



PATIENT

Dexter Semenov

PRESENTING CLINICAL SIGNS

History: Shaking legs
Abnormal PE/Chem/CBC/UA Results: Increased elevated ALP as well as consistent proteinuria.

SPECIES

Canine

Low-dose Dexamethasone suppression test performed 8/30/22 was normal. UPC 1.6. USG on 7/13/22 was 1.031.

BREED

American Eskimo

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

SEX

Male, neutered

The prostate is normal in size (1.19 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

AGE

8 yrs.

The left kidney is normal size (5.24 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.

WEIGHT

38 lbs.

The right kidney is normal size (5.66 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
Medicine*)

Adrenal Glands

The left adrenal gland is borderline enlarged (0.39 cm at cranial pole) (0.71 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.

**IMAGING
PERFORMED BY**

Amy Mayhew LVT

The right adrenal gland is normal size (0.48 cm at cranial pole) (0.58 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

Spleen

The spleen is normal in size (1.63 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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Rochester VH

Liver

The liver is subjectively prominent in size with normal curvilinear peripheral contours. The parenchyma is isoechoic 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 gall bladder lumen is moderately distended. The wall is normal in thickness. A small polypoid lesion is arising from the luminal surface. A moderate amount of echogenic debris is observed within the lumen, most of which is gravity-dependent and a scant amount of which is suspended. The cystic and common bile ducts are normal/not seen.

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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. A 1.69 x 0.53 cm medial iliac lymph node is visualized. The node is normal in shape and echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Suspected benign diffuse hepatopathy. Vacuolar hepatopathy is the top differential. Inflammatory disease is considered less likely given the normal ALT. Infiltrative neoplasia is possible but also considered unlikely given the sonographic appearance of the liver.
- Gallbladder debris, non-mucocele.
- Borderline left adrenomegaly. This may be a normal variant for this patient or may represent early hyperplastic change.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the elevated ALP, serial monitoring (i.e., every 3-4 months) is recommended to assess for progressive increases. If the ALP continues to increase, repeat abdominal ultrasound +/- further workup may be warranted. If the patient develops signs of Cushing's disease, repeat testing should be considered.
- Regarding the elevated UPC, consider the following:
 1. Angiotensin receptor blocker +/- an ACE inhibitor.
 2. Omega-3 fatty acids.
 3. Transition to a prescription renal diet if the patient will tolerate it.
 4. Baseline blood pressure measurement.
 5. Serial monitoring of the patient's renal values, UPC and blood pressure is recommended.



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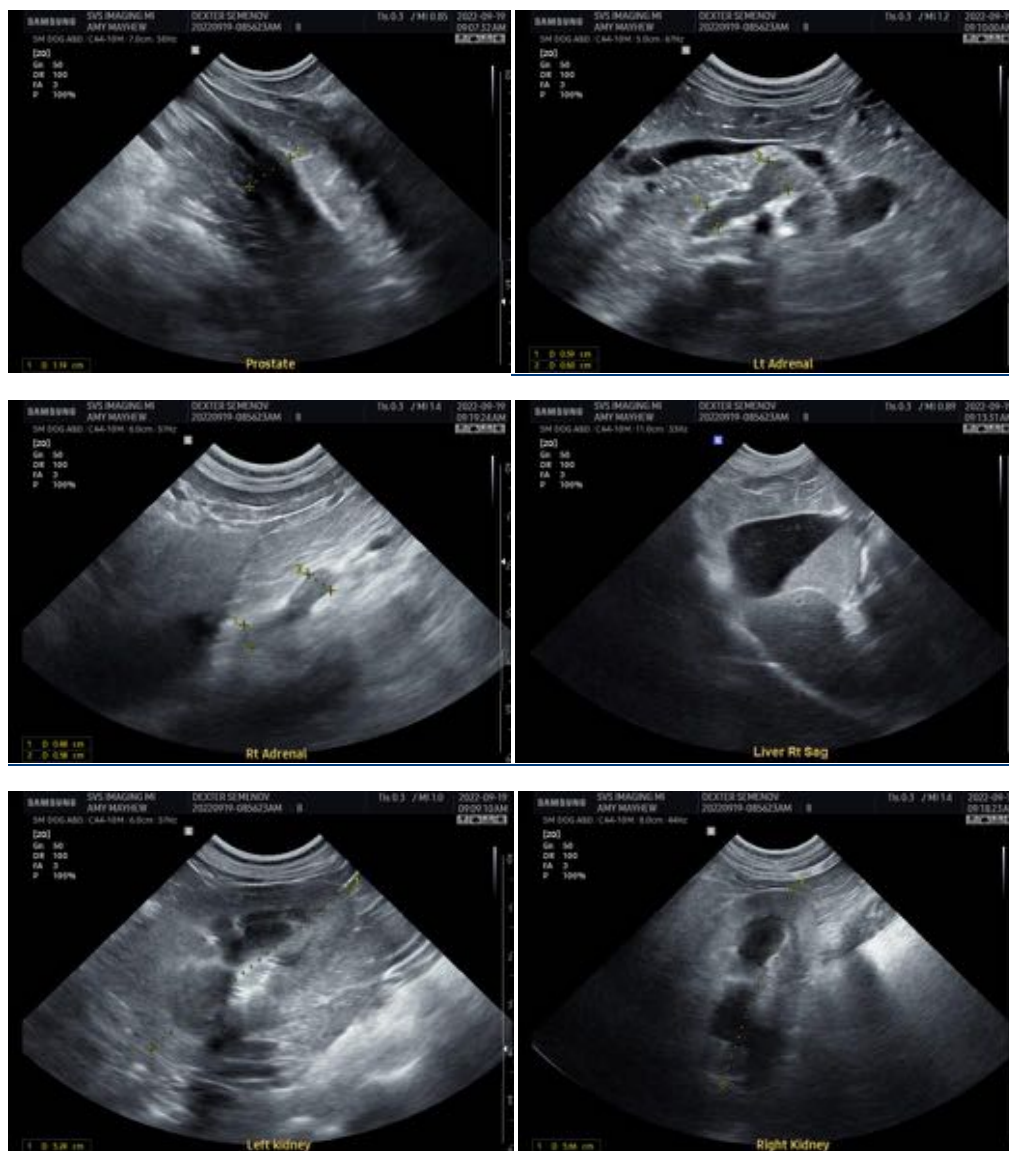
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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