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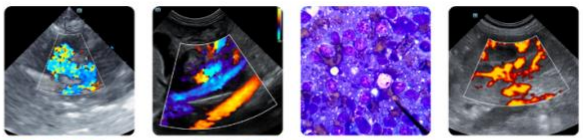

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Miley Tallman

SPECIES

Canine

BREED

Border Collie Mix

SEX

Female Spayed

AGE

6/17/2014

WEIGHT

27.2lb

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Central VH Summerville

REFERRING VET

Dr Karen Miller

INVOICE

22481

DATE

1-30-26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Patient has history of digestive issues and elevated liver values. Denamarin since July 2025.

Abnormal lab-work values:
Bloodwork 3 months ago revealed ALT and ALP in the 100s.
Superchem w/SDMA
Total Protein 6.1 5.0-7.4 g/dL
Albumin 3.0 2.7-4.4 g/dL
Globulin 3.1 1.6-3.6 g/dL
A/G Ratio 1.0 0.8-2.0
AST (SGOT) 476 15-66 IU/L HIGH
ALT (SGPT) 1151 12-118 IU/L HIGH
Alk Phosphatase 212 5-131 IU/L HIGH
GGTP 12 1-12 IU/L
Total Bilirubin 0.2 0.1-0.3 mg/dL
Urea Nitrogen 33 6-31 mg/dL HIGH
Creatinine 1.9 0.5-1.6 mg/dL HIGH
SDMA 21.0 <14.0 UG/dL HIGH
Current Medications: Denamarin

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. A small amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal in size (4.55 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. A 0.58 cm cortical cyst is seen. Mild pyelectasia is present (0.18 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.53 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Mild pyelectasia is present (0.19 cm in the longitudinal plane). There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.69 cm at cranial pole) (0.65 cm at caudal pole) with a normal shape and 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 in size (0.64 cm at cranial pole) (0.43 cm at caudal pole) with a normal shape and 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 overall normal in size (1.29 cm in width at the level of the hilus) with irregular peripheral contours. There is appropriate echogenicity and echotexture. Varying-sized hyperechoic nodules are observed throughout the organ. Splenic vasculature is normal.

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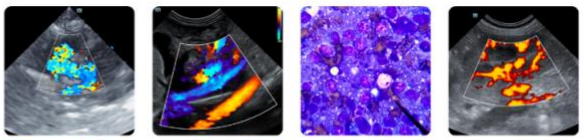

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Liver
The liver is prominent in size with smooth peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

The gallbladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of aggregated, echogenic, partially dependent sludge in a partially stellate pattern, is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal
The gastric lumen is not distended. 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 not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

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.

Lymph Nodes
The abdominal lymph nodes are normal/not visible.

Free Abdomen
There is no obvious evidence of free fluid.

Other
A brief echocardiogram reveals no obvious evidence of right atrial or auricular mass. There is no obvious evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The gallbladder changes are consistent with a developing mucocele.
- The hepatic changes are nonspecific and could be secondary to inflammatory disease (i.e., cholangiohepatitis, chronic hepatitis), Leptospirosis, hepatotoxicosis, infiltrative neoplasia (i.e., lymphoma), vacuolar hepatopathy, regenerative nodular hyperplasia, other hepatopathy, or some combination thereof.

Secondary Findings

- Bilateral nonspecific age-related renal changes with right dystrophic mineralization. The bilateral pyelectasia may be secondary to pyelonephritis, parenchymal remodeling, PU/PD (if applicable), or some combination thereof.
- The hyperechoic splenic nodules as most consistent with myelolipomas, with a lower possibility of more insidious splenic pathology.

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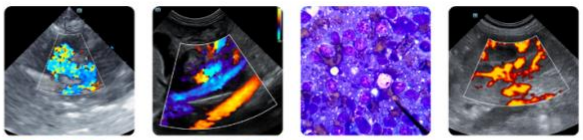

