



## PATIENT PRESENTING CLINICAL SIGNS

Chai Hallyburton  
 History: Intermittent diarrhea for 3 weeks, occasional vomit  
 Abnormal PE/Chem/CBC/UA Results: PE-WNL, high ALT 359, high AST 333 U/L, and bilirubin 0.2, otherwise normal lab work

## SPECIES

Canine

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

## BREED

Golden Retriever

### Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone is normal.

## SEX

Female Spayed

The left kidney is normal in size (6.78 cm in length) with a normal shape, architecture and 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.

## AGE

9

The right kidney is normal in size (7.39 cm in length) with a normal shape, architecture and 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.

## WEIGHT

62.7 lbs

### Adrenal Glands

The left adrenal gland is upper limits of normal size (0.67 cm at cranial pole) (0.77 cm at caudal pole) with a normal shape. Glandular echogenicity and detail 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 in size (0.91 cm at cranial pole) (0.49 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.

## IMAGING PERFORMED BY

Nikki Wright

### Spleen

The spleen is prominent to enlarged (2.40 cm in width at the level of the hilus) with smooth peripheral contours. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

## HOSPITAL NAME

Bush AH

### Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion.

## REFERRING VET

Dean Beyerinck

The gallbladder lumen is moderately distended. The wall is thin and smooth. At least one, small, polypoid-like lesions is arising from the mucosal surface. A moderate amount of gravity-dependent, debris/sand is observed within the lumen. The cystic and common bile ducts are normal/not seen.

## INVOICE

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### Gastrointestinal

## DATE

11-5-25

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.



**PATIENT** *Pancreas*

Chai Hallyburton

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.

**SPECIES** *Lymph Nodes*

Canine

The abdominal lymph nodes are normal/not visible.

**BREED** *Free Abdomen*

Golden Retriever

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

**ULTRASONOGRAPHIC FINDINGS**

**SEX** *Primary Findings*

Female Spayed

- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a lower possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

**AGE**

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**Secondary Findings**

**WEIGHT**

62.7 lbs

- Gallbladder debris/sand, non-mucocele
- Bilateral, nonspecific age-related renal changes
- Mild left adrenomegaly at the caudal pole

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Diplomate ACVIM  
(Small Animal Internal  
Medicine)

\*An obvious cause for the patient's elevated ALT is not definitively identified in this study. The liver is sonographically unremarkable. A microscopic hepatopathy, however, is possible. Considerations include reactive hepatopathy, bacterial cholangiohepatitis, chronic hepatitis, hepatotoxicosis (i.e., copper), Leptospirosis, and/or other hepatopathy.

**IMAGING PERFORMED BY**

Nikki Wright

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**HOSPITAL NAME**

Bush AH

- Consider pre- and postprandial serum bile acids along with Leptospirosis testing (i.e., blood and urine PCR, serology). Depending on the results, liver biopsies with aerobic and anaerobic bile cultures and hepatic copper quantitation may be warranted.

**REFERRING VET**

Dean Beyerinck

- Regarding the GI signs, also consider the following:
  1. Texas GI panel including serum cobalamin, folate, PLI, TLI and resting cortisol level
  2. A fecal evaluation for ova/Giardia
  3. Prophylactic deworming with Fenbendazole.
  4. A 3-4 week hypoallergenic or hydrolyzed protein diet trial
  5. Also consider initiating a probiotic with a high colony count +/- fiber supplement (i.e., psyllium).
  6. Depending on the results of the above diagnostics/therapeutics, endoscopic or surgical gastrointestinal biopsies may be warranted.
  7. Three-view thoracic radiographs should be performed prior to any anesthetic event.

