



**PATIENT**

Holly Herrington

**SPECIES**

Canine

**BREED**

Hound Mix

**SEX**

Female Spayed

**AGE**

11 Years

**WEIGHT**

55 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Kelly Reshny, RVT

**HOSPITAL NAME**

Collegeway AH

**REFERRING VET**

Dr. Hanna

**INVOICE  
11783kk**

**DATE  
9/9/21**

**PRESENTING CLINICAL SIGNS**

History: Persistent elevated liver values, no change after move to low fat food and adding ursodiol.

Abnormal PE/Chem/CBC/UA Results:

**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 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 left kidney is normal size (6.83 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 hydroureter. Renal vasculature is normal.

The right kidney is normal size (5.85 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 hydroureter. Renal vasculature is normal.

*Adrenal Glands*

The left adrenal gland is normal size (0.63 cm at cranial pole) (0.60 cm at caudal pole) (2.26 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 normal size (1.41 cm at cranial pole) (0.75 cm at caudal pole) (2.18 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*

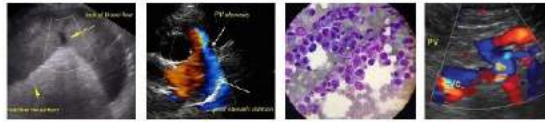
The spleen is normal in size (1.90 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

*Liver*

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and subtly mottled in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The gall bladder 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/not seen.

*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



**PATIENT**

Holly Herrington

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.

**SPECIES**

Canine

**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.

**BREED**

Hound Mix

**Free Abdomen**

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

**SEX**

Female Spayed

**ULTRASONOGRAPHIC FINDINGS**

- Non-specific, diffuse hepatopathy. Differentials include inflammatory/immune-mediated disease, hepatotoxicosis (i.e., copper), age-related pathology (i.e., regenerative nodular hyperplasia), vacuolar hepatopathy, reactive hepatopathy, infiltrative neoplasia (less likely), and other. If the ALT is substantially elevated, more significant hepatic pathology is likely present.

**AGE**

11 Years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

55 lbs.

Depending on the liver enzyme pattern, further testing (i.e., pre- and post-prandial serum bile acids, hepatic tissue sampling (i.e., fine needle aspirate or surgical biopsy)) may be warranted. If the ALP is the predominantly elevated liver value, consider serial monitoring (i.e., every 3-4 months) with repeat abdominal imaging +/- hepatic tissue sampling if values increase.

**INTERPRETED BY**

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



**IMAGING PERFORMED BY**

Kelly Reshny, RVT



**HOSPITAL NAME**

Collegeway AH

**REFERRING VET**

Dr. Hanna

**INVOICE**  
11783kk

**DATE**  
9/9/21



**PATIENT**

Holly Herrington

**SPECIES**

Canine

**BREED**

Hound Mix

**SEX**

Female Spayed

**AGE**

11 Years

**WEIGHT**

55 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Kelly Reshny, RVT

**HOSPITAL NAME**

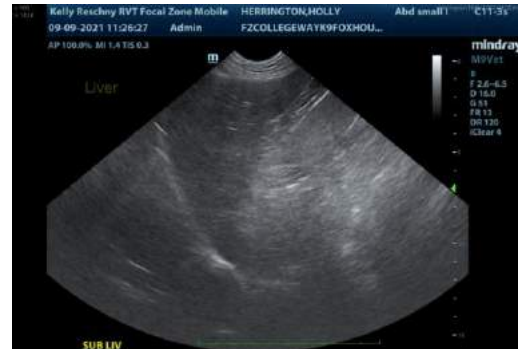
Collegeway AH

**REFERRING VET**

Dr. Hanna

**INVOICE**  
11783kk

**DATE**  
9/9/21



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.

Andrea Nicaastro, DVM, Diplomate ACVIM (Small Animal Internal Medicine)  
Andrea.nicaastro@sonopath.com