



PATIENT

Baxter Pedroja

SPECIES

Canine

BREED

Terrier

SEX

Male, neutered

AGE

15 Yrs.

WEIGHT

11.5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

The Veterinary
Hospital

REFERRING VET

Dr. Johnson

DATE

2/7/23

INVOICE

14564

PRESENTING CLINICAL SIGNS

History: elevated ALT & alk phos picked up on wellness screen, has persisted through two rechecks
Abnormal PE/Chem/CBC/UA Results: CBC - WNL Chem - Alk Phos 687, GGT 27, ALT 249 Current
Medications none Radiographic Findings none

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 visible portion of the proximal urethra are normal.

The prostate is normal in size (1.06 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 (4.06 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. A few foci of mineralization are observed within the cortex. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.60 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. A few foci of mineralization are observed within the cortex. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.53 cm at cranial pole) (0.58 cm at caudal pole) (1.73 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 borderline enlarged (0.44 cm at cranial pole) (0.54 cm at caudal pole) (1.64 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 (0.83 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 1.23 cm ill-defined hypoechoic nodule with a hyperechoic area centrally is observed at the medial aspect, near the hilus. Splenic vasculature is normal.

Liver

The liver is subjectively enlarged with slightly swollen 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 thin and smooth. Luminal contents are anechoic.



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The cystic and common bile ducts are normal/not seen.

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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 colonic wall is normal. No obstructive disease is noted.

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Pancreas

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The base and limbs 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.

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Free Abdomen

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

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Non-specific diffuse hepatopathy. Differentials include vacuolar hepatopathy (i.e., idiopathic, endocrine), inflammatory disease, hepatotoxicosis (i.e., copper), Leptospirosis (less likely in an asymptomatic dog), other hepatopathy.
- The splenic nodule could be consistent with a benign process (i.e., focus of lymphoid hyperplasia or similar). Alternatively, an emerging tumor is possible.

Secondary Findings:

- Minor, age-related renal changes with subtle dystrophic mineralization.
- Borderline bilateral adrenomegaly.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

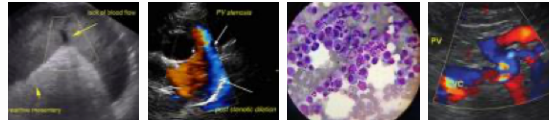
- Regarding the elevated liver values, consider pre and post prandial serum bile acids +/- hepatic tissue sampling (i.e., fine needle aspirate or biopsies (i.e., laparoscopic or surgical)). If biopsies are pursued, bile cultures should be obtained, and additional hepatic tissue samples should be acquired for possible copper quantitation. Three-view thoracic radiographs are recommended

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prior to any anesthetic event. Clotting times should also be performed prior to hepatic tissue sampling.

- Regarding the splenic nodule, consider a fine needle aspirate, if clotting status is appropriate and if the lesion is accessible.

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- Consider testing for hyperadrenocorticism with a low-dose dexamethasone suppression test or ACTH stimulation test if clinical signs (i.e., PU/PD) develop.

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- If the patient is to undergo anesthesia, given the elevated liver values, Benzodiazepines should be avoided and opioids used judiciously.

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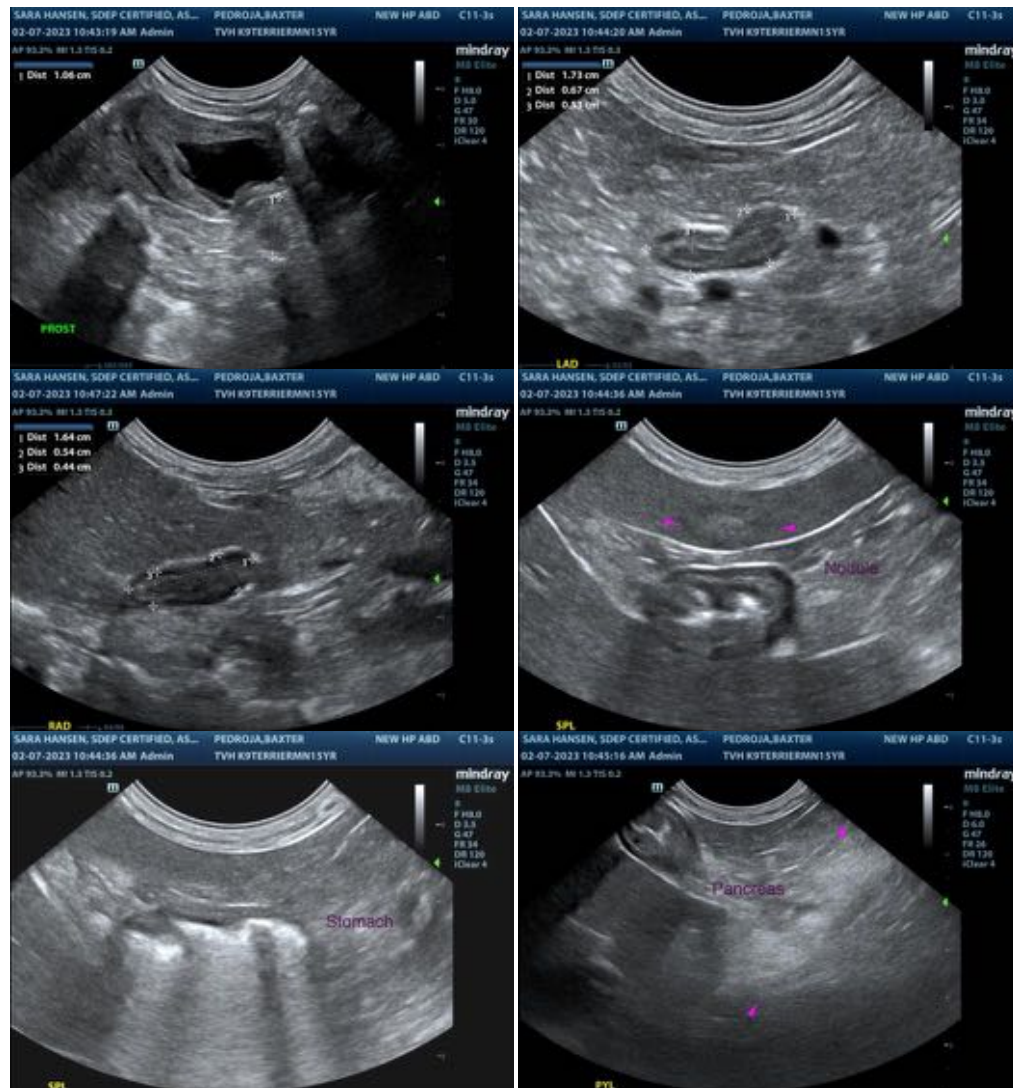
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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