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**PATIENT**

Chai Hallyburton

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Female Spayed

**AGE**

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**WEIGHT**

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**HOSPITAL NAME**

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**REFERRING VET**

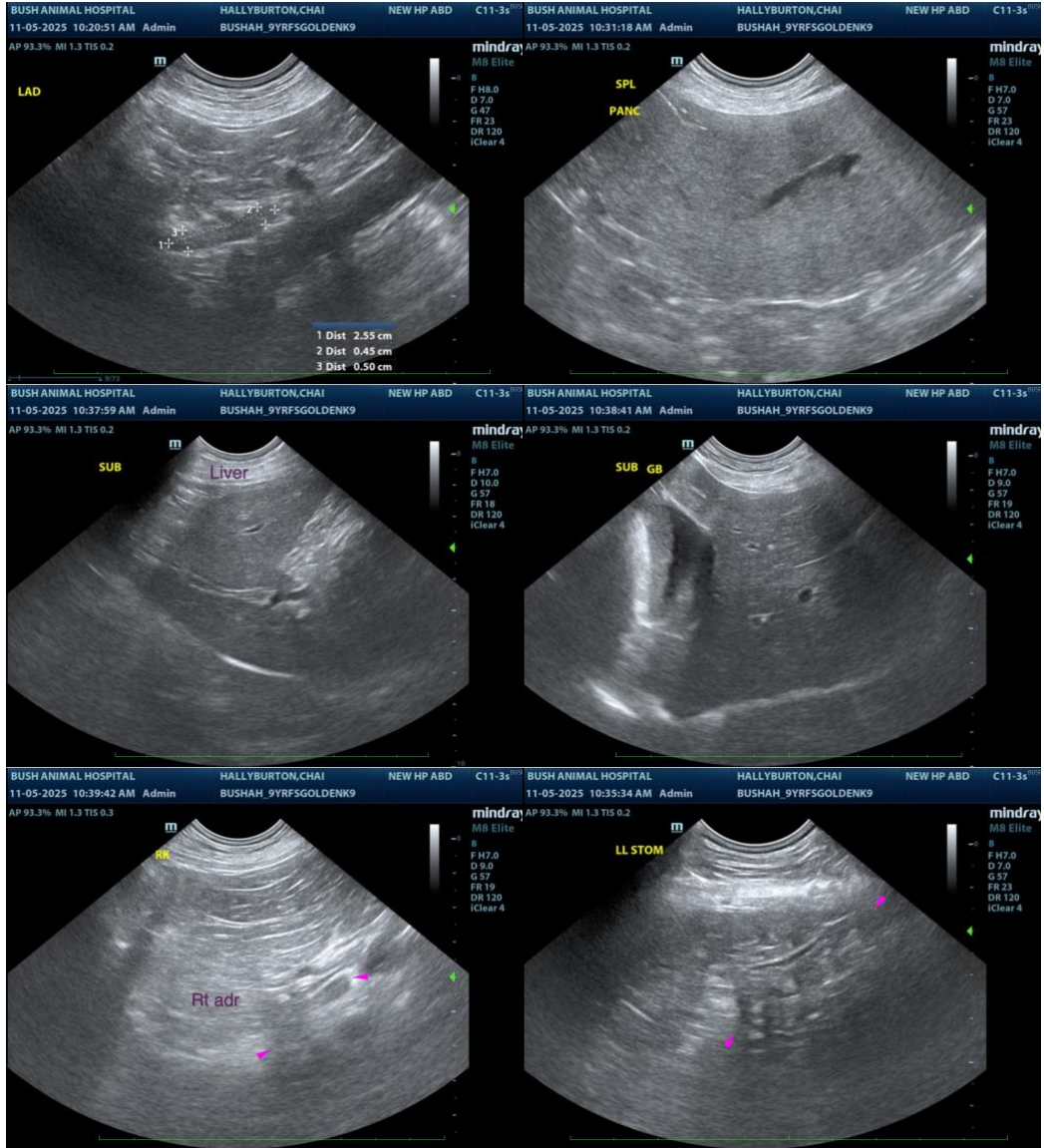
Dean Beyerinck

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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.

**Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)**  
[info@SonoPath.com](mailto:info@SonoPath.com)