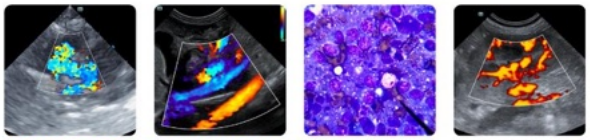

PATIENT

Duster Brown

SPECIES

Canine

BREED

Welsh Corgi mix

SEX

Male, neutered

AGE

11 Yrs.

WEIGHT

32.6 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mavis McCormick

HOSPITAL NAME

Lanier AH

REFERRING VET

Dr. Mavis McCormick

INVOICE

13420

DATE

12/8/25

PRESENTING CLINICAL SIGNS

History: Duster has a history of Copper Storage Disease and is on Prednisone, Denamarin w/ SAMe and Silybin 1 tab SID (medium dog); recently his liver enzymes have increased more than normal. Abnormal PE/Chem/CBC/UA Results: Bloodwork from 12/4/25: Chem- moderately elevated ALT (423)--Previously (137) 4/25/25; mildly elevated ALP (408)-- Previously (204) 4/25/25; Moderately elevated GGT (25)- new

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and 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 2 cm, are normal.

The prostate is normal in size (0.90 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (4.92 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal in size (5.09 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The region of the adrenal glands is evaluated. No obvious pathology is observed in this region.

Spleen

The spleen is normal in size (1.46 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.

Liver

The liver is subjectively normal in size with smooth peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of aggregated, echogenic to mineralized, partially dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen contains shadowing material and gas. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with gas. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal.

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.

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Lymph nodes
The abdominal lymph nodes are normal/not visible.

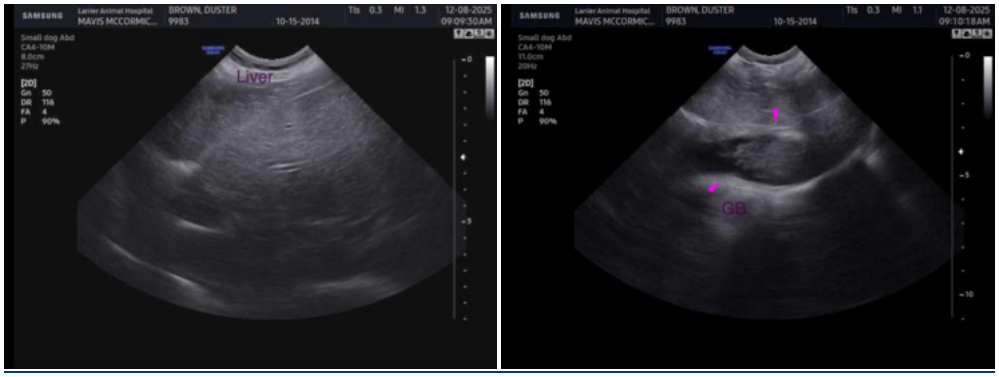
Free Abdomen
There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

- An obvious cause for the patient's recent increase in liver values is not definitively identified in this study. Considerations include progression of the copper storage disease, an inflammatory hepatopathy (i.e., chronic hepatitis, bacterial cholangiohepatitis), fibrosis, Leptospirosis, infiltrative neoplasia (less likely), other.
- The gallbladder changes could be consistent with cholestasis, fasting or an emerging mucocele.
- The shadowing material within the gastric lumen likely represents foreign material. This is likely an incidental finding.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Regarding the hepatic changes, consider pre and post-prandial serum bile acids and Leptospirosis testing (i.e., blood and urine PCR, serology) particularly if clinical suspicion for disease is high.
2. Ultimately, repeat liver biopsies with aerobic and anaerobic bile cultures and repeat copper quantitation may be necessary to get a definitive diagnosis. Clotting times should be performed prior to tissue sampling.
3. If a conservative approach is desired, consider empirical treatment for bacterial cholangiohepatitis (amoxicillin-clavulanic acid, Denamarin). If no improvement in the liver values is seen within 7-10 days of initiating therapy, antibiotics should be discontinued, and hepatic tissue sampling reconsidered. If liver values improve, continue therapy for at least 4-6 weeks and 1 week beyond normalization of the liver values.



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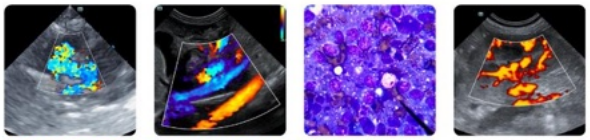

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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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