

## PATIENT

Dixie Polsinello

## SPECIES

Canine

## BREED

Austr Cattle Dog

## SEX

Spayed Female

## AGE

13 years

## WEIGHT

N/A

## INTERPRETED BY

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

## IMAGING PERFORMED BY

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

## HOSPITAL NAME

Blue Pearl  
Mt Pleasant

## REFERRING VET

Dr. Shannon Graham

## INVOICE

11768

## DATE

10.3.22

## PRESENTING CLINICAL SIGNS

Recent history of general lethargy. Has been having a soft cough overnight. Not acting like herself. Liver shows elevated liver values in the 500-600 range. Anemic. Hematocrit is 25%. Had a few urine accidents in the house.

## 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 mostly 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.

The **left kidney** is normal size (5.75 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The **right kidney** is subjectively normal in size with a 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.

### Adrenal Glands

The **left adrenal gland** is borderline enlarged (0.78 cm at cranial pole) (0.79 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.

The **right adrenal gland** is borderline enlarged (1.06 cm at cranial pole) (0.81 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.

### Spleen

The **spleen** is normal in size (1.46 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.

### Liver

The **liver** is subjectively prominent in size with swollen curvilinear 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 **gall bladder** lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of aggregated, echogenic debris/sludge is observed within the lumen, some of which is gravity dependent, some of which is adhered to the luminal surface. The cystic and common bile ducts are normal/not seen.

### Gastrointestinal



**PATIENT**

Dixie Polsinello

**SPECIES**

Canine

**BREED**

Austr Cattle Dog

**SEX**

Spayed Female

**AGE**

13 years

**WEIGHT**

N/A

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

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

**HOSPITAL NAME**

Blue Pearl  
Mt Pleasant

**REFERRING VET**

Dr. Shannon Graham

**INVOICE**

11768

**DATE**

10.3.22

The **stomach and intestine** are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly distended with echogenic fluid. 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 ileocecolic junction and colonic wall are normal. The colonic lumen is mildly to moderately fluid-distended. There is no obvious 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.

**Free Abdomen**

The **peritoneal cavity** is normal. There is no evidence of inflammation or effusion. A few prominent mesenteric **lymph nodes** are visualized, the largest measuring 2.21 cm in length.

**Other**

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

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- Given the clinical history and sonographic changes, a diffuse hepatopathy is suspected. Top differentials include bacterial cholangiohepatitis, Leptospirosis, hepatotoxicity, infiltrative neoplasia (less likely), +/- concurrent age-related change (i.e., vacuolar hepatopathy, regenerative nodular hyperplasia and/or age-related remodeling).
- Gall bladder debris/sludge - incidental

**Secondary Findings**

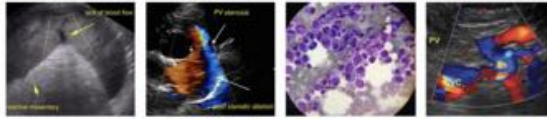
- Borderline bilateral adrenomegaly. This may be a normal variant for this patient or may reflect early hyperplastic change.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Leptospirosis testing (i.e., blood and urine PCR, serology)

Consider empirical treatment for bacterial cholangiohepatitis/Leptospirosis (i.e., amoxicillin-clavulanic acid, Denamarin) and recheck liver values in 3-5 days. If liver values are not improving, consider hepatic tissue sampling (i.e., fine-needle aspirate or surgical biopsy) if clotting status is appropriate. If liver values are improving, continue therapy for at least 4 weeks, and at least one week beyond normalization of the ALT.

Given the patient's recent history of a cough, three-view thoracic radiographs are also recommended.



**PATIENT**

Dixie Polsinello

Given the anemia, a repeat CBC (send to a diagnostic lab) with a reticulocyte count, is strongly recommended to determine if regeneration is present. The patient's hematocrit should be closely monitored for worsening anemia.

