



**PATIENT PRESENTING CLINICAL SIGNS**

**Caille McGrath**  
Clinical Exam Findings: 12 hours of vomiting 3-4 times then dry heaving this morning. Acting thirsty. She vomits after she drinks. No trouble urinating. Has had diarrhea on and off for a few weeks. She has been on Provable.

**SPECIES**  
Canine  
For the last few days, she has been fine.no PU/PD  
On presentation patient is very sweet QAR

**BREED**  
Cavachon  
EENT mmb pink ,2  
CV/R no murmur/arrhythmia lungs clear  
abd palp sl tender.  
integ sofft SQ mass right inguinal area  
PLNS wnl  
MS/N ambulatory x4

**SEX**  
Neutered Male  
rectal empty  
FAST - mucocele and inflammation in the common bile duct. Llver is uniformly mottled. Hyperechoic margins around vessels.  
No free fluid seen.

**AGE**  
11/28/11  
Abnormal lab-work values:  
cPL - Abnormal  
Increased ALT, ALKP, GGT, T-Bili  
Increased WBC (Neu) 18.44

**WEIGHT**  
6.4 kg  
Decreased PIT - 135  
Current Medications: IVF, Cerenia, Famotidine, Unasyn, Baytril  
Radiographic Findings: Pending - No obvious obstructions or masses, good detail

**INTERPRETED BY ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

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

**Urinary System**

The urinary bladder wall is 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 2-3 cm, are normal.

**IMAGING PERFORMED BY**

Andrea Nicastro,  
DVM, Diplomate ACVIM  
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Medicine)

The left kidney is normal size (4.00 cm in length); normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. A few nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

**HOSPITAL NAME**

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The right kidney is normal size (4.78 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**REFERRING VET**

Dr. Marcario

**Adrenal Glands**

The left adrenal gland is upper limits of normal size (0.46 cm at cranial pole) (0.57 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.

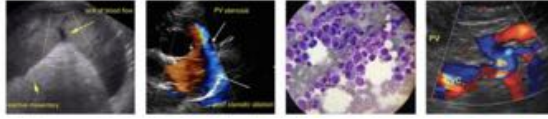
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The right adrenal gland is normal size (0.55 cm at cranial pole) (0.37 cm at caudal pole); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex,

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**PATIENT**

and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Caile McGrath

**Spleen**

**SPECIES**

The spleen is normal in size (1.30 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.

Canine

**BREED**

**Liver**

Cavachon

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and homogenous in appearance. There is an increase in portal markings. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1:1.

**SEX**

The gall bladder lumen is over-distended. The wall is normal in thickness. A large amount of aggregated/organized echogenic to mineralized, suspended sludge is observed within the lumen. The sludge appears to extend into the cystic duct. The common bile duct does not appear dilated. Trace free fluid is observed adjacent to the gall bladder. The mesentery surrounding the gall bladder is mildly hyperechoic.

Neutered Male

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**Gastrointestinal**

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly distended with fluid and gas. 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. There is no evidence of an obstructive pattern.

**WEIGHT**

6.4 kg

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**Pancreas**

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DVM, Diplomate ACVIM  
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The right limb of the pancreas is normal in size with normal curvilinear peripheral contours. The parenchyma is largely hyperechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

**IMAGING PERFORMED BY**

**Free Abdomen**

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Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

**HOSPITAL NAME**

**Other**

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

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**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- The gall bladder changes are most consistent with a mucocele with concurrent cholecystitis. Adjacent peritonitis.
- The increase in hepatic portal markings is most consistent with and inflammatory process (i.e., bacterial cholangiohepatitis or chronic hepatitis).

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**Secondary Findings**

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- Bilateral, age-related renal changes with left nonobstructive nephrolithiasis

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**PATIENT**

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

Caile McGrath

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SPECIES**

- A cholecystectomy should be considered due to the potential for rupture with subsequent bile/septic peritonitis. A liver biopsy should also be obtained at the time of surgery. Prior to surgery, three-view thoracic radiographs are recommended to assess cardiopulmonary status, along with evaluation of clotting status (i.e., PT/PTT).

Canine

**BREED**

Cavachon

**SEX**

Neutered Male

**AGE**

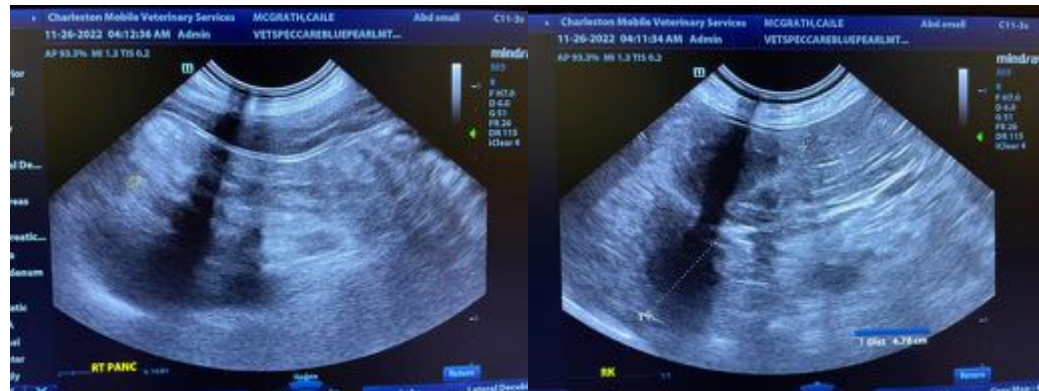
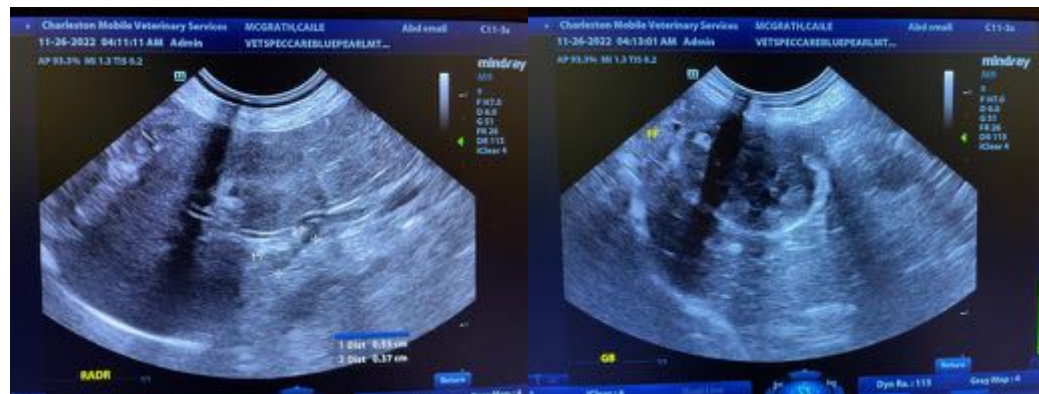
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**WEIGHT**

