



**PATIENT PRESENTING CLINICAL SIGNS**

Cami Blakeley

History: Well managed CKD iris stage patient. Routine checkup showed elevated GGt and tbil

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: ALT.: 66 (Canine 0 - 120 U/L Feline 0 - 100 U/L ALP.: 62 (Canine 0 - 140 U/L Feline 0 - 90 U/L GLU.: 5.3 (Canine 4.2 - 6.9 mmol/L Feline 3.9 - 7.2 mmol/L) T-PRO (P): 76 (Canine 55 - 76 g/L Feline 60 - 80 g/L) ALBUMIN.: 41 \*H (Canine 25 - 40 g/L Feline 23 - 35 g/L) PHOS.: 1.65 \*H (Canine 0.60 - 1.60 mmol/L Feline 0.84 - 1.94 mmol/L) CA.: 2.55 (Canine 2.30 - 3.10 mmol/L Feline 2.20 - 3.00 mmol/L) T-BILI.: 42 \*H (Canine 0 - 9 umol/L Feline 0 - 9 umol/L) GGT: 57 \*H (Canine 0-14 U/L, Feline 0-10 U/L) TCHO: 7.11 (Canine 3.10 - 8.00 mmol/L, Feline 1.81 - 5.17 mmol/L)

**BREED**

Husky mix

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**SEX**

Female Spayed

*Urinary System*

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly 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.

**AGE**

12 Years

The left kidney is normal size (5.62 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. A few cortical cysts are present, the largest measuring 1.00 cm in diameter. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

**WEIGHT**

22.2 kgs.

The right kidney is normal size (5.84 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. At least one small cortical cyst is visualized. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

**INTERPRETED BY**

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

*Adrenal Glands*

The left adrenal gland is normal size (0.37 cm at cranial pole) (0.60 cm at caudal pole) (2.12 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.

**IMAGING PERFORMED BY**

Kelly Reshny, RVT

The right adrenal gland is mildly enlarged (1.55 cm at cranial pole) (0.84 cm at caudal pole) (2.46 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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Clinic

*Spleen*

The spleen is normal in size with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

**REFERRING VET**

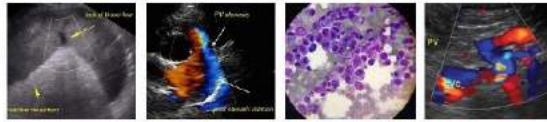
Dr. Ahn

*Liver*

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or

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regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

**SPECIES**

Canine

**Gastrointestinal**

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**

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.

**SEX**

Female Spayed

**Free Abdomen**

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

**AGE**

12 Years

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

22.2 kgs.

- Bilateral, age-related renal changes with dystrophic mineralization.
- Mild right adrenomegaly.

\*\*An obvious cause for the patient's elevated GGT and total bilirubin is not identified in this study. Considerations include lab artifact versus cholestatic liver disease. Lab artifact is somewhat favored given the normal ALT and ALP.

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

1. Consider a repeat chemistry panel on a fasted sample. If possible, perform phlebotomy with a vacutainer to avoid red cell lysis during blood collection.
2. If the elevation in liver values persists, consider further diagnostics (i.e., hepatic tissue sampling (fine needle aspirate or biopsy)).

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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.

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