



**PATIENT**

Sadie Corsiglia

**PRESENTING CLINICAL SIGNS**

History: Pet is clinically normal. Elevated liver enzymes noted on pre-surgical bloodwork.  
Abnormal PE/Chem/CBC/UA Results: ALT elevated at 760, elevated AST 195

**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 with anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone is normal.

**BREED**

Cavalier King Charlers spaniel

The left kidney is normal size (3.64 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**SEX**

Female, spayed

The right kidney is normal size (4.57 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**AGE**

2 Yrs.

**Adrenal Glands**

The left adrenal gland is normal size (0.21 cm at cranial pole) (0.42 cm at caudal pole); 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.

**WEIGHT**

12.3 lbs.

The caudal pole of the right adrenal gland is visualized and is normal size (0.48 cm in width) with a normal shape, glandular echogenicity and detail. Surrounding vasculature appears normal.

**INTERPRETED BY**

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

**Spleen**

The spleen is normal in size (1.00 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**

Dr. Sheldon

**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 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.

**HOSPITAL NAME**

Advanced PetCare of  
Oakland

**REFERRING VET**

Dr. Sheldon

**Gastrointestinal**

The gastric lumen is mildly distended with ingesta. 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 normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no obvious evidence of an obstructive pattern.

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**Pancreas**

**DATE**

1/17/23



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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.

**SPECIES**

Canine

**Free Abdomen**

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

**BREED**

Cavalier King Charlers spaniel

**Other**

A brief visualization of the heart reveals no evidence of pericardial effusion.

**SEX**

Female, spayed

**ULTRASONOGRAPHIC FINDINGS**

Unremarkable abdomen. An obvious cause for the patient's elevated liver enzymes is not identified in this study. Considerations include inflammatory disease (i.e., bacterial cholangiohepatitis, chronic hepatitis), Leptospirosis, congenital disease (i.e., microvascular dysplasia, extrahepatic portosystemic shunt), hepatotoxicosis (i.e., copper), other hepatopathy.

**AGE**

2 Yrs.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Leptospirosis testing (i.e., blood and urine PCR, serology) is recommended.
- Pre- and post-prandial serum bile acids are also recommended to assess hepatic function. If substantially elevated, a contrast abdominal CT scan may be warranted to further assess for a congenital portosystemic shunt.
- Ultimately, hepatic tissue sampling (i.e., fine needle aspirate or biopsies-laparoscopic or surgical) may be necessary to get a definitive diagnosis. If biopsies are pursued, hepatic copper quantitation should be performed, and aerobic and anaerobic bile cultures should be obtained.

**IMAGING PERFORMED BY**

Dr. Sheldon

**HOSPITAL NAME**

Advanced PetCare of Oakland

**REFERRING VET**

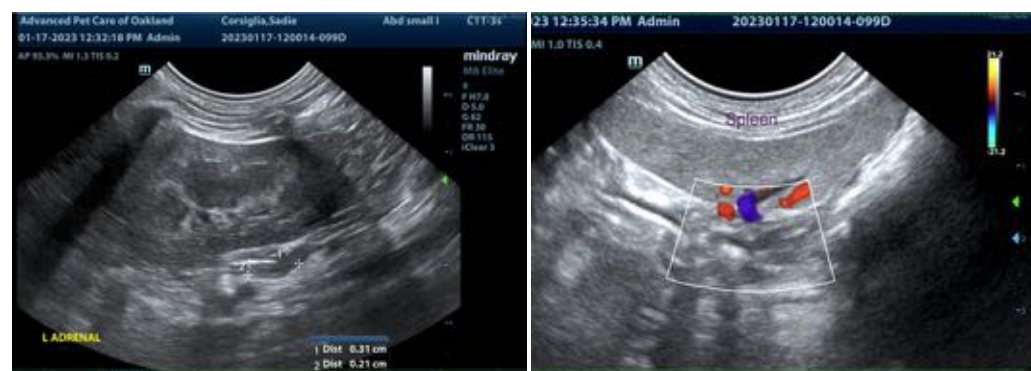
Dr. Sheldon

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Sadie Corsiglia

## SPECIES

Canine

## BREED

Cavalier King Charlers spaniel

## SEX

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## AGE

2 Yrs.

## WEIGHT

12.3 lbs.

## INTERPRETED BY

Andrea Nicastro, DVM,  
Diplomate ACVIM  
(Small Animal Internal  
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## HOSPITAL NAME

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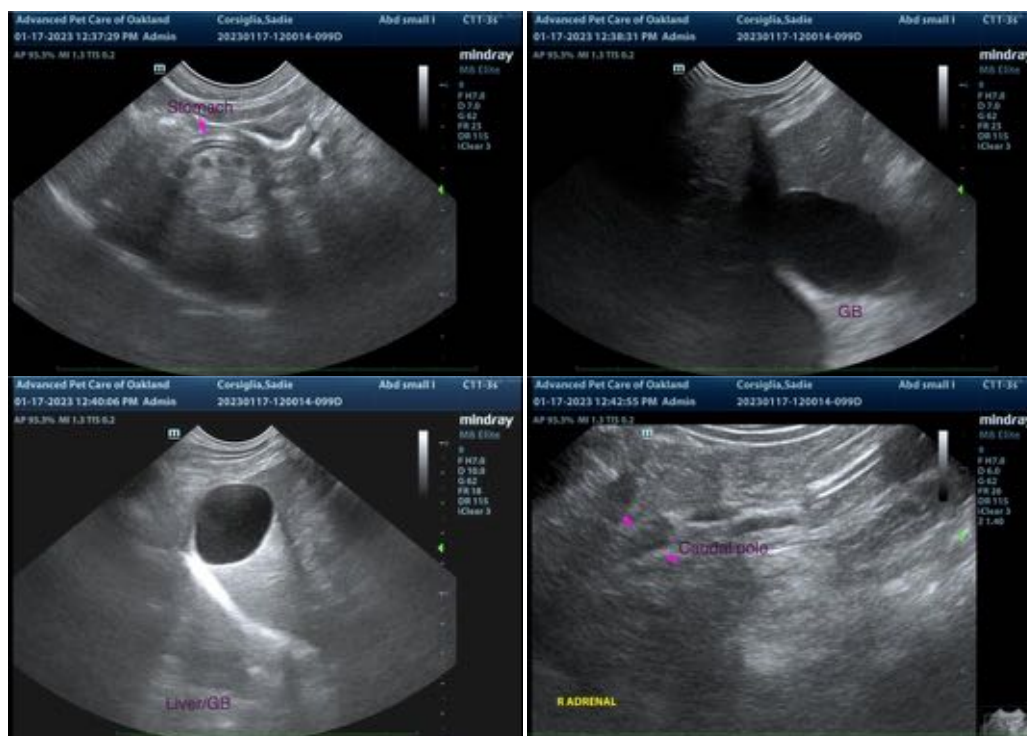
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)  
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