



**PATIENT**

Reese Creamer

**PRESENTING CLINICAL SIGNS**

History: Patient presents for vomiting and diarrhea, elevated liver enzymes, cranial abdominal mass effect on radiographs. Current meds: Denamarin, Ursodial, 1/4 tab BID.

Abnormal PE/Chem/CBC/UA Results: ALT too high to read, ALP 1161, GGT 26, T. bili 1.8, WBC 27.46 (neu. 21.59, mono 3.58).

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

Dachshund

*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.

**SEX**

Male, neutered

The prostate is normal in size (0.68 cm in length; 0.88 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

**AGE**

14 Yrs. old

The left kidney is normal size (5.74 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 hydronephrosis. Renal vasculature is normal.

**WEIGHT**

18 lbs.

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

**INTERPRETED BY**

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

*Adrenal Glands*

The left adrenal gland is normal size (0.59 cm at cranial pole) (0.44 cm at caudal pole) (1.74 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.

**IMAGING PERFORMED BY**

Kelly Vazquez, CVT

The right adrenal gland is normal size (0.52 cm at cranial pole) (0.62 cm at caudal pole) (1.82 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**

Bergen County VC

*Spleen*

The spleen is normal in size (1.62 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.

**REFERRING VET**

Dr. Megan Moore

*Liver*

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and homogeneous in appearance. No distinct focal lesions are observed. Hepatic vasculature is of normal volume with no evidence of congestion. The gall bladder is over distended. The wall is mildly thickened (up to 0.25 cm). A large amount of aggregated echogenic suspended sludge in a stellate pattern is observed within the lumen. The cystic and common bile ducts are normal/not seen. The mesentery effacing the serosal surface of the gallbladder is hyperechoic.

**INVOICE**

12272

**DATE**

9/28/21



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*Gastrointestinal*

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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 wall of the descending colon is mildly thickened (up to 0.44 cm) with retention of the normal layering pattern. There is no evidence of obstruction.

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## Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely hyperechoic 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

Male, neutered

## Free Abdomen

There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

## AGE

14 Yrs. old

## ULTRASONOGRAPHIC FINDINGS

### Primary Findings:

- Fully-formed gallbladder mucocele with regional peritonitis and suspected cholecystitis.
- Diffuse hepatopathy. Inflammatory disease is considered likely +/- concurrent age-related pathology (i.e., vacuolar hepatopathy, nodular hyperplasia). Infiltrative neoplasia is possible but considered unlikely.

### Secondary Findings:

- Bilateral age-related renal changes.
- The colonic wall changes are most consistent with an inflammatory process.

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Diplomate ACVIM  
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Medicine)

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A cholecystectomy and liver biopsy are recommended along with empirical treatment for cholecystitis/cholangiohepatitis.
- Three-view thoracic radiographs should be performed prior to anesthesia.

## IMAGING PERFORMED BY

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## HOSPITAL NAME

Bergen County VC

## REFERRING VET

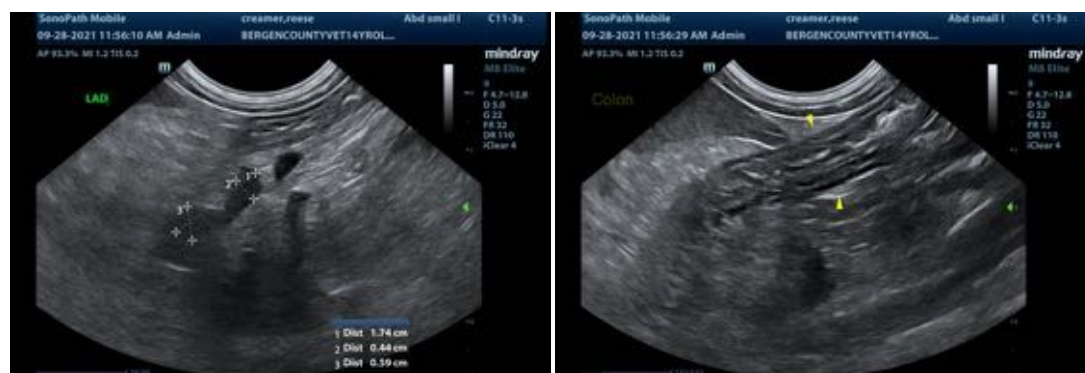
Dr. Megan Moore

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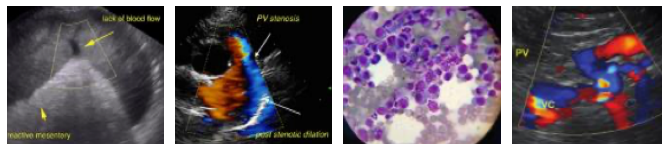
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

Canine

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.

**BREED**

Dachshund

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

Andrea.nicastro@sonopath.com

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