



**PATIENT PRESENTING CLINICAL SIGNS**

**EMMY Cavanaugh**  
History: P presented for annual exam 1/4/22 -- labs showed elevated ALT, AST, GGT; CaOxalate crystals; low T4. Add on ft4 & TSH confirmed hypothyroid. So needs AUS for ALT, AST, GGT & CaOxalate crystals. Started thyroxine on 1/18/22

**SPECIES**

Canine

Also has history of intermittent lameness, has been seen by Dr. Garnett at CVRC Ortho. Did prednisone trial for suspect IVDD, mildly improved, but then O discontinued after tapering. Went back to Dr. Garnett 1/17/22 -- restarting prednisone to see if that helps, if not will potentially pursue MRI.

**BREED**

Cocker Spaniel

Current Medications: Thyroxine 0.2mg q12h (started 1/18/22), Prednisone (restarted 1/17/22 per Dr. Garnett at CVRC for suspect IVDD)

**SEX**

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Spayed Female

**Urinary System**

**AGE**

1/11/15

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended. A scant 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 2 cm, are normal.

**WEIGHT**

32.2 Lbs.

The left kidney presented normal size (5.07 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 hydronephrosis. Renal vasculature is normal.

**INTERPRETED BY**

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

The right kidney presented normal size (5.53 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 hydronephrosis. Renal vasculature is normal.

**IMAGING PERFORMED BY**

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**Adrenal Glands**

**HOSPITAL NAME**

Sun Dog Cat Moon VC

The left adrenal gland is normal size (0.41 cm at cranial pole) (0.44 cm at caudal pole) (1.58 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.

**REFERRING VET**

Dr. Abby Clayton

The right adrenal gland is normal size (0.81 cm at cranial pole) (0.53 cm at caudal pole) (2.29 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.

**INVOICE**

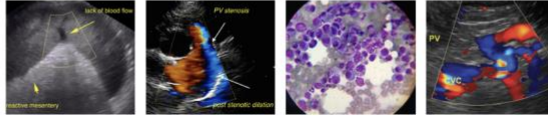
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**DATE**

1/20/22

**Spleen**

The spleen is normal in size (0.85 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.



**PATIENT** *Liver*

Emmy Cavanaugh

The liver is subjectively enlarged with rounded/swollen peripheral contours. The parenchyma is hyperechoic 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.

**SPECIES**

Canine

**BREED**

Cocker Spaniel

The gall bladder is overdistended. The wall is normal in thickness. A moderate amount of aggregated echogenic suspended sludge in a stellate pattern is observed within the lumen. The cystic and common bile ducts are normal/not seen. The mesentery adjacent to the gallbladder is slightly hyperechoic.

**SEX**

**Gastrointestinal**

Spayed Female

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 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 or overt infiltrative disease is noted.

**AGE**

1/11/15

**WEIGHT**

**Pancreas**

32.2 Lbs.

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.

**INTERPRETED BY**

**Free Abdomen**

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

Trace free fluid is observed between the liver lobes, adjacent to the diaphragm. The abdominal lymph nodes are normal/not visible.

**IMAGING PERFORMED BY**

**Other**

Andrea Nicastro, DVM,  
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(Small Animal Internal  
Medicine)

A brief echocardiogram (no charge) reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

**HOSPITAL NAME**

**ULTRASONOGRAPHIC FINDINGS**

Sun Dog Cat Moon VC

- Fully formed gallbladder mucocele with mild regional peritonitis
- Nonspecific diffuse hepatopathy. Differentials include inflammatory/immune mediated disease (i.e., bacterial cholangiohepatitis, chronic active hepatitis), hepatotoxicosis (i.e., copper), leptospirosis, other hepatopathy +/- concurrent vacuolar hepatopathy (i.e., secondary to corticosteroid administration).

**REFERRING VET**

Dr. Abby Clayton

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INVOICE**

- Referral to a board-certified surgeon for a cholecystectomy and liver biopsy is recommended.
- While awaiting surgery, initiation of broad-spectrum antibiotics (i.e., amoxicillin-clavulanic acid), ursodiol and Denamarin are recommended.