**SPECIES**

Canine

**BREED**

Austr Cattle Dog

**SEX**

Spayed Female

**AGE**

13 years

**WEIGHT**

N/A

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

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

**HOSPITAL NAME**

Blue Pearl  
Mt Pleasant

**REFERRING VET**

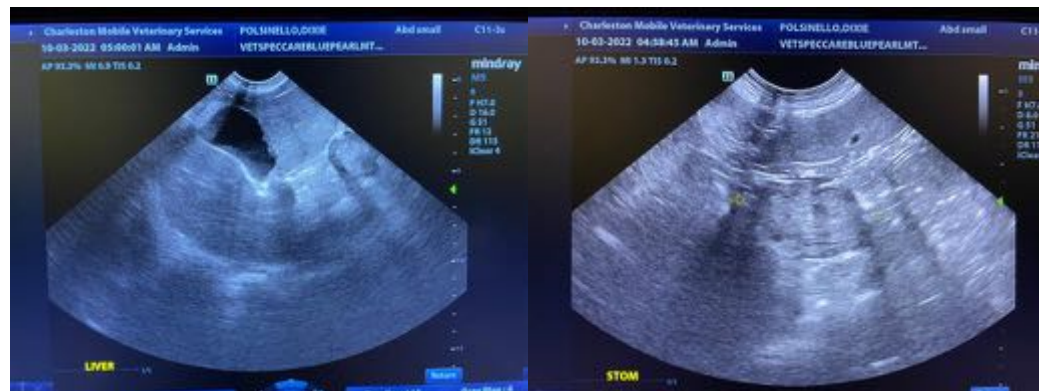
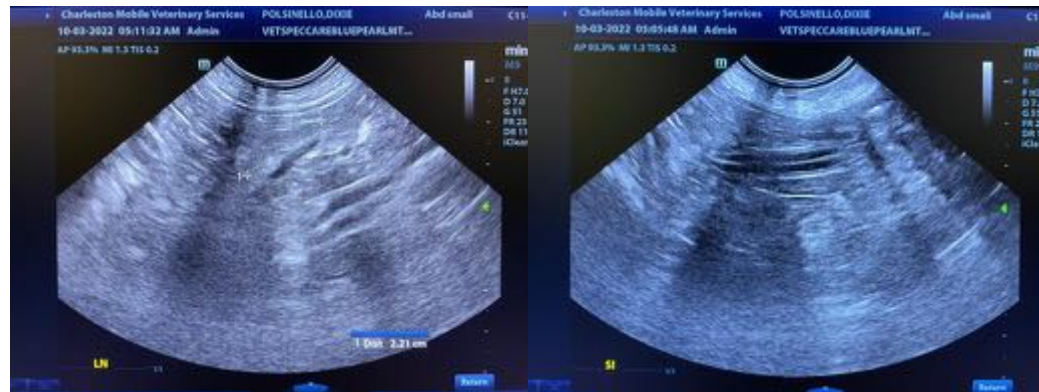
Dr. Shannon Graham

**INVOICE**

11768

**DATE**

10.3.22





**PATIENT**

Dixie Polsinello

**SPECIES**

Canine

**BREED**

Austr Cattle Dog

**SEX**

Spayed Female

**AGE**

13 years

**WEIGHT**

N/A

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

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

**HOSPITAL NAME**

Blue Pearl  
Mt Pleasant

**REFERRING VET**

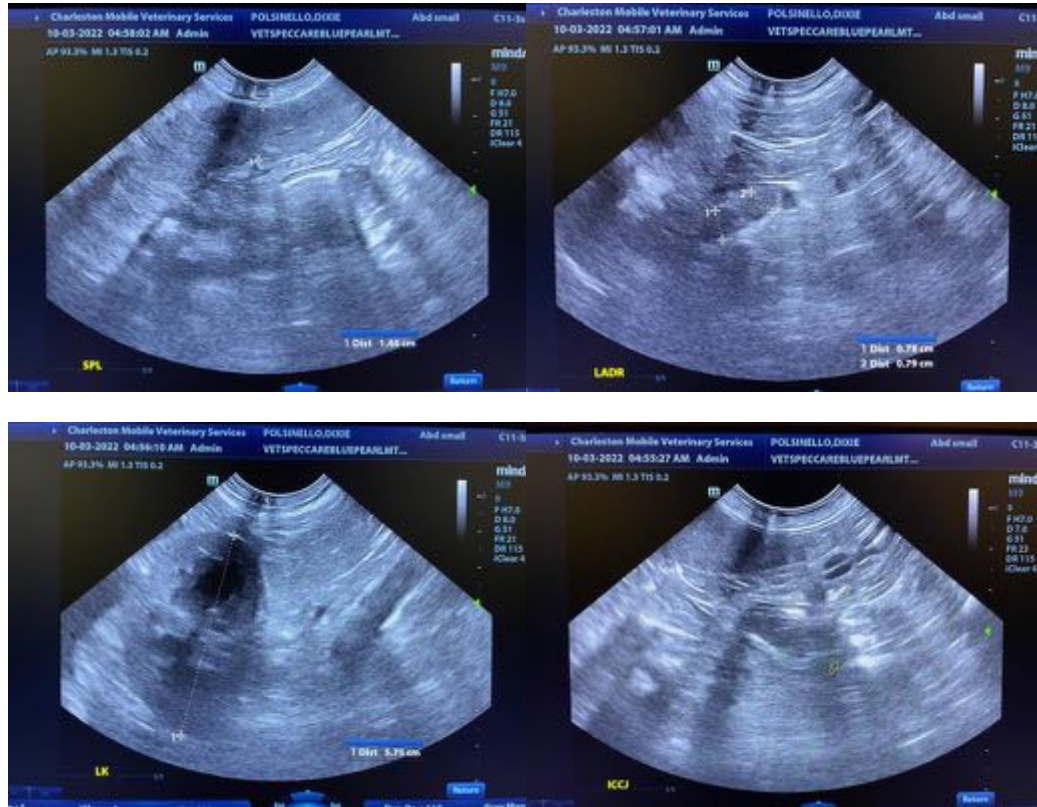
Dr. Shannon Graham

**INVOICE**

11768

**DATE**

10.3.22



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)**  
[info@SonoPath.com](mailto:info@SonoPath.com)