

**PATIENT PRESENTING CLINICAL SIGNS**

Sherlock Hogan Left sided heart murmur.

**SPECIES** ALP - in the 800s

Canine

**BREED**

Beagle

**SEX**

Male, neutered

**AGE**

2/27/12

**WEIGHT**

36.5 lbs.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly to moderately distended with mostly 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 (1.2 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (6.12 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Pinpoint hyperechoic foci are observed within the cortex. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (6.25 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Pinpoint hyperechoic foci are observed within the cortex. There is no evidence of pyelectasia, 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 (0.58 cm at cranial pole) (0.62 cm at caudal pole) (2.61 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.

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The right adrenal gland is normal size (0.83 cm at cranial pole) (0.57 cm at caudal pole) (2.25 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*

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The spleen is normal in size (1.72 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. Randinelli

*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.

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The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

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*Gastrointestinal*



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The gastric lumen is moderately fluid 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 segmentally dilated with fluid and chyme (mild). 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**

A portion of the pancreas is obscured by the gastric distention. In the visualized portion of the right limb, the pancreas is normal in size with minimal deviation from the normal peripheral contours. The parenchyma is hyperechoic relative to surrounding omental fat and mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

**Free Abdomen**

There is no obvious evidence of free fluid. 1-2 prominent mesenteric lymph nodes are visualized, the largest measuring 2.13 cm in length. The nodes are normal in shape and echogenicity. Surrounding mesentery is slightly hyperechoic.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings:**

- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.

