



**PATIENT**

Bella Gabbard

**SPECIES**

Canine

**BREED**

Chihuahua Mix

**SEX**

Female spayed

**AGE**

13 Years

**WEIGHT**

17.5 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Goodman

**HOSPITAL NAME**

Evandale Blue Ash Pet  
Hospital

**REFERRING VET**

Dr. Goodman

**INVOICE**

11864kk

**DATE**

9/20/21

**PRESENTING CLINICAL SIGNS**

History: Presented today, 9/20, for dental cleaning. During check in owner reported that patient has had increased thirst and urination "for a while now". Owner unsure if it was before or after her wellness visit in June 2021 where pre-anesthetic bloodwork was performed. Bloodwork from June showed elevated ALT. Today's bloodwork showed elevated ALT and ALP and dilute urine despite being fasted overnight. Dr. Goodman sent home Denamarin and amoxi tri clav 125mg (1 tab BID) and the dental procedure was cancelled.

Abnormal PE/Chem/CBC/UA Results: 6/4/2021 ALT: 212 ALP: 142 9/20/2021 ALT: 273 ALP: 307 USG: 1.012 @ 10am.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

The urinary bladder is moderately distended with anechoic urine. The wall in the region of the apex is mildly thickened (up to 0.40 cm) with a slightly irregular mucosal surface. The wall tapers to a normal thickness as it extends towards the urinary bladder neck. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal size (4.30 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.

The right kidney is normal size (4.30 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. Renal vasculature is normal.

*Adrenal Glands*

The left adrenal gland is enlarged (1.46 cm at cranial pole) (0.58 cm at caudal pole) (3.09 cm in length) with a 2.19 x 1.36 cm heterogeneous mass-effect at the cranial to mid-aspect. The glandular echogenicity at the caudal pole is normal. The phrenicoabdominal vein and surrounding vasculature appear normal.

The right adrenal gland is normal size (0.74 cm at cranial pole) (0.39 cm at caudal pole) (2.10 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.

*Spleen*

The spleen is normal in size (0.94 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.

*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. A 0.36 cm anechoic cyst is observed on the right side. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of mostly



**PATIENT**

gravity-dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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**Gastrointestinal**

**SPECIES**

The gastric lumen is mildly distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern. There is evidence of mucosal speckling in some segments. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Canine

**BREED**

**Pancreas**

Chihuahua Mix

The right limb of the pancreas is 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.

**SEX**

**Free Abdomen**

Female spayed

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

**AGE**

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**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings:**

**WEIGHT**

17.5 lbs.

- An obvious cause for the elevated liver enzymes is not identified in the study. However, a microscopic hepatopathy (i.e., bacterial cholangiohepatitis, Leptospirosis, chronic active hepatitis, copper-associated hepatotoxicity, infiltrative neoplasia (less likely)) cannot be excluded.
- Gall bladder debris, non-mucocele.
- Left adrenal mass. Differentials include neoplasia (i.e., adenoma, adenocarcinoma, pheochromocytoma) versus nodular hyperplasia.

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**Secondary Findings:**

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- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis, or chronic pancreatitis.
- The small intestinal wall changes are suggestive of an inflammatory process. However, correlation with clinical findings is recommended.
- The urinary bladder wall changes could be consistent with cystitis or artifactual due to lack of full luminal distension. Correlation with the patient's urinalysis findings is recommended.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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1. Recheck blood work is recommended 7-10 days after initiation of antibiotic therapy. If no improvement in the liver values is seen at that time, consider hepatic tissue sampling (i.e., fine needle aspirate or surgical biopsy). If surgical biopsies are pursued, aerobic and anaerobic bile cultures and acquisition of additional hepatic tissue samples for copper quantitation are also recommended.
2. To further assess the left adrenal mass, consider a low-dose dexamethasone suppression test, urine/blood catecholamine levels and a baseline blood pressure measurement.

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3. Leptospirosis testing (i.e., blood and urine PCR; serology) can also be considered. However, given the chronicity of liver enzyme elevations, this differential is considered less likely.
4. Three-view thoracic radiographs are recommended prior to any anesthetic event.

