



PATIENT PRESENTING CLINICAL SIGNS

Leela Weaver
History: Recent gradual weight loss, inappetence, loose stool, intermittent vomiting, icterus
Abnormal PE/Chem/CBC/UA Results: CBC WNL except increased reticulocytes

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

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 with anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone is normal.

BREED

Anatolian Shep Mix

The **left kidney** is normal size (7.21 cm in length); 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.

SEX

Spayed Female

The **right kidney** is normal size (7.48 cm in length); 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.

AGE

4 years

Adrenal Glands

The left adrenal gland is small in size (0.45 cm at cranial pole) (0.39 cm at caudal pole) (2.43 cm in length); normal shape; smooth peripheral contours. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

WEIGHT

35 kg

The right adrenal gland is normal size (0.85 cm at cranial pole) (0.79 cm at caudal pole) (2.38 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)

Spleen

The **spleen** is normal to slightly prominent in size (2.80 cm in width at the level of the hilus) with normal curvilinear peripheral contours. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

IMAGING PERFORMED BY

Jolee Stegemoller,
DVM

Liver

The **liver** is subjectively prominent in size with irregular peripheral contours. The parenchyma is hyperechoic relative to the spleen and diffusely mottled and heterogenous in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

HOSPITAL NAME

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(VCA)

REFERRING VET

Dr. Talitha Neher, DVM

The **gall bladder** lumen is mildly to moderately distended with anechoic contents. The wall is mildly thickened (up to 0.31 cm), irregular and hyperechoic. The cystic and common bile ducts are normal/not seen.

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Gastrointestinal

The **gastric lumen** is mildly distended with ingesta. 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.

DATE

11.3.22



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Pancreas

The **pancreas** is difficult to visualize due to the ascites and enflamed mesentery. In the visualized portions, no obvious pathology is observed.

SPECIES

Canine

Free Abdomen

A moderate amount of free fluid is present. The mesentery throughout the abdomen is hyperechoic and irregular. The abdominal **lymph nodes** are normal/not visible.

BREED

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

SEX

Spayed Female

AGE

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- Diffuse hepatopathy. Top differentials include inflammatory disease (i.e., bacterial cholangiohepatitis, chronic hepatitis), infiltrative neoplasia (i.e., lymphoma), hepatotoxicosis (i.e., copper), Leptospirosis, or other hepatopathy.
- The gall bladder wall changes could be consistent with cholecystitis or be artifactual due to lack of full repletion.
- The ascites is suspected to be secondary to underlying liver disease. However, other considerations include hypoalbuminemia (if applicable), increased vascular permeability (i.e., vasculitis), other.

WEIGHT

35 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider a fine-needle aspirate of the liver, if clotting status is appropriate. A 25-gauge needle should be used. If abdominal fluid and hepatic cytologies are inconclusive, laparoscopic, or surgical liver biopsies may be necessary to get a definitive diagnosis. If pursued, hepatic copper quantitation is recommended along with acquisition of aerobic and anaerobic bile cultures. Prior to anesthesia, three-view thoracic radiographs are recommended along with assessment of clotting times (PT/PTT).

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

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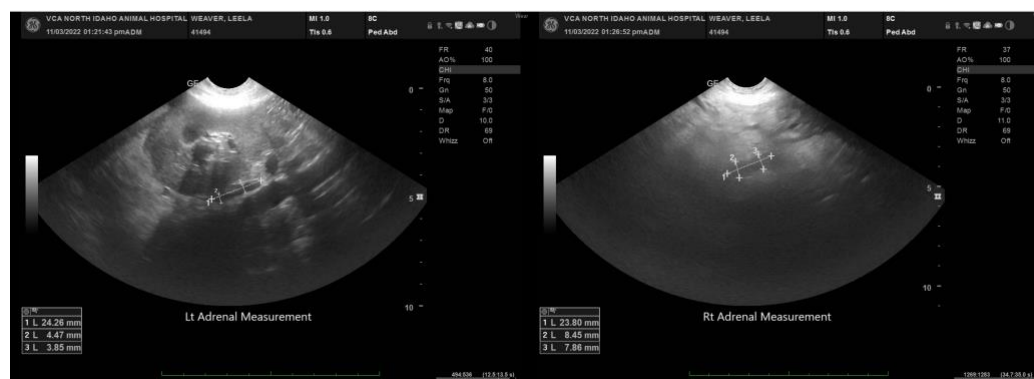
While awaiting test results, empirical treatment for bacterial cholangiohepatitis/hepatotoxicity is recommended, including broad-spectrum antibiotics, Denamarin +/- Ursodiol and vitamin E.

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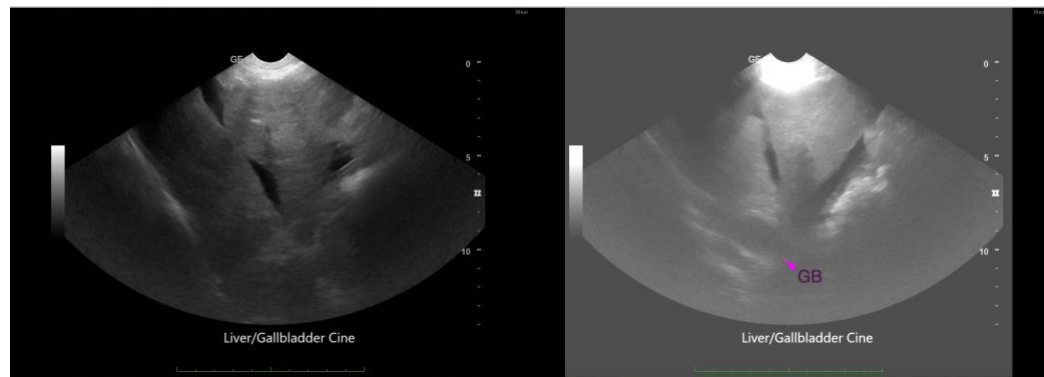
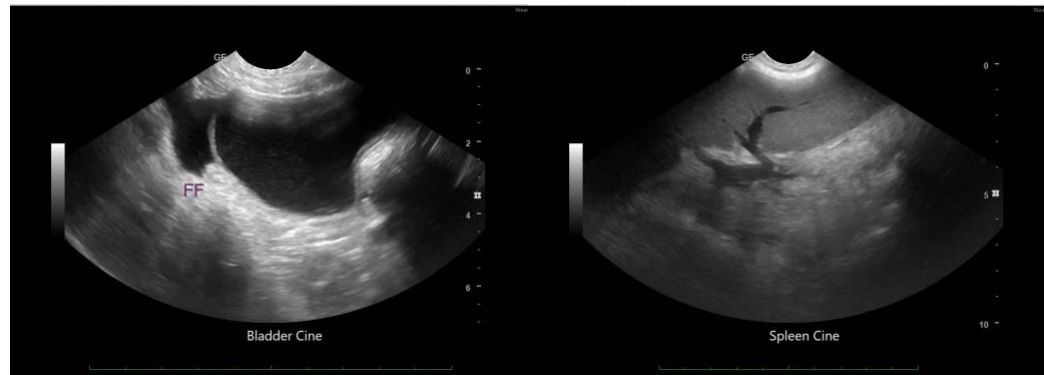
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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