



**PATIENT**

Bayla Andnulli

**PRESENTING CLINICAL SIGNS**

History: increasing ALT and ALKP  
Abnormal PE/Chem/CBC/UA Results: ALT 315, ALKP 599, chol 462, precision PSL 166, platelets 465 (170-400)

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

Beagle mix

*Urinary System*

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.

**SEX**

Female, spayed

The left kidney is normal size (5.98 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**AGE**

12 Yrs.

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 mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**WEIGHT**

85 lbs.

*Adrenal Glands*

The left adrenal gland is normal size (0.89 cm at cranial pole) (0.76 cm at caudal pole) (2.63 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  
Medicine*)

The right adrenal gland is normal size (1.26 cm at cranial pole) (0.59 cm at caudal pole) (2.22 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.

**IMAGING PERFORMED BY**

Diane McFadden

*Spleen*

The spleen is normal in size (2.24 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A few ill-defined myelolipomas are observed in the region of the hilus. Splenic vasculature is normal.

**HOSPITAL NAME**

Newton VH

*Liver*

The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and 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 lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated echogenic partially dependent debris is observed within the lumen. The cystic and common bile ducts are normal/not seen. The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

**REFERRING VET**

Dr. Kim

**INVOICE**

12921

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***Gastrointestinal***

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 pyloric outflow tract is patent. 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 disease is noted.

***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.

***Free Abdomen***

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

**ULTRASONOGRAPHIC FINDINGS**

- Non-specific diffuse hepatopathy. Differentials include inflammatory/immune mediated disease (i.e., bacterial cholangiohepatitis, chronic active hepatitis, Leptospirosis), hepatotoxicosis, infiltrative neoplasia (less likely) +/- concurrent age-related changes (i.e., vacuolar hepatopathy, regenerative nodular hyperplasia).
- Minor degenerative renal changes.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Pre and post prandial serum bile acids are recommended to assess hepatic function.
- Consider Leptospirosis testing (i.e., blood and urine PCR, serology), particularly if the liver enzyme elevations are acute in nature.
- Hepatic tissue sampling (i.e., fine needle aspirate or surgical biopsy) should be considered. If biopsies are pursued, aerobic and anaerobic bile cultures as well as acquisition of additional hepatic tissue samples for potential copper quantitation are recommended. If hepatic tissue sampling is not to be pursued at this time, consider empirical treatment for bacterial cholangiohepatitis/Leptospirosis with Amoxicillin clavulanic acid as well as hepatic antioxidant therapy. If liver values are not improving within 5-7 days of initiating therapy, antibiotics should be discontinued and hepatic tissue sampling revisited.
- Three-view thoracic radiographs should be performed prior to anesthesia in order to assess cardiopulmonary status.



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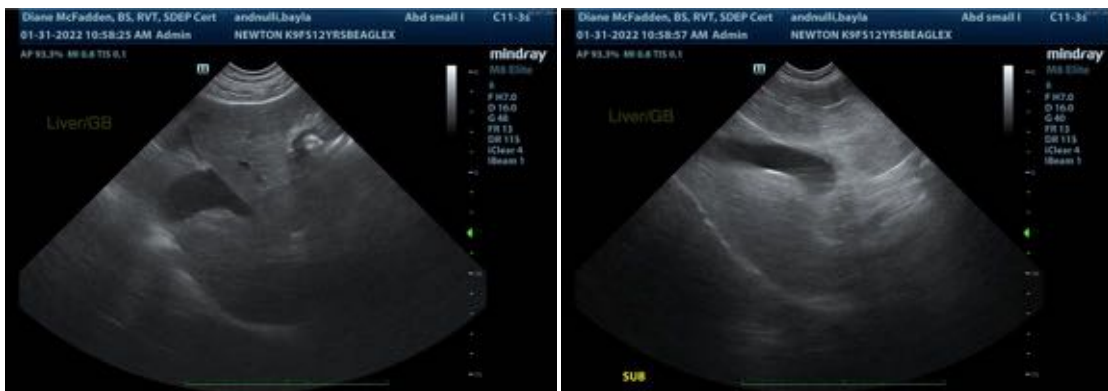
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

Canine

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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Andrea.nicastro@sonopath.com

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