



PATIENT

Ellie Adams

SPECIES

Canine

BREED

Jack Russell Terrier

SEX

Female, spayed

AGE

8 Yrs.

WEIGHT

17 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Sara Hansen

HOSPITAL NAME

West Hills AH

REFERRING VET

Dr. Glaze

DATE

5/10/22

INVOICE

13346

PRESENTING CLINICAL SIGNS

History: Presentation and clinical exam findings: Elevated ALT
Abnormal PE/Chem/CBC/UA Results: Current Medications Current Medications: Denamarin and Vit E 400 IU SID

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 left kidney is normal size (4.18 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (4.59 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.48 cm at cranial pole) (0.56 cm at caudal pole) (1.67 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.

One still image of the right adrenal gland is available for interpretation. The right adrenal gland is enlarged (1.23 cm at cranial pole) (1.50 cm at caudal pole) (4.45 cm in length) with a slightly irregular shape. The parenchyma is subtly heterogeneous in appearance. No distinct focal lesions are observed. Surrounding vasculature appears normal.

Spleen

The spleen is normal in size (1.44 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance with a few small, ill-defined hyperechoic nodules. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and homogeneous in appearance. No 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. The cystic and common bile ducts are normal/not seen.

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.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

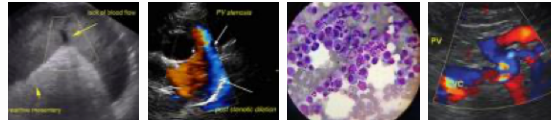
- An obvious cause for the elevated liver enzymes is not identified in the study. However, a microscopic hepatopathy (i.e., bacterial cholangiohepatitis, Leptospirosis (less likely due to chronicity of ALT elevation), chronic active hepatitis, copper-associated hepatotoxicity, infiltrative neoplasia (unlikely)) should be considered.

Secondary Findings:

- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, antigenic stimulation or splenitis with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- The right adrenomegaly is most consistent with hyperplastic change. However, emerging neoplasia cannot be completely excluded.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Repeat serum bile acids are recommended to reevaluate hepatic function.
- Ultimately, hepatic tissue sampling (i.e., fine needle aspirate or surgical biopsy) would be necessary to get a definitive diagnosis. Surgical biopsies are preferred in that they are more likely to represent global organ pathology. If pursued, aerobic and anaerobic bile cultures and acquisition of additional hepatic tissue samples for potential copper quantitation are recommended. A contrast abdominal CT scan can be also performed prior to surgery to assess for presence of an intrahepatic shunt.



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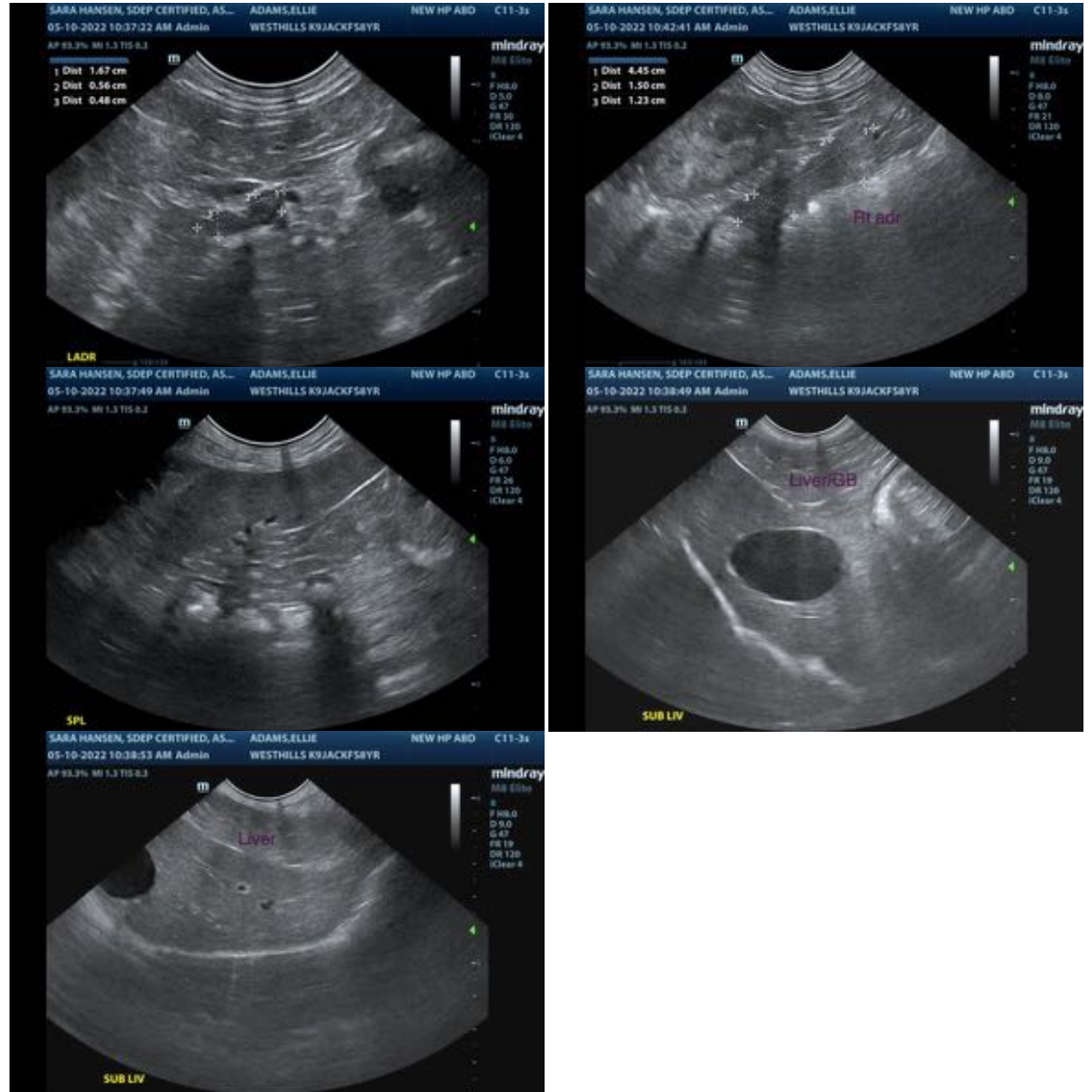
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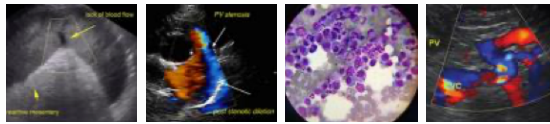


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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