



PATIENT

Coco Chanel Salib

SPECIES

Canine

BREED

Chihuahua

SEX

Female, spayed

AGE

9 Yrs.

WEIGHT

15.2 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Ferrer

HOSPITAL NAME

Paseos VC

REFERRING VET

Dr. Trinidad

INVOICE

14025

DATE

9/27/22

PRESENTING CLINICAL SIGNS

History: Presented as a referral for an abdominal ultrasound to evaluate increase liver enzymes. Pt has a history of losing strengths especially on hindlimbs. rDVM wants to evaluate the hepatomegaly to rule out endocrine or neoplasia. Not on any medications at this time.

Abnormal PE/Chem/CBC/UA Results: PE: Non provided Abdominal radiographs: hepatomegaly BW: Chem ALT: 380 U/L (10-125) ALP: did not read (possibly higher than could read): (23-212)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

The left kidney is normal size (4.50 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. Trace pyelectasia is present (0.15 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter.

The right kidney is normal size (4.85 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. Trace pyelectasia is present (0.10 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.64 cm at cranial pole) (0.80 cm at caudal pole) with a slightly irregular shape. 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 mildly enlarged (0.51 cm at cranial pole) (0.54 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.

Spleen

The spleen is normal in size (0.77 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 swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and mildly heterogeneous in appearance with a few small, ill-defined hypoechoic nodules. In addition, a 0.81 cm irregular, hyperechoic nodule 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 slightly thickened (up to 0.17 cm) and irregular. A scant amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal



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The gastric lumen is moderately 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 ileocecolic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

A portion of the pancreas is obscured by the gastric distention. In the visualized portions, no obvious abnormalities are seen.

Free Abdomen

There is no evidence of free fluid. A few prominent mesenteric lymph nodes are visualized, the largest measuring 0.93 cm in length.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The hepatic parenchymal changes are non-specific and may be secondary to a benign process, regenerative nodular hyperplasia, vacuolar hepatopathy. Alternatively, underlying hepatic disease (i.e., inflammation, hepatotoxicity (i.e., copper) or less likely, infiltrative neoplasia, is possible.
- The gallbladder wall changes are suggestive of cholecystitis.
- Bilateral adrenomegaly could be consistent with hyperplastic change or may be a normal variant for this patient. Correlation with the patient's clinical history is recommended.

Secondary Findings:

- Bilateral, age-related renal changes with trace pyelectasia.
- If the patient was fasted for this study, the presence of ingesta within the gastric lumen could suggest delayed gastric emptying.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider pre- and post-prandial serum bile acids to assess hepatic function. Hepatic tissue sampling (i.e., fine needle aspirate or surgical biopsy) can also be considered (if clotting status is appropriate).
- Consider testing for hyperadrenocorticism with a low-dose dexamethasone suppression test or ACTH stimulation test if clinical signs (i.e., PU/PD) develop.
- A urinalysis is also recommended to assess for isosthenuria, proteinuria, etc.



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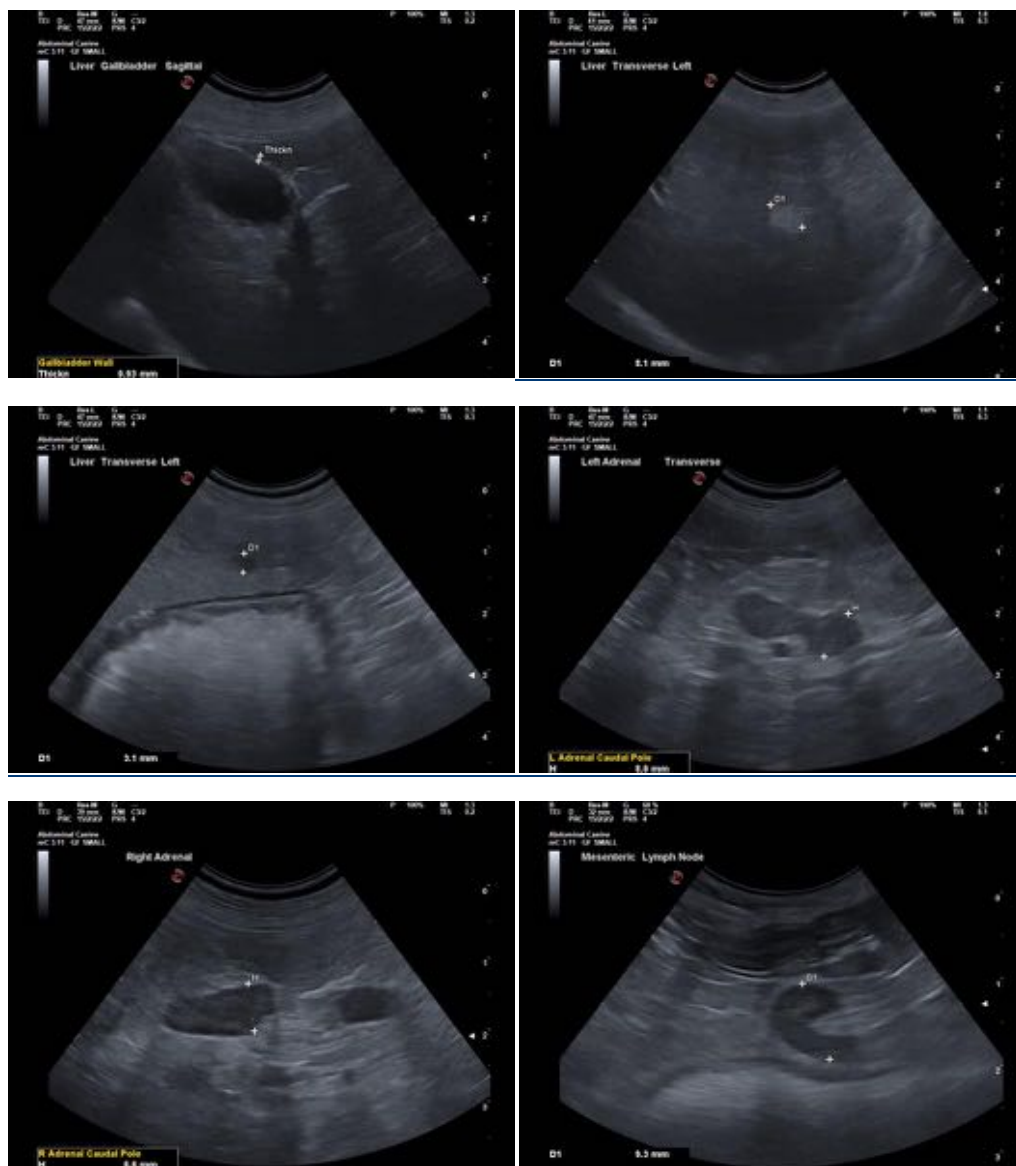
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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