



**PATIENT PRESENTING CLINICAL SIGNS**

Cookie Makris History: rising ALT from 144 on 4/25 to 225 10/25 pet is doing clinically well

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Canine **Urinary System**

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

**BREED**

Havanese

**SEX**

The left kidney is normal in size (4.36 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Spayed Female

**AGE**

The right kidney is normal in size (4.13 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

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**Adrenal Glands**

**WEIGHT**

What is thought to be the caudal pole of the left adrenal gland is mildly enlarged (0.55 cm in width) with smooth peripheral contours. Glandular echogenicity and detail appear normal. Surrounding vasculature is normal.

12.8 lbs

**INTERPRETED BY**

The right adrenal gland is mildly enlarged (1.13 cm at cranial pole) (0.55 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.

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

**Spleen**

**IMAGING PERFORMED BY**

The spleen is normal in size (1.06 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.

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**Liver**

The liver is subjectively prominent to enlarged with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and subtly heterogenous in appearance, with a few, small, ill-defined hyperechoic nodules (one measuring 1.0 cm in diameter). Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

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The gallbladder lumen is moderately distended. The wall is thin and smooth. A moderate to large amount of aggregated, echogenic, partially dependent to suspended sludge in a partially stellate pattern is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Dr. Barnea

**INVOICE**

**Gastrointestinal**

22214

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.

**DATE**

11-5-25



## PATIENT

Cookie Makris

### **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.

## SPECIES

Canine

### **Lymph Nodes**

A 1.53 x 0.89 cm mesenteric lymph node is visualized. Within the node, a 1.02 x 0.68 cm cyst is observed.

## BREED

Havanese

### **Free Abdomen**

There is no obvious evidence of free fluid.

## ULTRASONOGRAPHIC FINDINGS

### SEX

Spayed Female

### Primary Findings

- The gallbladder changes are consistent with a developing mucocele.
- 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.

### AGE

11

### WEIGHT

12.8 lbs

### Secondary Findings

- Mild bilateral adrenomegaly
- Bilateral nonspecific age-related renal changes
- Cystic mesenteric lymph node, the significance of which is unclear. It likely represents a reactive node with a lower possibility of emerging neoplasia.

## INTERPRETED BY

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## IMAGING PERFORMED BY

Dr. Barnea

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the gall bladder changes, Ursodeoxycholic acid (Ursodiol) is recommended. Serial sonographic monitoring (e.g., every 6-8 weeks) of the gall bladder is recommended to assess for progression to a fully formed mucocele. If progression occurs, a cholecystectomy may be warranted.
- If the patient is to undergo surgery, three-view thoracic radiographs and clotting status is appropriate are recommended prior to anesthesia.
- Regarding the hepatic changes, hepatic tissue sampling (i.e., aspirates or biopsies can be considered) assuming normal clotting status. If biopsies are pursued, aerobic and anaerobic bile cultures are also recommended, along with hepatic copper quantitation. If tissue sampling is not pursued at this time, consider empirical treatment for cholangiohepatitis (i.e., broad-spectrum antibiotic, hepatic antioxidants). If liver values do not begin to improve within 7-10 days of initiating therapy, antibiotics should be discontinued. If values do improve, antibiotics should be continued for at least 3-4 weeks and one week beyond normalization of the ALT.



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**SPECIES**

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**SEX**

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**AGE**

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**REFERRING VET**

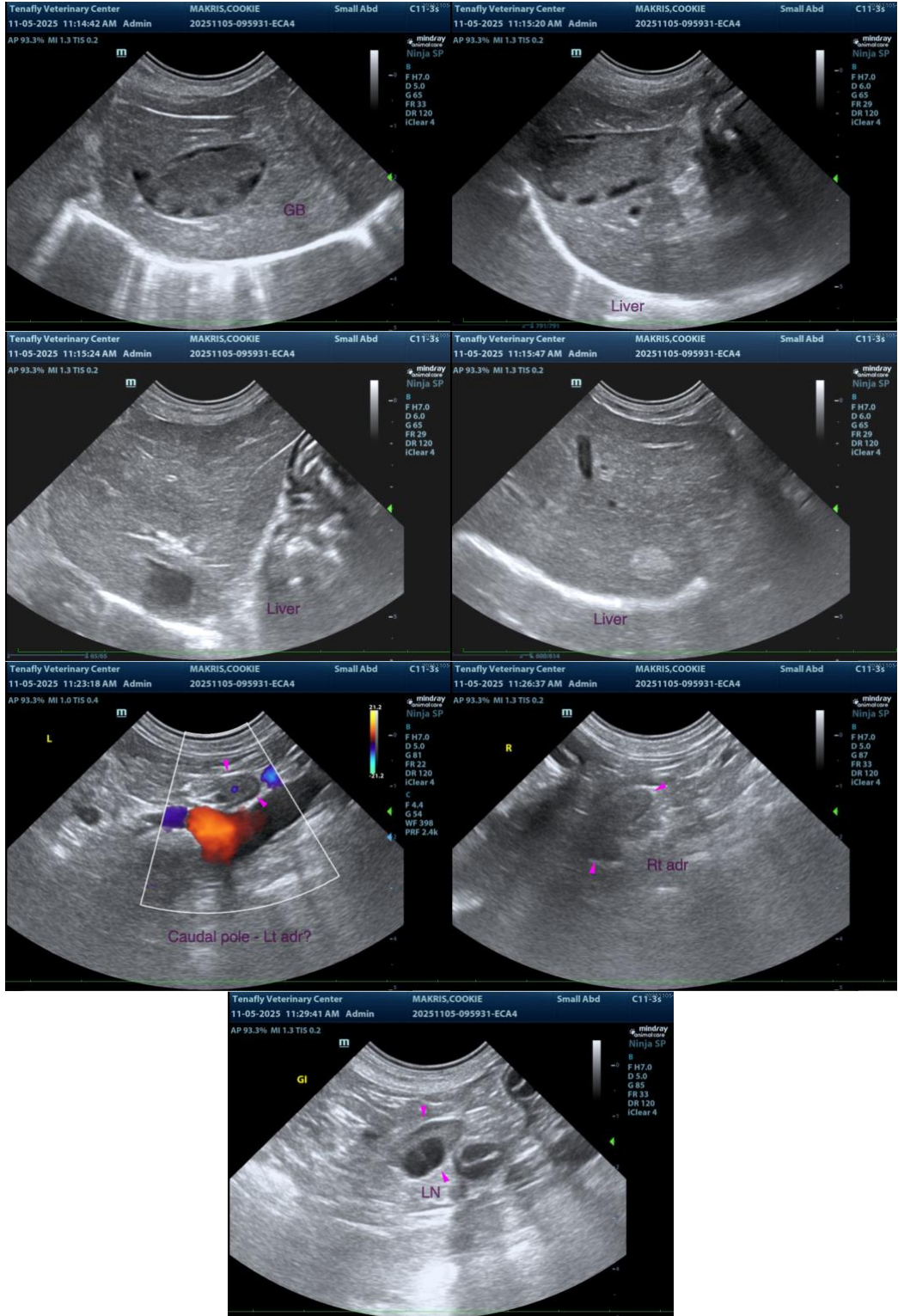
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## PATIENT

Cookie Makris

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.

## SPECIES

Canine

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.

## BREED

Havanese

**Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)**  
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## SEX

Spayed Female

## AGE

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