

PATIENT

Coco Maldonado

SPECIES

Canine

BREED

Golden Doodle

SEX

Neutered Male

AGE

3 years

WEIGHT

62 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Saum Hadi

HOSPITAL NAME

Bethany Family Pet
Clinic

REFERRING VET

Saum Hadi

INVOICE

10339

DATE

2/14/22

PRESENTING CLINICAL SIGNS

History: P presented for a week to two-week duration of lethargy/hyporexia. On exam, P had icteric sclera and marked jaundice of the skin. P somewhat dull on presentation. CBC with pathologist review, Chem 17, T4, PT/PTT pending.

Abnormal PE/Chem/CBC/UA Results: 7/19/2019 Chem 10/PCV: ALT 69 U/L (WNL) 2/18/2021 Chem 10/CBC: ALT: 429 U/L, BUN 12 mg/dL (WNL/low normal). Rest WNL.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A moderate to large amount of suspended aggregated echogenic debris is observed within the lumen, as well as a small amount of mineralized sand +/- tiny calculus. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is not definitively visualized due to its pelvic location

The left kidney is normal in size (7.74 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

The right kidney is normal in size (7.68 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

Adrenal Glands

The cranial pole of the left adrenal gland is visualized and is normal in size (0.55 cm in width), with a normal shape glandular echogenicity and detail. Surrounding vasculature is normal.

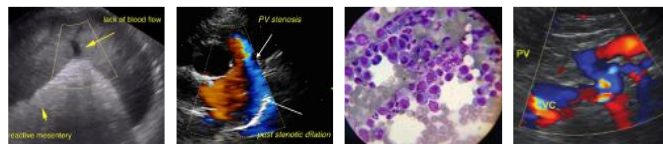
The caudal pole of the right adrenal gland is visualized and is normal in size (0.45 cm in width); with a normal shape, glandular echogenicity and detail. Surrounding vasculature are normal.

Spleen

The spleen is subjectively normal in size (2.40 cm in width at the level of the hilus) with an undulating medial 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 normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. There is an increase in portal markings. Hepatic vasculature is of normal volume with no evidence of congestion.



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The gall bladder lumen is mildly distended. The wall is diffusely thickened (up to 0.40 cm) and hyperechoic. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

SPECIES *Gastrointestinal*

Canine

The gastric lumen is mildly to moderately distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. 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. No obstructive or overt infiltrative disease is noted.

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Pancreas

The left limb is prominent in size with minimal deviation from the normal peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

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Free Abdomen

Trace free fluid is observed. A 1.89 cm medial ileac lymph node is visualized.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The hepatic changes are most consistent with an inflammatory process (i.e., bacterial cholangiohepatitis, chronic active hepatitis, leptospirosis). However, other considerations include hepatotoxicosis or occult neoplasia (less likely), congenital disease, other.
- Gall bladder changes are most consistent with cholecystitis.

Secondary Findings

- Urinary bladder debris with a small amount of mineralized sand +/- a tiny calculus
- Minor bilateral renal mineralization (nonobstructive)
- The prominent medial iliac lymph node is most likely reactive with a lower possibility of emerging neoplasia.
- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Leptospirosis testing (i.e., blood and urine PCR, serology), is recommended, as well as hepatic tissue sampling (i.e., fine-needle aspirate) or surgical biopsy. Surgical biopsy is more likely to yield a definitive diagnosis. If liver biopsies are pursued, aerobic and anaerobic bile cultures, as well as acquisition of additional hepatic tissue samples for potential copper quantitation are recommended.
- Three-view thoracic radiographs are recommended prior to anesthesia to assess cardiopulmonary status.

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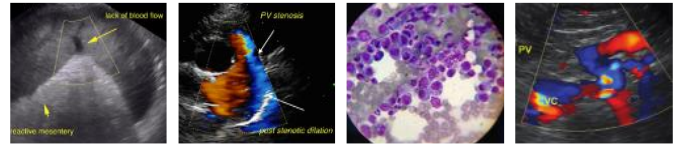
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- While awaiting test results, consider empirical treatment for cholecystitis/cholangiohepatitis with broad-spectrum antibiotic therapy (i.e., amoxicillin, clavulanic acid), as well as hepatic antioxidants (i.e., Denamarin, Ursodiol), as well as symptomatic care
- Given the pancreatic changes, consider a CPLI to assess for pancreatitis.

