

**DATE PRESENTING CLINICAL SIGNS**

9/16/21 History: Asymptomatic, but elevated GGT on annual bloodwork screening. Proactive u/s.

PATIENT Current Medications: Not provided by the veterinarian.

Ginger Munz Lab Results: Elevated GGT.

SPECIES Radiographs: Not provided by the veterinarian.

Canine Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

BREED Sedation: Sedation not required for scan.

Golden Retriever Stat Report: STAT report not requested by the veterinarian.

SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Female Spayed *Urinary System*

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

7/30/11

WEIGHT

77.7 lbs.

The left kidney is normal size (7.01 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. A 1.87 x 1.86 cm anechoic cortical cyst is observed at the lateral aspect. The cyst causes capsular expansion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

INTERPRETED BY

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The right kidney is normal size (6.81 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.54 cm at cranial pole) (0.80 cm at caudal pole) (2.23 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.

HOSPITAL NAME

Bayside Animal
Medical Center

The right adrenal gland is normal size (0.66 cm at cranial pole) (0.78 cm at caudal pole) (2.44 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. Buchanan

Spleen

The spleen is normal in size (2.05 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 swollen curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion. The

gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. 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 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.

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.

Free Abdomen

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:

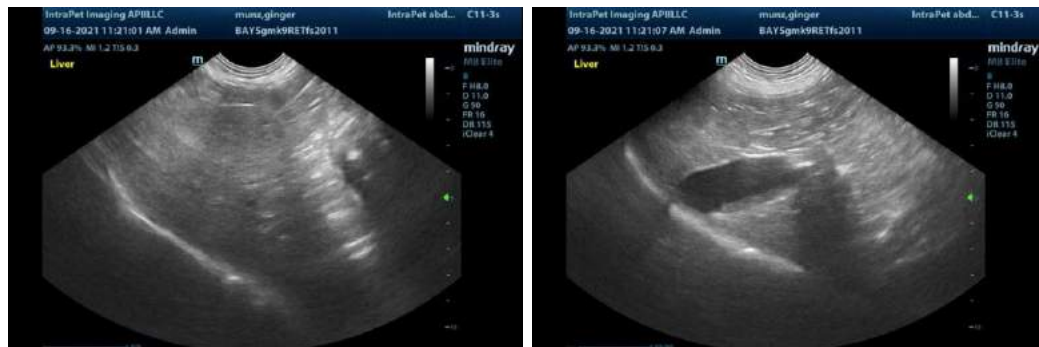
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.

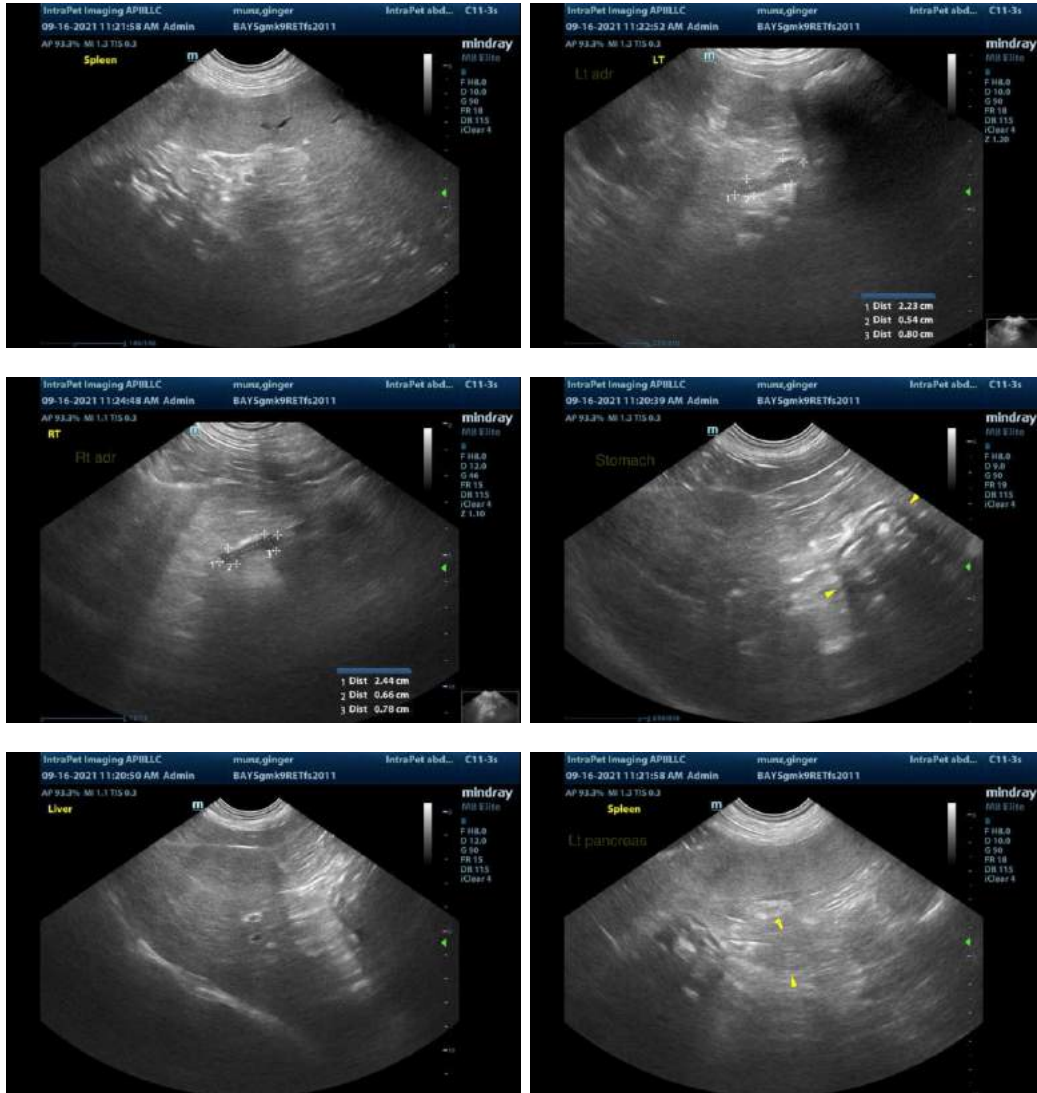
Secondary Findings:

- Left renal cyst – incidental.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Serial monitoring (i.e., every 3-4 months) of the patient's liver values is recommended. If values continue to increase, repeat abdominal ultrasound +/- hepatic tissue sampling may be warranted.





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.

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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