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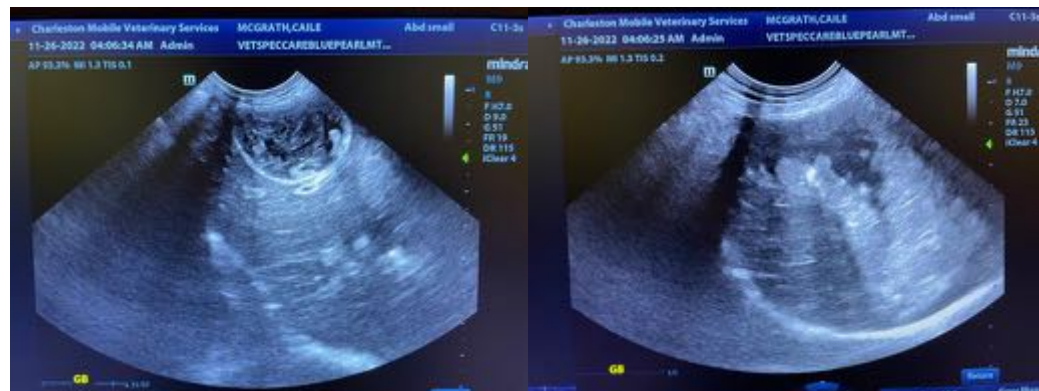
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**SPECIES**

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**BREED**

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**SEX**

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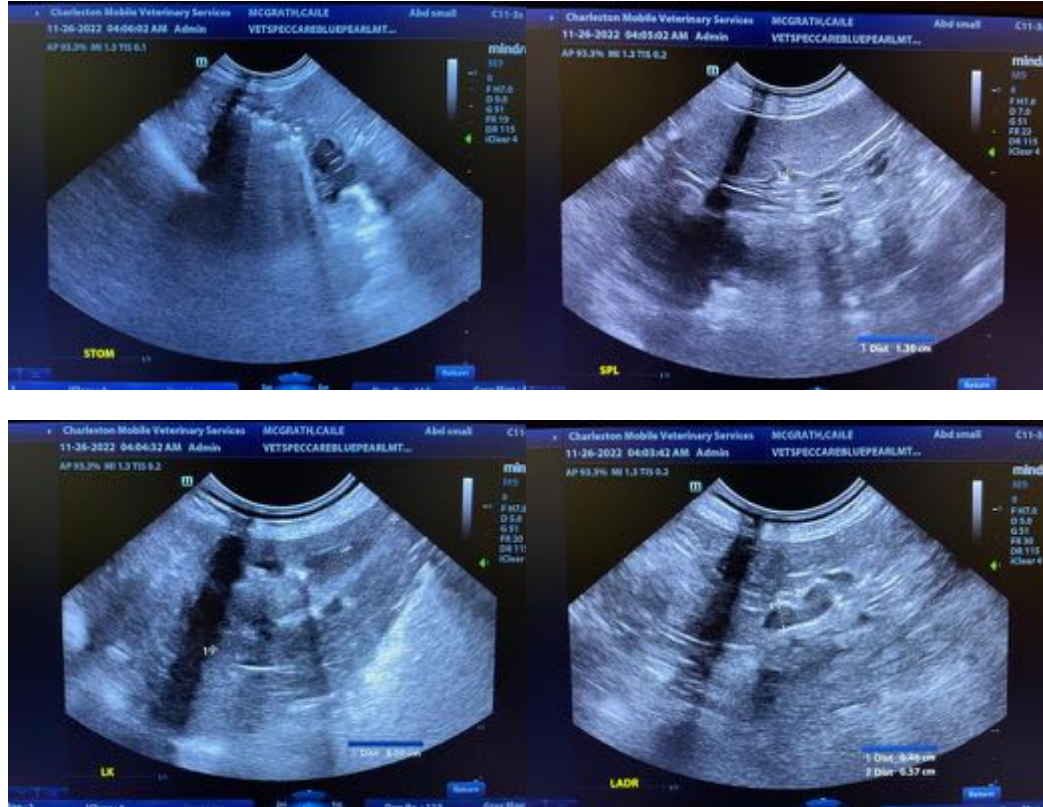
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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