



**PATIENT**

Bella Medrano

**PRESENTING CLINICAL SIGNS**

History: Elevated liver enzymes. No current meds.

**SPECIES**

Canine

**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 moderately distended. A small amount of suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 1-2 cm, are normal.

**BREED**

Cockapoo

The left kidney is normal in size (5.13 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is minimal loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

**SEX**

Female, spayed

The right kidney is normal size (4.93 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is minimal loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

**AGE**

8 Yrs.

**WEIGHT**

*Adrenal Glands*

The left adrenal gland is normal size (0.37 cm at cranial pole) (0.40 cm at caudal pole) (1.96 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.

**INTERPRETED BY**

Andrea Nicastro, DVM,  
Diplomate ACVIM  
(*Small Animal Internal  
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The right adrenal gland is normal size (0.50 cm at cranial pole) (0.56 cm at caudal pole) (1.78 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 (0.95 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.

**IMAGING PERFORMED BY**

Kelly Vazquez, CVT

**HOSPITAL NAME**

Bergen Passaic AH

*Liver*

The liver is subjectively prominent to enlarged with slightly swollen peripheral contours. The parenchyma is hyperechoic relative to the spleen and subtly mottled in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gallbladder is distended. The wall is normal in thickness. A few polypoid like lesions are arising from the luminal surface. A small amount of gravity-dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

**REFERRING VET**

Dr. Ben Spitz

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*Gastrointestinal*

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a

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normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

**Pancreas**

**SPECIES**

Canine

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. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

**BREED**

Cockapoo

**Free Abdomen**

There is no obvious evidence of free fluid. A 1.28 cm slightly heterogeneous medial iliac lymph node is visualized.

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**Other**

In the mid to caudal abdomen, a bifurcated tubular structure is visualized, which is thought to be uterus. The wall is thickened and irregular and the lumen is mildly distended with slightly echogenic fluid.

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**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

**Primary Findings:**

- Diffuse hepatopathy is suspected. Differentials will depend on the liver enzyme pattern. Considerations include inflammatory hepatopathy (i.e., bacterial cholangiohepatitis, chronic hepatitis), hepatotoxicosis, infiltrative neoplasias (less likely), vacuolar hepatopathy, regenerative nodular hyperplasia, other hepatopathy or some combination thereof.
- The tubular structure in the mid to caudal abdomen is thought to be uterus. Differentials include recent heat cycle, pyometra, hydrometra, mucometra, other. Correlation with the patient's clinical history is recommended.

**Secondary Findings:**

- Minor, bilateral age-related renal changes with dystrophic mineralization. The prominent medial iliac lymph node is likely reactive.
- Age-related pancreatic remodeling.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- If the ALT is substantially elevated, consider pre and post prandial serum bile acids, Leptospirosis testing and hepatic tissue sampling (i.e., fine needle aspirate or biopsy (i.e., laparoscopic or surgical)). If biopsies are pursued, aerobic and anaerobic bile cultures should be obtained and copper quantitation should be performed. Also consider an ovariohysterectomy at the time of biopsy.
- If the ALP is disproportionately elevated relative to the ALT (and the ALT is only minimally elevated), consider rechecking liver values in 2-3 months to assess for progression.
- Regarding the (suspected) uterine changes, a vaginal cytology can be considered to further assess for pyometra.