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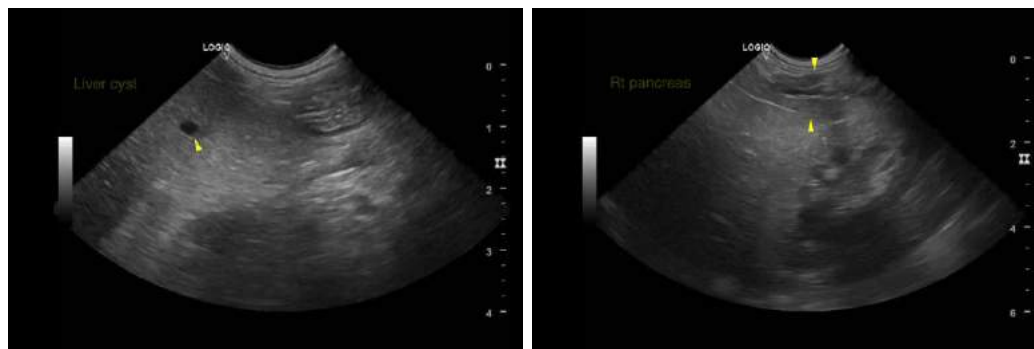
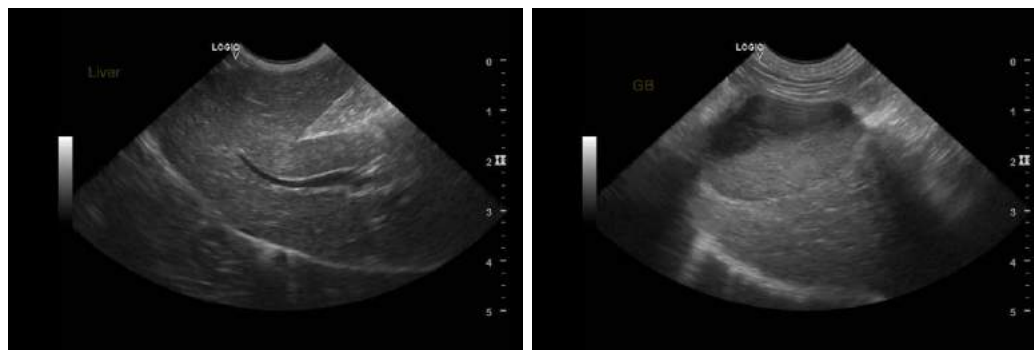
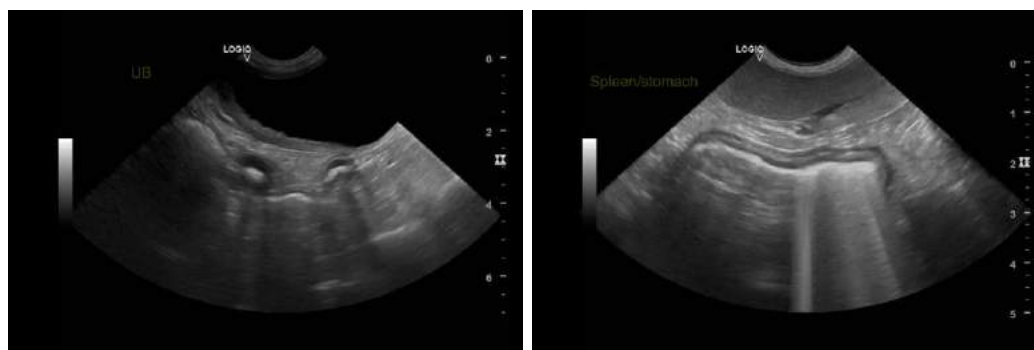
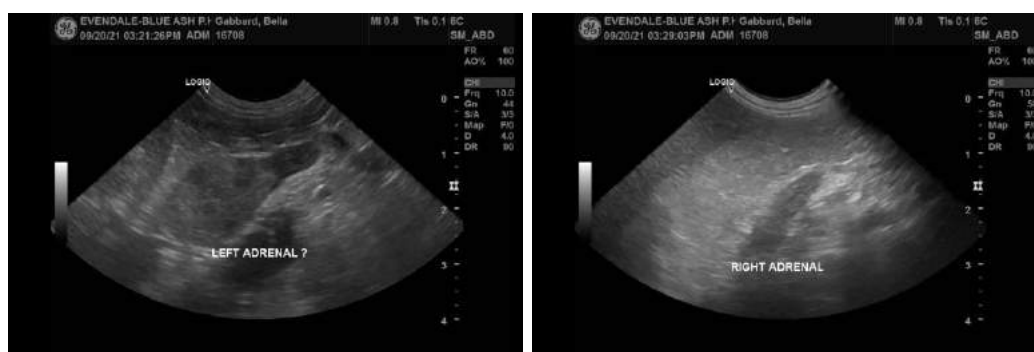
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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Andrea.nicastro@sonopath.com