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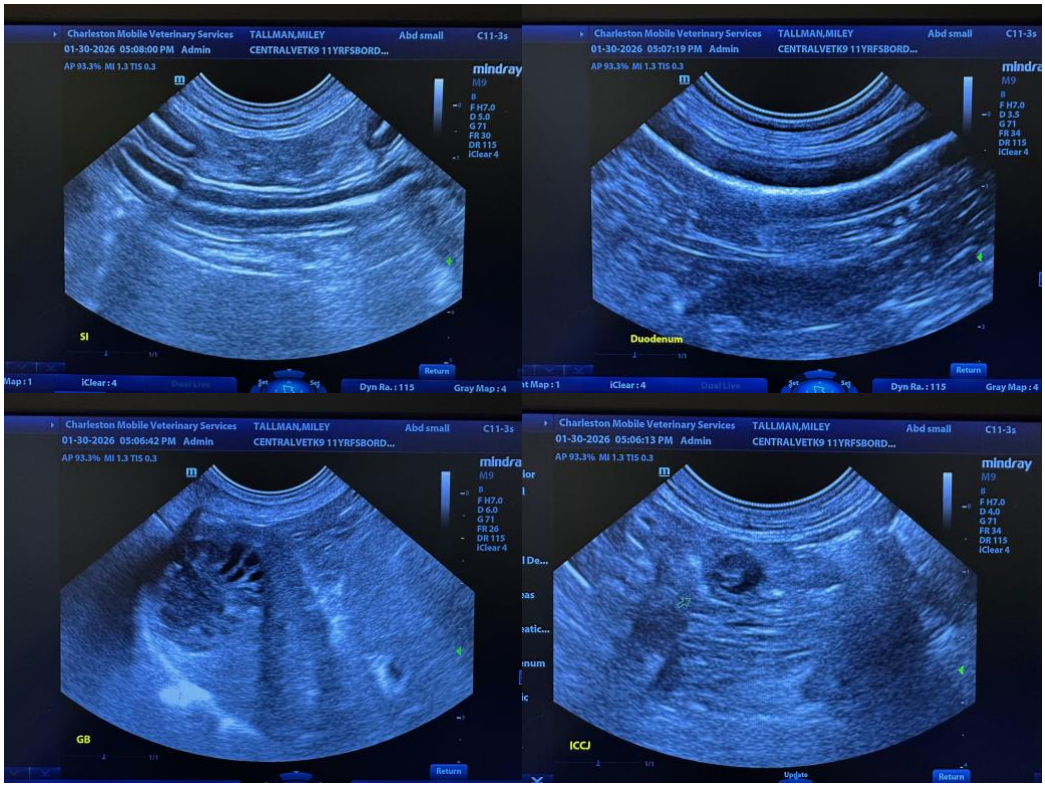
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider Leptospirosis testing (i.e., blood and urine PCR, serology), particularly if clinical suspicion of disease is high.
- If an aggressive approach is desired, consider referral for cholecystectomy with aerobic and anaerobic bile cultures, as well as liver biopsies. Clotting times and thoracic radiographs should be performed prior to anesthesia.
- If a more conservative approach is desired, consider empirical treatment for cholecystitis, cholangitis/cholangiohepatitis/gallbladder mucocele, with broad-spectrum antibiotic therapy, Ursodiol, and hepatic antioxidants. Liver values should be rechecked within a week. If liver values are not improving, surgery should be reconsidered. If values do improve, broad-spectrum antibiotic therapy should be continued for at least 3-4 weeks, and one week beyond normalization of the ALT. The gallbladder should also be monitored sonographically every 6-8 weeks to assess for progression to a fully-formed mucocele.



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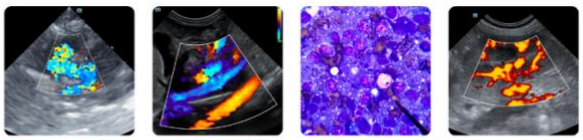

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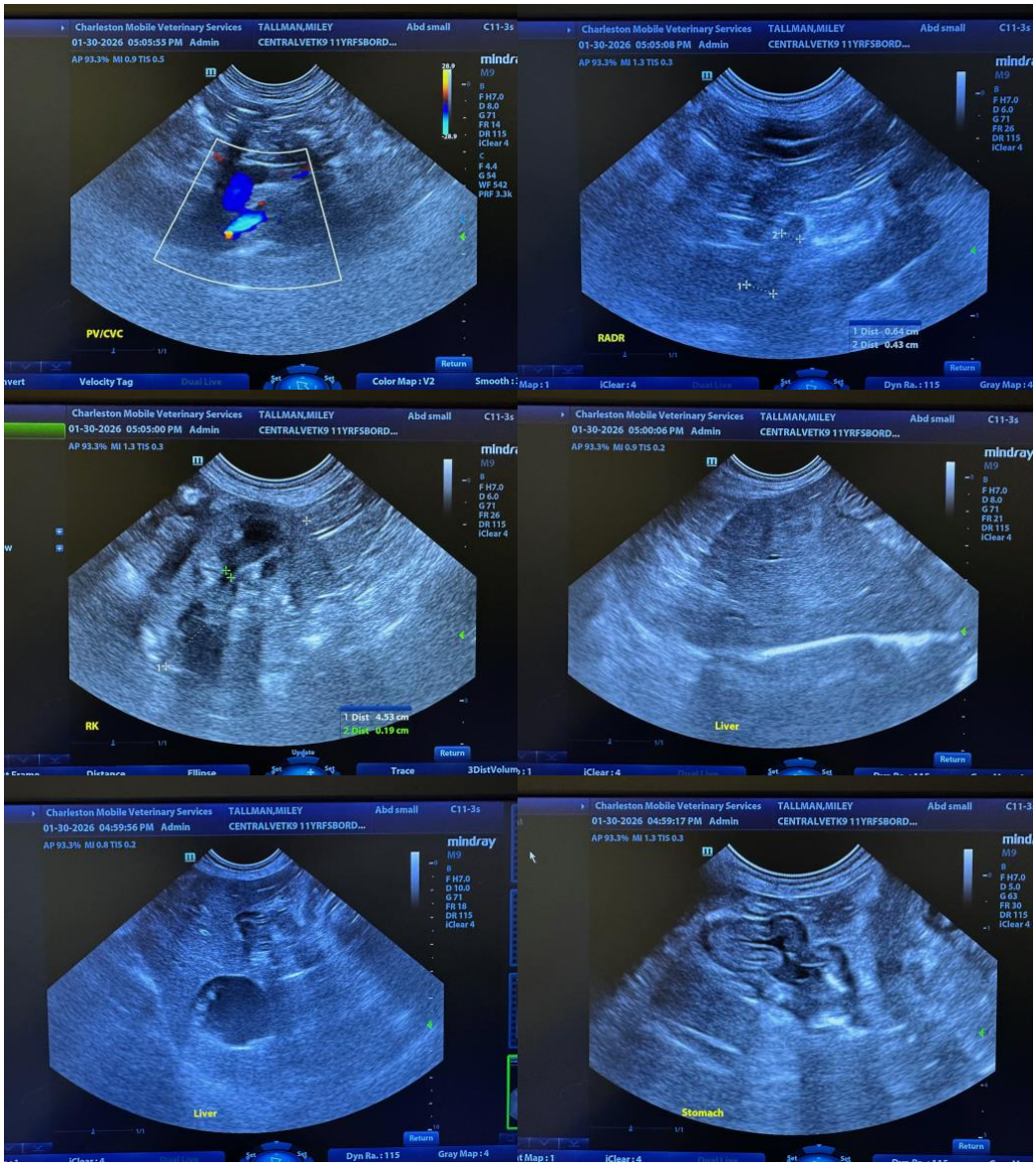

