

PATIENT

Zifa Gatchik

SPECIES

Canine

BREED

Lhasa apso

SEX

Female, spayed

AGE

10 Yrs.

WEIGHT

24 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. Remcho

DATE

4/12/22

INVOICE

13203

PRESENTING CLINICAL SIGNS

History: Presentation and clinical exam findings: HX of L adrenal gland adenoma (removed) and splenectomy (benign) in February 2021. P also has persistent E. coli bladder colonization controlled with daily Cefpodoxime Primary Question/Differential to Be Answered in This Exam Primary question to be answered: eval for persistent ALP elevation in spite of adrenalectomy.
Abnormal PE/Chem/CBC/UA Results: Altered labwork values: elevated ALP (1121) with normal LDDS testing (03/2022)

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 left kidney is normal size (4.98 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. A thin, hyperechoic medullary band is observed adjacent to the corticomedullary junction. A 0.46 cm cortical cyst is observed at the cranial pole. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. There is slight speckling of the renal medulla. Renal vasculature is normal.

The right kidney is normal size (5.47 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. A thin, hyperechoic medullary band is observed adjacent to the corticomedullary junction. A 0.46 cm cortical cyst is observed at the cranial pole. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. There is slight speckling of the renal medulla. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland was removed February 2021. The left adrenal fossa is unremarkable.

The right adrenal gland is overall normal size (0.75 cm at cranial pole) (0.57 cm at caudal pole) (1.78 cm in length) with a slightly irregular shape. There is slight bulging approximately mid-gland at the medial and lateral aspect. The glandular echogenicity and detail are normal. Surrounding vasculature appears normal.

Spleen

The spleen was removed February 2021. The splenic fossa is unremarkable.

Liver

The liver is normal to slightly prominent in size with normal curvilinear peripheral contours. The parenchyma is subjectively mildly hyperechoic and heterogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The portal vein: caudal vena cava ratio was approximately 1:1. The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. 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 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. A few small irregular cystic areas are also observed within the parenchyma. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

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Free Abdomen

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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Other

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

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ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

Primary Findings:

- Suspected benign diffuse hepatopathy. Top differentials include vacuolar hepatopathy and regenerative nodular hyperplasia.
- The right adrenal changes may be a normal variant for this patient or may represent emerging hyperplasia or neoplasia.

Secondary Findings:

- Age-related pancreatic remodeling with small parenchymal cysts. Low-grade pancreatitis is also possible, particularly if the patient exhibits a positive Murphy's sign.
- Bilateral age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Serial monitoring (i.e., every 3-4 months) of the patient's liver values is recommended. If values continue to increase, a repeat abdominal ultrasound +/- hepatic tissue sampling may be warranted.
- Consider a recheck ultrasound of the right adrenal gland in 4-6 weeks to assess for progression.

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

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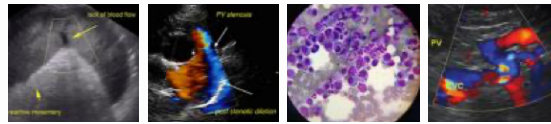
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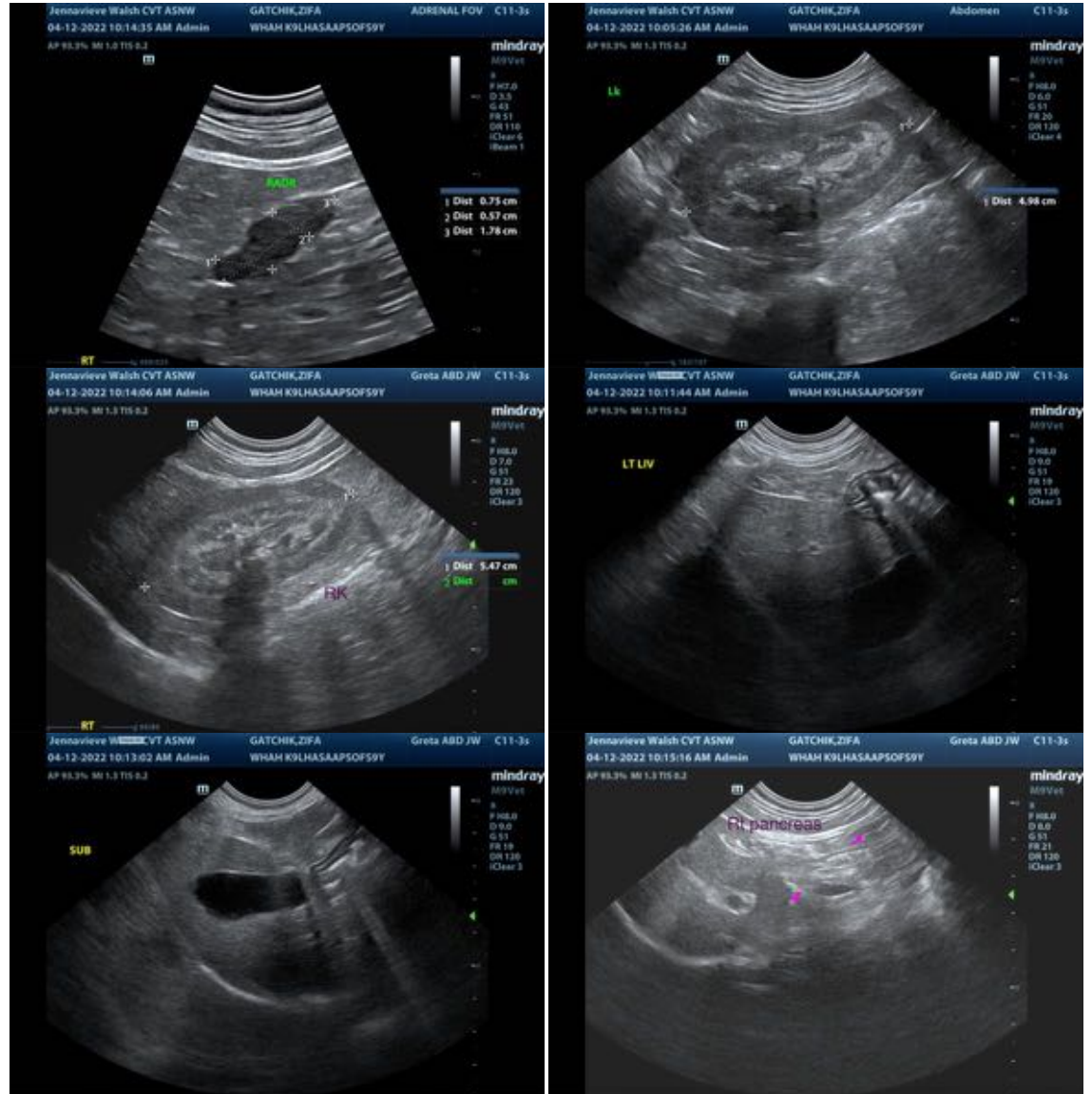
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Diplomate ACVIM (Small Animal Internal Medicine)

andrea.nicastro@sonopath.com



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