



PATIENT

Teeka Lyon

PRESENTING CLINICAL SIGNS

History: HX of climbing ALT; Owner does Denamarin when she remember; No symptoms; Obese
Abnormal PE/Chem/CBC/UA Results: Increased ALT

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Pit mix

The urinary bladder, trigone, and pelvic urethra are 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. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

SEX

Female, spayed

The left kidney is not visualized in its entirety. In the visualized portions it is subjectively normal in size with normal shape and architecture and 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.

AGE

9 Yrs.

The right kidney is normal size (6.12 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.

WEIGHT

77 lbs.

Adrenal Glands

The region of the adrenal glands is evaluated. The glands are not definitively visualized. However, no obvious pathology is observed in this region.

INTERPRETED BY

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

Spleen

The spleen is subjectively prominent in size (2.74 cm in width at the level of the hilus) with slightly swollen peripheral contours. The parenchyma is diffusely mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively small in size with normal curvilinear peripheral contours. The parenchyma is of appropriate echogenicity and echotexture and is diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder is not definitively visualized.

IMAGING PERFORMED BY

Tasha

HOSPITAL NAME

Dillsburg

Gastrointestinal

The gastric lumen is mildly distended with ingesta. 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 segmentally dilated chyme. 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.

REFERRING VET

Dr. Crow

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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.

DATE

1/25/22



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Free Abdomen

Teeka Lyon

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

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Canine

ULTRASONOGRAPHIC FINDINGS

BREED

Pit mix

- Subjective microhepatica. Possible differentials for the rising ALT include inflammatory disease (i.e., chronic active hepatitis, bacterial cholangiohepatitis), early fibrosis, hepatotoxicosis (i.e., copper), other hepatopathy.
- The splenic parenchymal changes could be consistent with a benign process such as lymphoid hyperplasia or extramedullary hematopoiesis. Alternatively, emerging neoplasia is possible although considered less likely in an asymptomatic patient.

SEX

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AGE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

77 lbs.

- Pre and post prandial serum bile acids.
- Consider Leptospirosis testing if the ALT elevation is acute in nature.
- Ultimately, a surgical liver biopsy with aerobic and anaerobic bile cultures and acquisition of hepatic tissue samples for potential copper quantitation may be necessary to get a definitive diagnosis.
- Given the patient's age, three-view thoracic radiographs are recommended prior to any anesthetic event.

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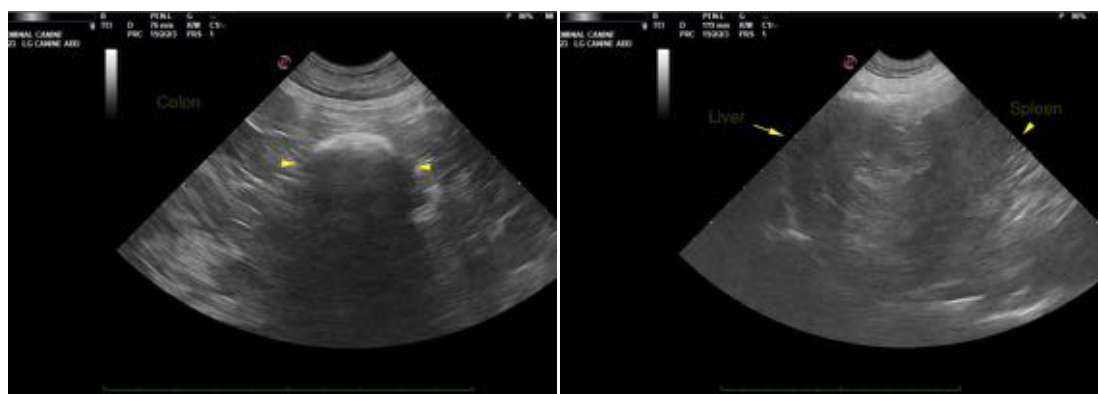
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

Andrea.nicastro@sonopath.com