**Secondary Findings:**

- Mild, chronic, bilateral age-related renal changes with dystrophic mineralization.
- Age-related pancreatic remodeling with probable fibrosis. Mild chronic pancreatitis may be present, particularly if the diagnosis fits with the patient's clinical history.
- If the patient did not receive water prior to the study, the presence of moderate fluid within the gastric lumen could suggest delayed gastric emptying.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Serial monitoring (i.e., every 3-4 months) of the patient's liver values is recommended. If liver values continue to increase, a repeat abdominal ultrasound +/- hepatic tissue sampling may be warranted.
- 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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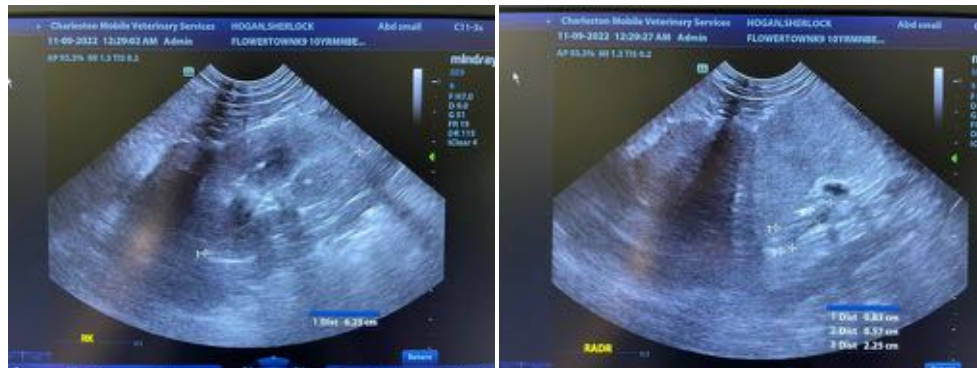
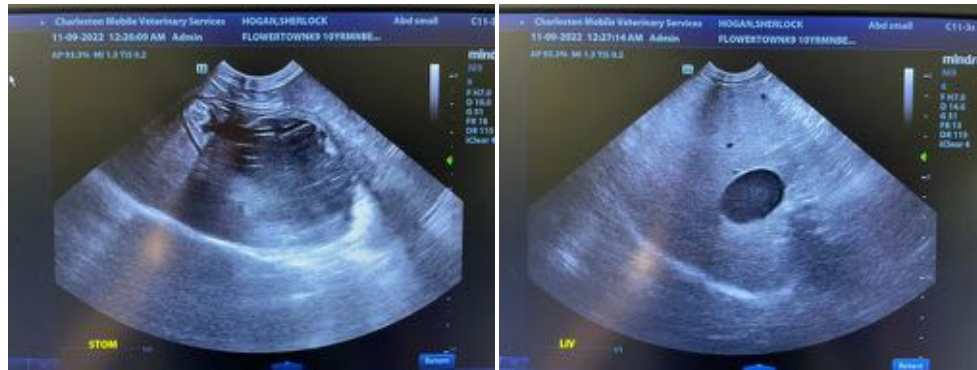
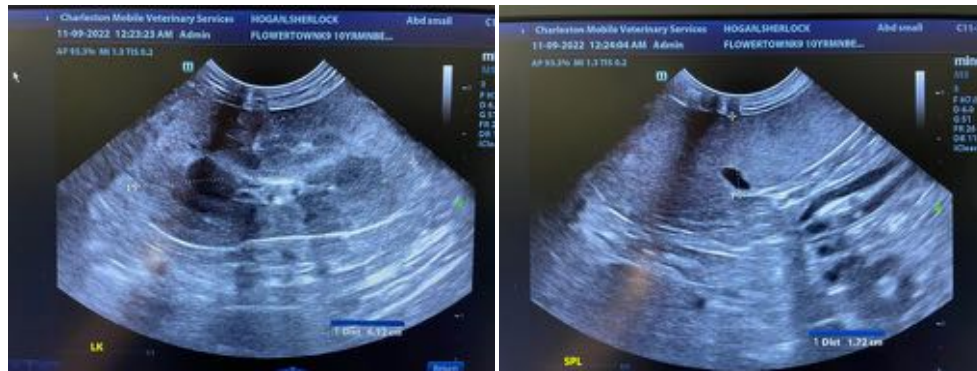
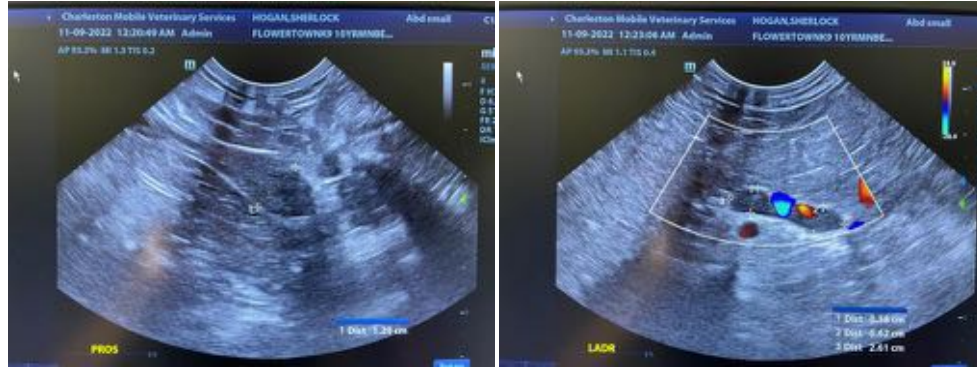
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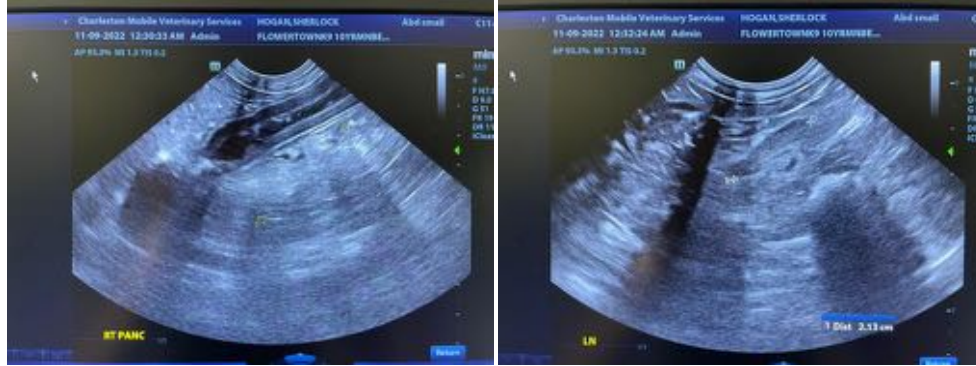
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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[info@SonoPath.com](mailto:info@SonoPath.com)

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