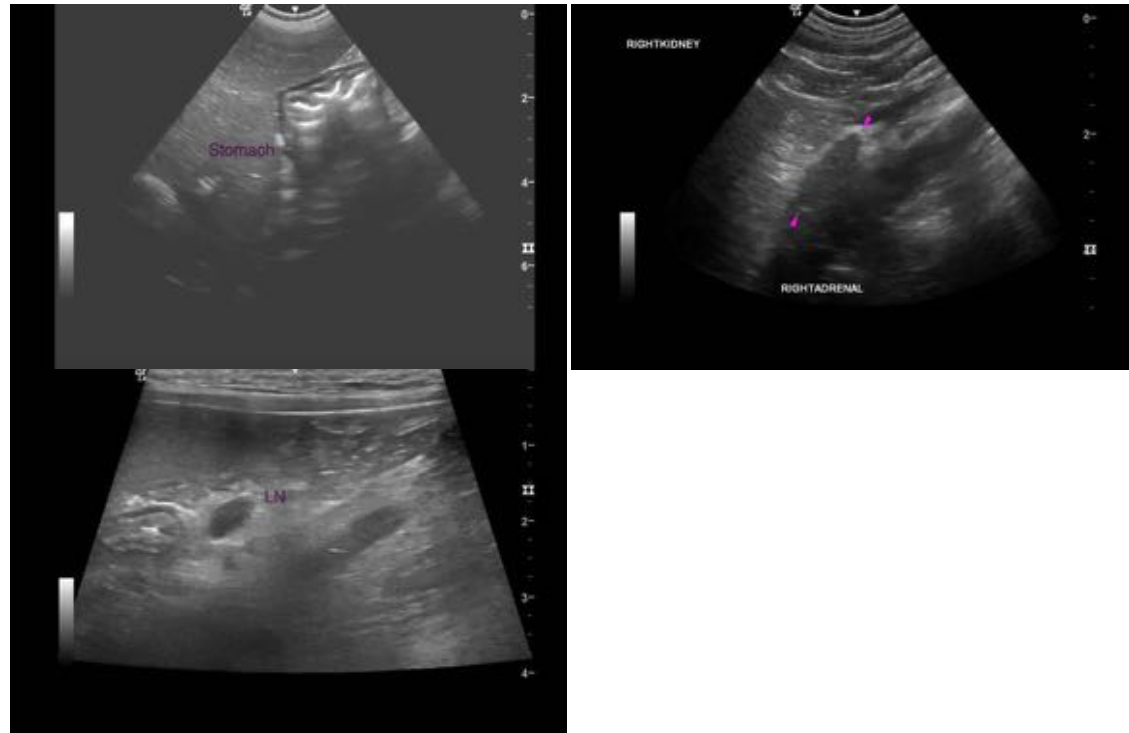
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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