



## PATIENT PRESENTING CLINICAL SIGNS

Scooby Marcano History: Presented for f/u from a month ago for red itchy skin, now V/D  
Abnormal PE/Chem/CBC/UA Results: ALT 298 ALP 323

## 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 moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 3-4 cm, are normal.

BREED

Pitbull Terrier Mix

SEX

The prostate is normal in size (1.25 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

Neutered Male

AGE

The left kidney is normal in size (6.84 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 hydroureter. Renal vasculature is normal.

2

WEIGHT

The right kidney is normal in size (7.10 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 hydroureter. Renal vasculature is normal.

65

### Adrenal Glands

The left adrenal gland is normal in size (0.49 cm at cranial pole) (0.43 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.

INTERPRETED BY

Andrea Nicastro DVM  
Diplomate ACVIM  
(Sm Animal Internal Med)

The right adrenal gland is normal in size (1.02 cm at cranial pole) (0.52 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

Jenn

### Spleen

The spleen is normal in size (1.93 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.

HOSPITAL NAME

Rockaway AH

### Liver

The liver is normal to prominent-in-size, with smooth 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.

REFERRING VET

Dr Maniar

INVOICE

The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

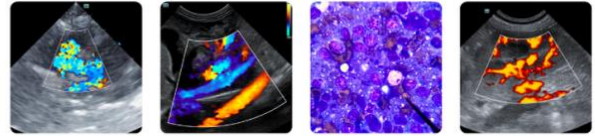
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### Gastrointestinal

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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.

11-7-25



**PATIENT** *Pancreas*

Scooby Marcano

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*

Pitbull Terrier Mix

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

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Neutered Male

An obvious cause for the elevated liver enzymes is not identified in the study. However, a microscopic hepatopathy (i.e., bacterial cholangiohepatitis, Leptospirosis, chronic active hepatitis, copper-associated hepatotoxicity, reactive hepatopathy, infiltrative neoplasia (less likely)) is suspected.

**AGE**

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\*It is unclear whether the patient's clinical signs are secondary to a primary hepatopathy or other issue (i.e., dietary indiscretion, infectious/parasitic disease, food allergy/intolerance, inflammatory bowel disease, metabolic issue, other).

**WEIGHT**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

Andrea Nicastro DVM  
Diplomate ACVIM  
(Sm Animal Internal Med)

- Consider pre- and postprandial serum bile acids, along with Leptospirosis testing (i.e., blood and urine PCR, serology).
- Other considerations include the following:
  1. Fecal evaluation for internal parasites
  2. GI panel including serum cobalamin and folate, TLI, PLI and resting cortisol level
  3. Depending on the results of the above diagnostics, further work-up (i.e., liver and/or GI biopsies) may be indicated. In the meantime, symptomatic care is recommended.

**IMAGING PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway AH

**REFERRING VET**

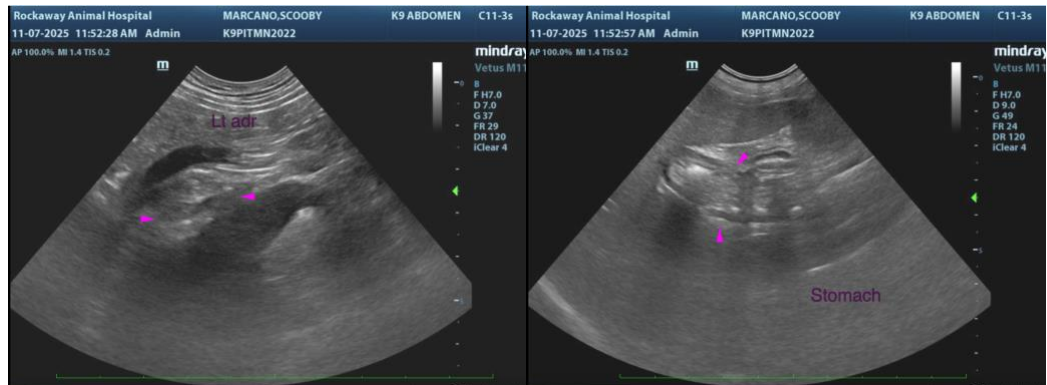
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**PATIENT**

Scooby Marcano

**SPECIES**

Canine

**BREED**

Pitbull Terrier Mix

**SEX**

Neutered Male

**AGE**

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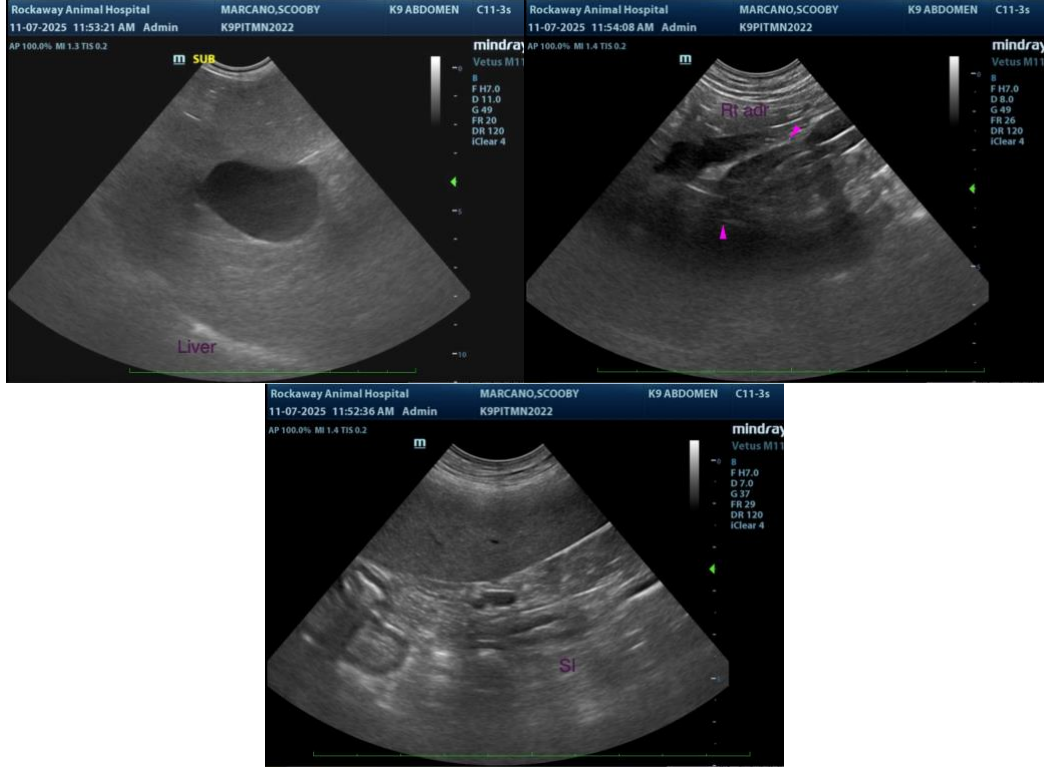
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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