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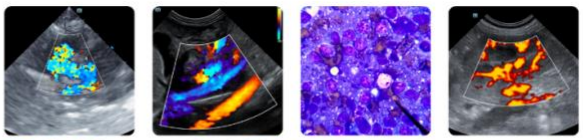

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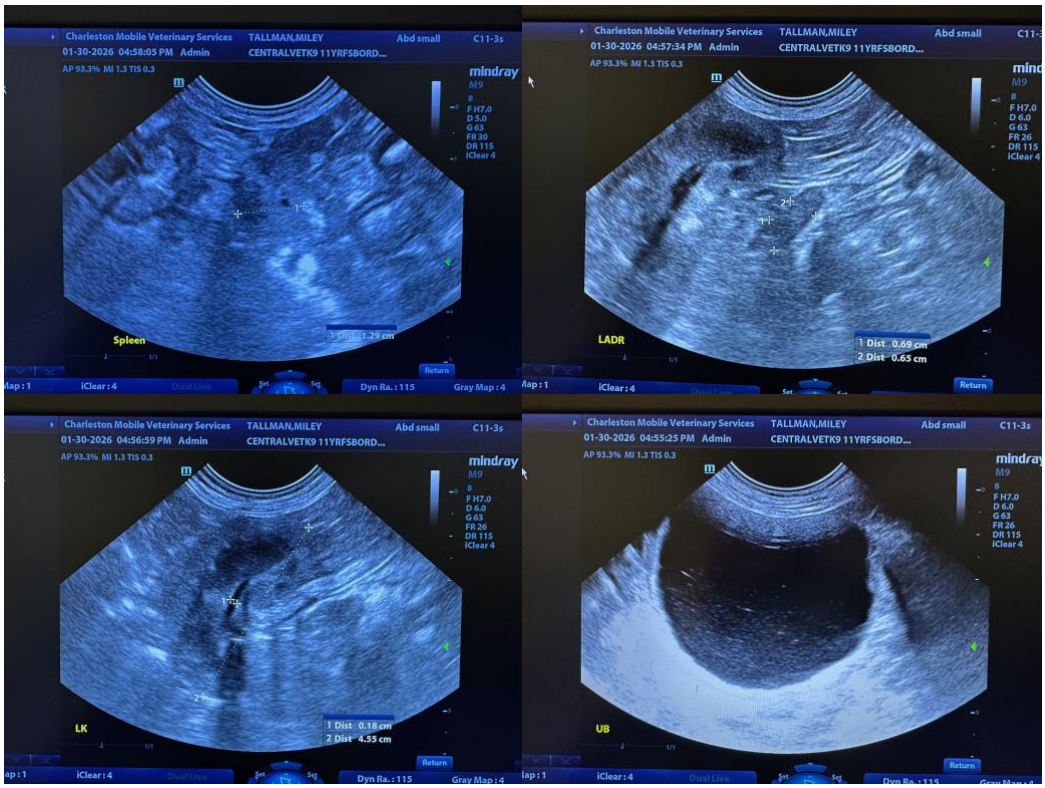

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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