

PATIENT PRESENTING CLINICAL SIGNS

Bailey Babel

History: Elevated liver values. In early August the ALP was 2047, ALT was 157, CBC was unremarkable except for thrombocytosis. Cushing's testing last November was normal. Bile acid test last November was normal. In November, the specific gravity was 1.020 with no proteinuria. The phenobarb was started in September of 2016 for treatment of petit mal seizures. The ALP jumped from 407 to 2115 between April and November of 2020. Since then, the liver values have been stable.

SPECIES

Canine

Medication: Phenobarb

BREED

Lab Mix

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Neutered Male

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.

AGE

10 years

The prostate is normal in size (1.22 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

WEIGHT

73.5 Pounds

The left kidney is normal size (6.32 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.

The right kidney is normal size (6.76 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.

INTERPRETED BY

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

Adrenal Glands

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

The left adrenal gland is normal size (0.47 cm at cranial pole) (0.60 cm at caudal pole) (2.52 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.

The right adrenal gland is not definitively visualized due to body habitus.

HOSPITAL NAME

Conrad Weiser AH

Spleen

The spleen is normal in size (2.07 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A few myelolipomas are observed in the region of the hilus. Splenic vasculature is normal.

REFERRING VET

Dr. Comalli

Liver

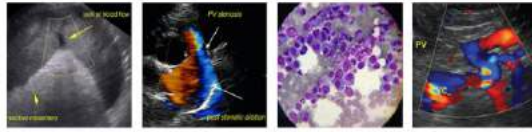
The liver is subjectively prominent in size with slightly swollen peripheral contours. The parenchyma is hyperechoic relative to the spleen and subtly heterogeneous in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of aggregated, echogenic debris/sludge is observed within the lumen, some of which is

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gravity-dependent and some of which is adherent. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

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Canine

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 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.

BREED

Lab Mix

Pancreas

SEX

Neutered Male

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.

Free Abdomen

AGE

10 years

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.
- Gall bladder debris, non-mucocele.

Secondary Findings:

- Minor, age-related renal pathology.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Further recommendations should be based on the hepatic cytology results.
2. Consider repeat testing for hyperadrenocorticism with a low-dose dexamethasone suppression test or ACTH stimulation test if clinical signs (i.e., PU/PD) develop.

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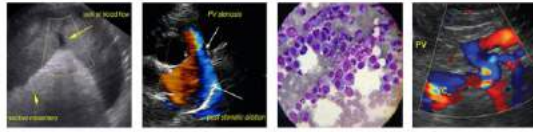
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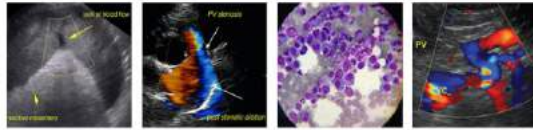
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



PATIENT

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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.

SPECIES

Canine

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

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