



PATIENT PRESENTING CLINICAL SIGNS

PB Reeves History: Decreased appetite and mild-moderate lethargy for 6 days, no GI signs. Presented with fever of 104.3, PE unremarkable except tense with palpation, suspect painful.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: CBC - neu 13.9k, mon 1.9kl, plt has some clumping, adequate number (163k). Chem10 - ALT 569 (H), ALP 213 (H) Thorax - unremarkable. Abdomen, stomach appears quite full of ingesta, descending colon has some gas. P - given the liver value elevations, recommend

BREED

Terrier Mix

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Neutered Male

The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. A few, small, cystic calculi are observed within the lumen, along with a large amount of aggregated, suspended echogenic debris. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

AGE

4

The prostate is normal in size (0.83 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

WEIGHT

12.4

The left kidney is normal in size (4.61 cm in length) with a normal shape, 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 hydronephrosis. Renal vasculature is normal.

INTERPRETED BY

Andrea Nicastro, DVM,
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Medicine)

The right kidney is normal in size (5.57 cm in length) with a normal shape, 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 hydronephrosis. Renal vasculature is normal.

IMAGING PERFORMED BY

Dr. Wilberger

Adrenal Glands

The left adrenal gland is normal in size (LaAN cm at cranial pole) (LaAN 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.

HOSPITAL NAME

Wilvet South

The right adrenal gland is normal in size (RaAN cm at cranial pole) (RaAN 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.

REFERRING VET

Dr. Wilberger

Spleen

The spleen is subjectively normal-in-size with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

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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.

DATE

11-19-25

The gallbladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of mostly gravity-dependent, echogenic-to-mineralized debris/sand is observed within the lumen. The cystic and common bile ducts are normal/not seen.



PATIENT *Gastrointestinal*

PB Reeves

The lumen is not distended. The gastric wall is 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. There is no evidence of an obstructive pattern.

SPECIES

Canine

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.

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Terrier Mix

Lymph Nodes

The abdominal lymph nodes are normal/not visible.

SEX

Neutered Male

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

AGE

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ULTRASONOGRAPHIC FINDINGS

- 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.
- Gallbladder debris/sand, non-mucocele
- Cystic calculi. The urinary bladder debris could be consistent with cells, crystals, exfoliated material, mucous, and/or lipid droplets.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Pre- and postprandial serum bile acids and Leptospirosis testing (i.e., blood and urine PCR, serology) are recommended.
- Ultimately, hepatic tissue sampling (i.e., aspirates or biopsies) may be necessary to get a definitive diagnosis. If biopsies are pursued, aerobic and anaerobic bile cultures and hepatic copper quantitation should also be performed, along with a cystotomy with stone removal, analysis and culture. Three-view thoracic radiographs and clotting times should be performed prior to anesthesia.
- If a conservative approach is desired, consider empirical treatment for bacterial cholangiohepatitis/ Leptospirosis (amoxicillin-clavulanic acid, Denamarin). If no improvement in the liver values is seen within 7-10 days of initiating therapy, antibiotics should be discontinued, and hepatic tissue sampling reconsidered. If liver values improve, continue therapy for at least 4-6 weeks and 1 week beyond normalization of the liver values.
- Regarding the bladder stones, if a cystotomy is not pursued at this time, consider an attempt at medical dissolution.

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REFERRING VET

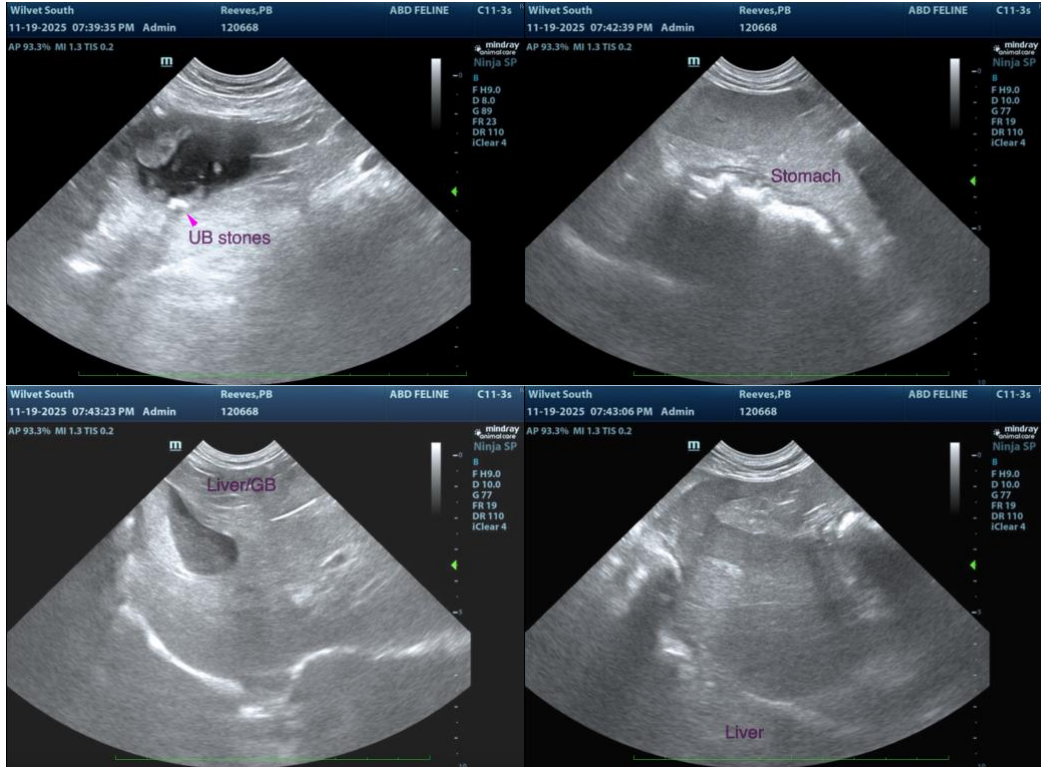
Dr. Wilberger

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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.

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