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1/20/22



**PATIENT**

Emmy Cavanaugh

**SPECIES**

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Cocker Spaniel

**SEX**

Spayed Female

**AGE**

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Sun Dog Cat Moon VC

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Dr. Abby Clayton

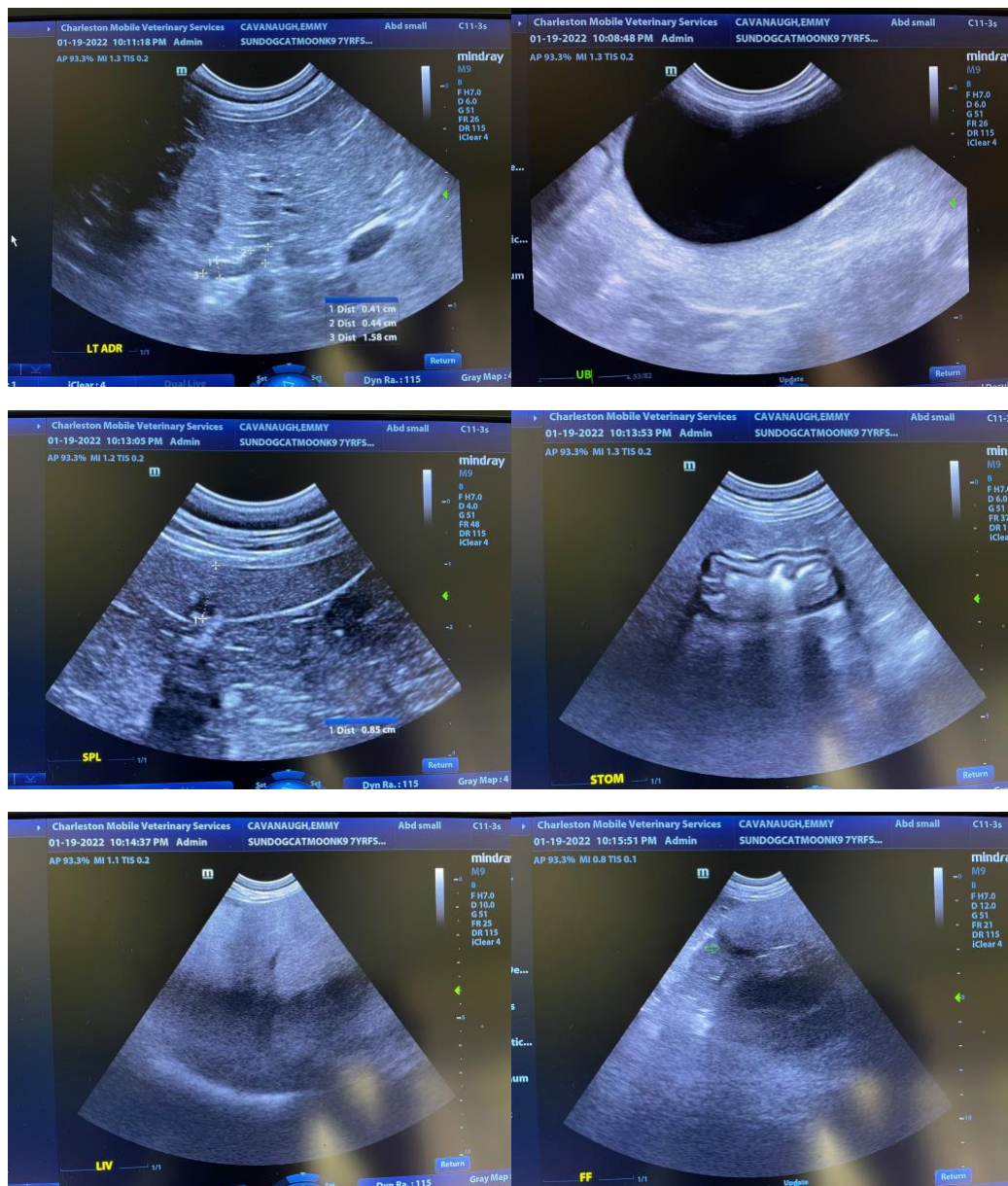
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- Three-view thoracic radiographs are recommended prior to anesthesia, to assess cardiopulmonary status.
- A repeat urinalysis is recommended in 4-6 weeks to assess for persistent pyuria and crystalluria.





**PATIENT**

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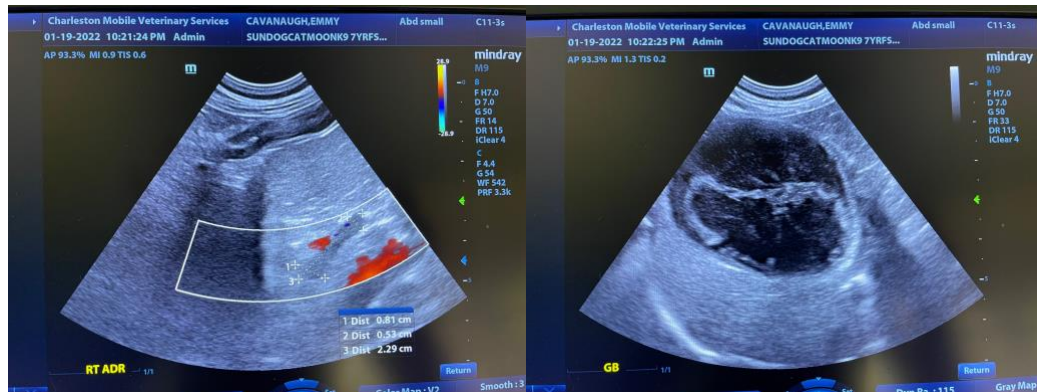
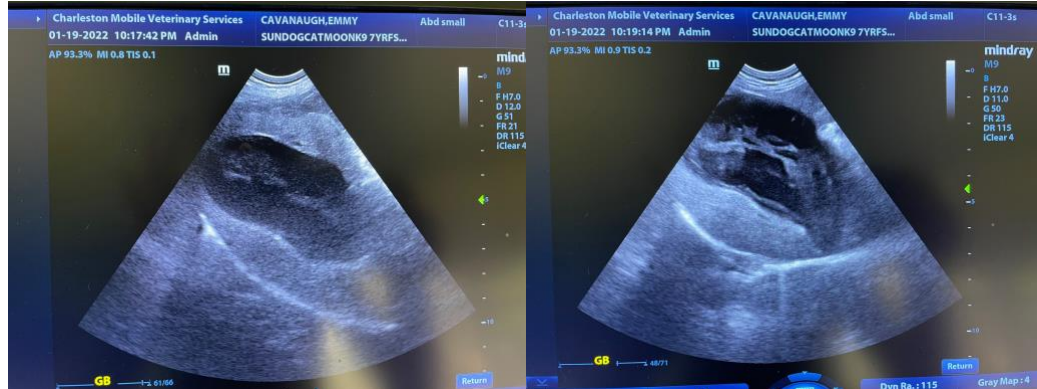
Dr. Abby Clayton

**INVOICE**

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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.

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

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