



PATIENT

Jackson Sletta

SPECIES

Canine

BREED

Chihuahua mix

SEX

Male, neutered

AGE

7 Yrs.

WEIGHT

12 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh

HOSPITAL NAME

West Hills AH

REFERRING VET

Dr. Yuko Eguchi-coe

DATE

10/5/2021

INVOICE

12294

PRESENTING CLINICAL SIGNS

History: Presentation and clinical exam findings: Bloating Abdominal pain of unknown cause
Radiographic Findings SUMMARY: 1. Questionable, solitary pulmonary nodule 2. Mild diffuse hepatomegaly 3. Postprandial abdominal radiographs Primary Question/Differential to Be Answered in This Exam Primary question to be answered: Cause of liver value elevation FNA of Liver
Abnormal PE/Chem/CBC/UA Results: Altered labwork values: Liver value elevation ALT 228 18 - 121 U/L H AST 60 16 - 55 U/L H ALP 527 5 - 160 U/L H

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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.

The prostate is normal in size (0.55 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (4.27 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.

The right 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 normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is upper limits of normal size (0.36 cm at cranial pole) (0.57 cm at caudal pole) (1.92 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.

The right adrenal gland is normal size (0.35 cm at cranial pole) (0.45 cm at caudal pole) (1.94 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 (1.03 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. Several irregular coalescing hyperechoic nodules are observed along the medial aspect. Splenic vasculature is normal.

Liver

The liver is subjectively prominent in size with swollen peripheral contours. The parenchyma is hyperechoic and attenuating relative to the spleen with several ill-defined hypoechoic nodules/areas



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throughout the organ. Vascular and biliary tracts are of normal volume with no evidence of congestion. The portal vein: caudal vena cava ratio is approximately 1:1. An ultrasound guided fine needle aspirate of the liver was performed without evidence of post aspiration hemorrhage. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of aggregated echogenic partially dependent sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

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 segmentally dilated with chyme. 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 right limb of the pancreas is prominent in size with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is visible but not overtly dilated (0.19 cm in diameter). There is no evidence of peripancreatic effusion.

Free Abdomen

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

Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Non-specific diffuse hepatopathy. Differentials include inflammatory disease (i.e., bacterial cholangiohepatitis, chronic active hepatitis), infiltrative neoplasia (i.e., lymphoma), hepatotoxicosis (i.e., copper), and/or benign age-related pathology (i.e., vacuolar hepatopathy or regenerative nodular hyperplasia).
- Gallbladder sludge, non-mucocele.

Secondary Findings:

- The pancreatic changes are suggestive of chronic pancreatitis. Correlation with clinical findings is recommended.
- The hyperechoic lesions adjacent to the splenic vessels are most consistent with



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myelolipomas. Although a neoplastic process within the spleen cannot be excluded, it is considered unlikely in this patient.

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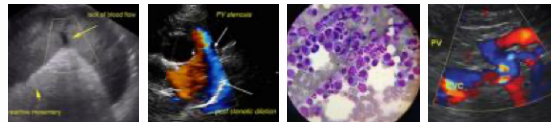
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Further recommendations should be based on the hepatic cytology results. If results are inconclusive, consider a surgical liver biopsy with aerobic and anaerobic bile cultures and acquisition of additional hepatic tissue samples for potential copper quantitation. If the liver enzyme elevations are acute, consider Leptospirosis testing (i.e., blood and urine PCR, serology). While awaiting test results, consider empirical treatment for bacterial cholangiohepatitis with broad spectrum antibiotic therapy and antioxidants.
- If the patient is to undergo anesthesia, three-view thoracic radiographs should be performed to assess cardiopulmonary status.