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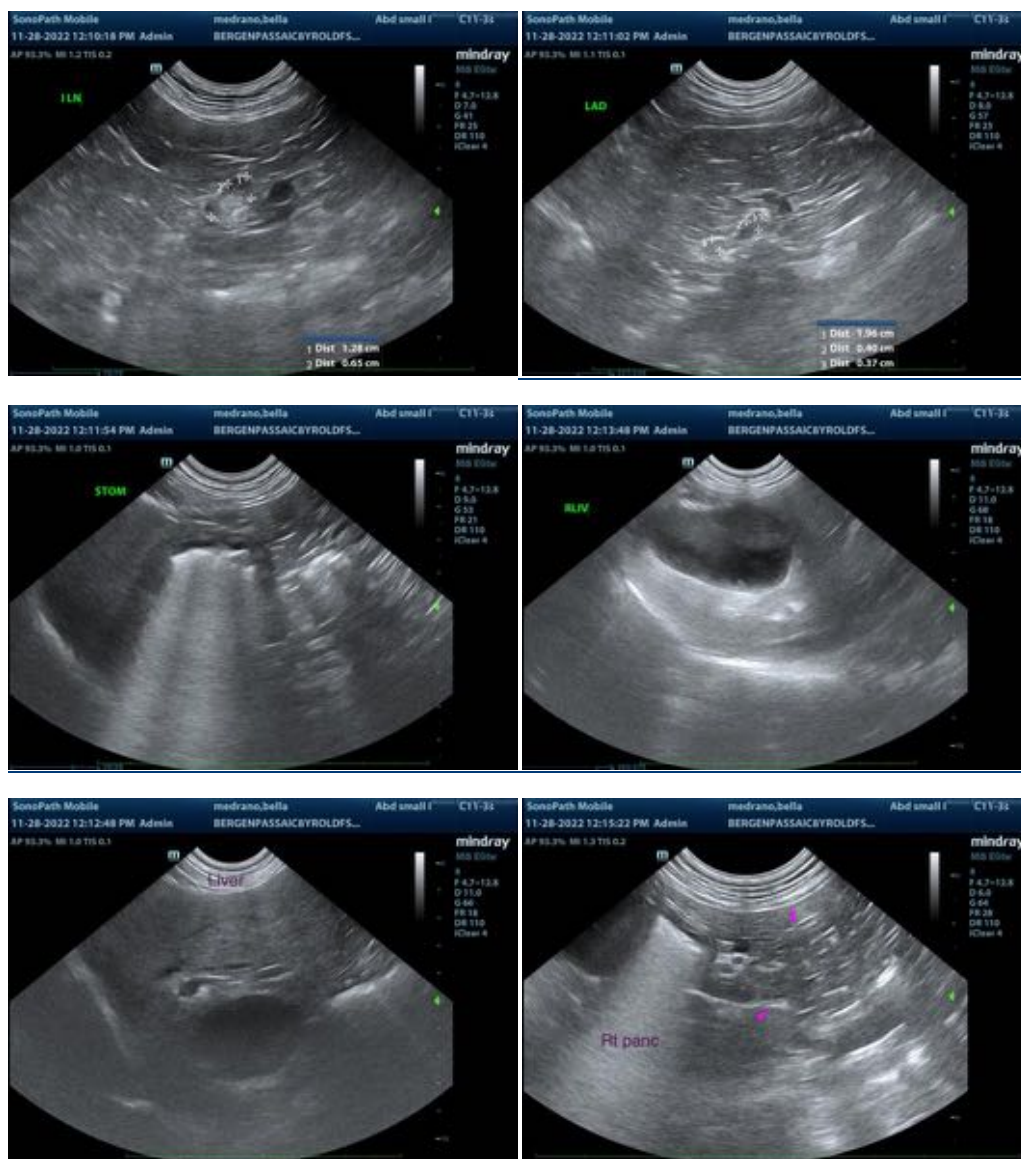
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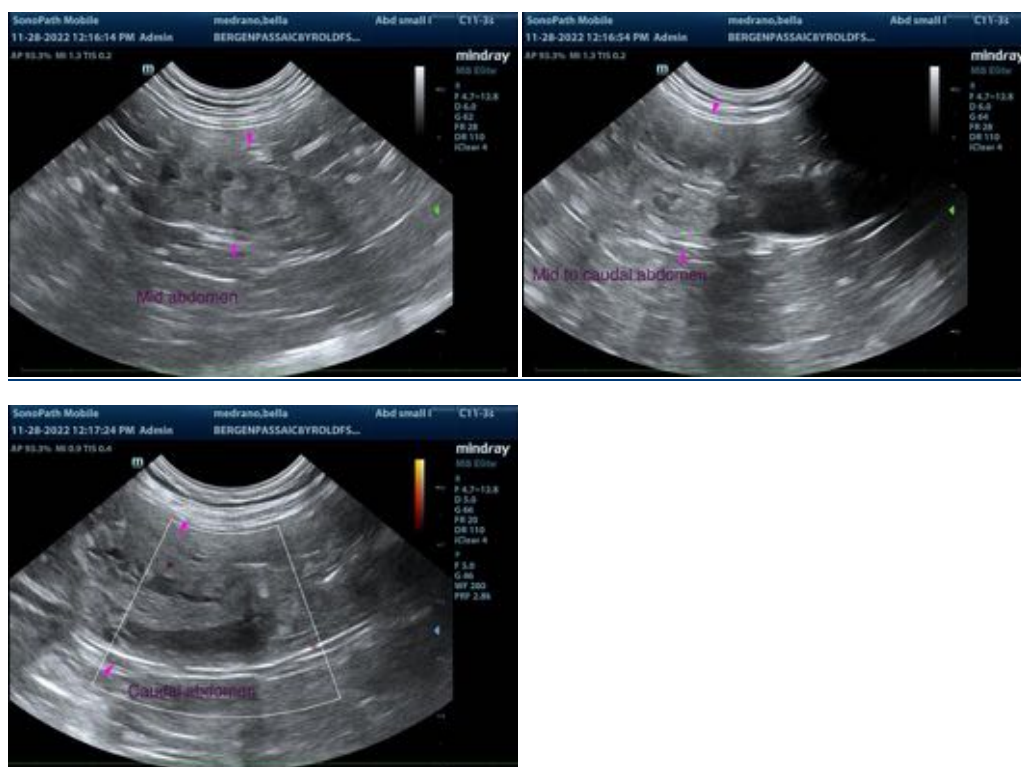
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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