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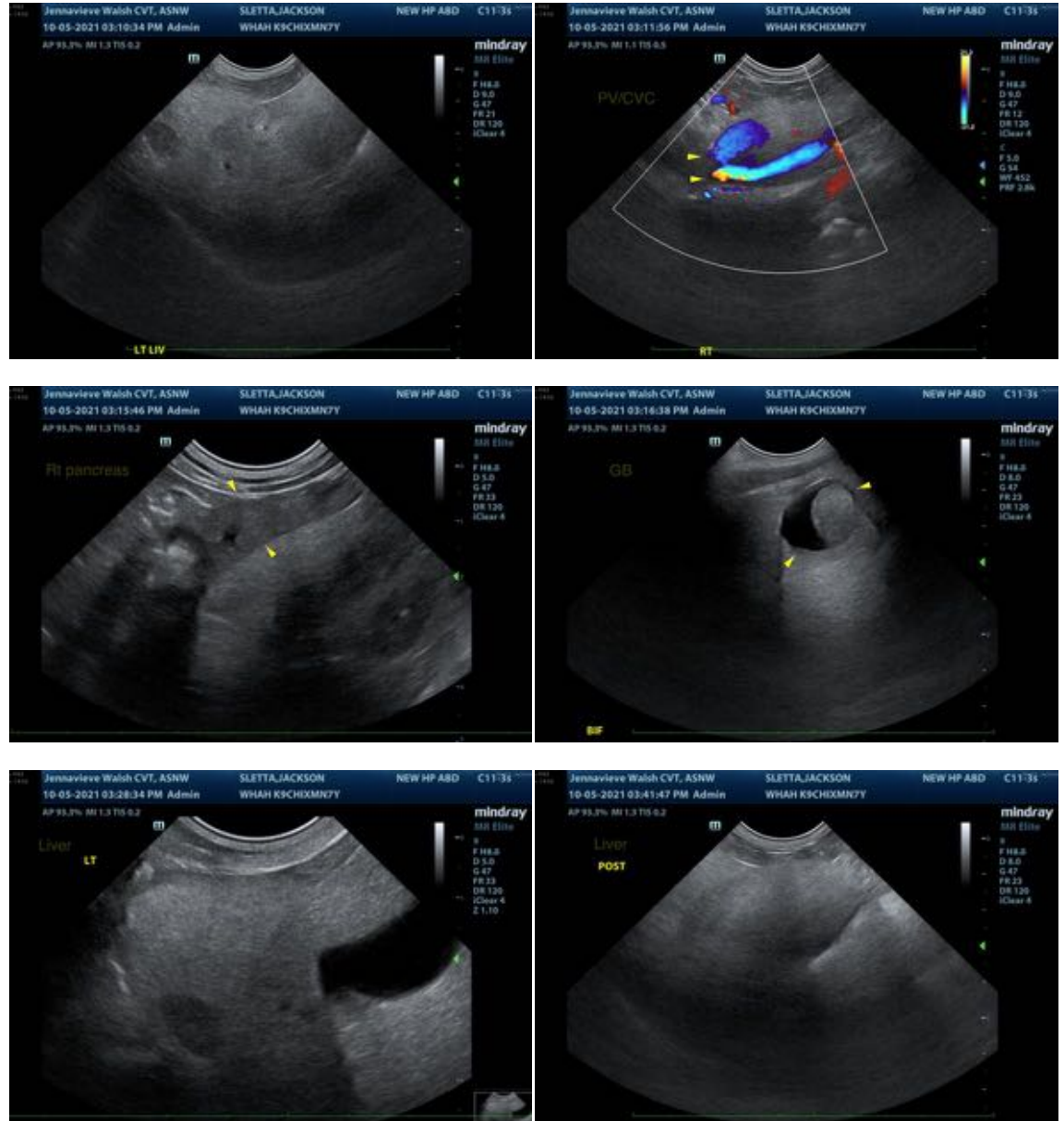
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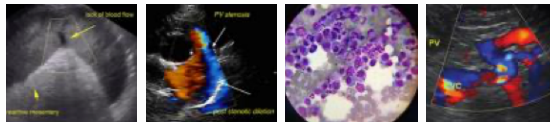


The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

andrea.nicastro@sonopath.com



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