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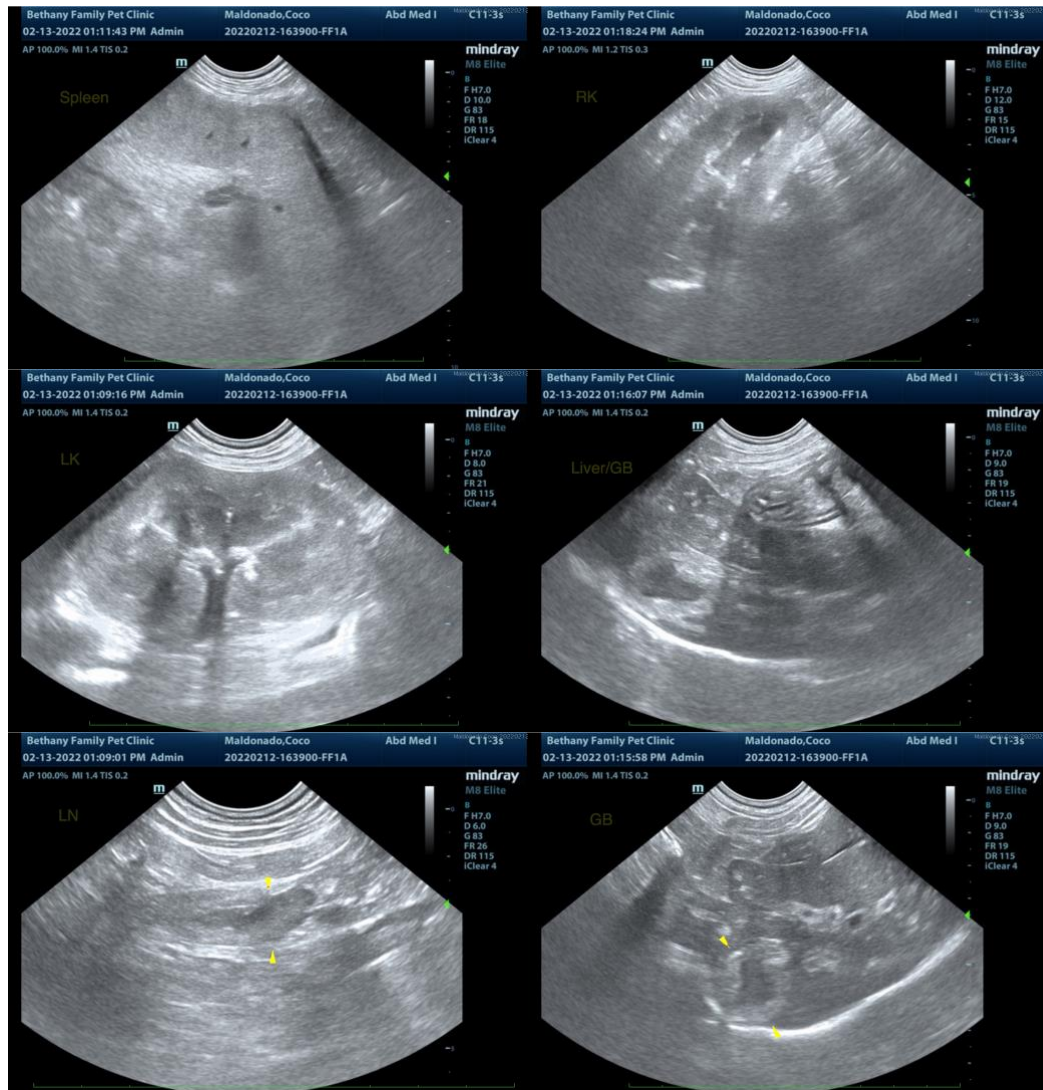
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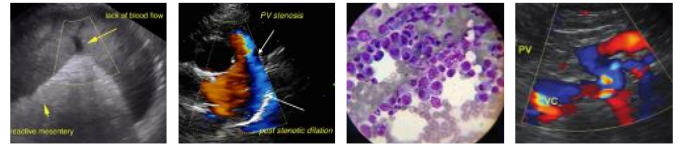
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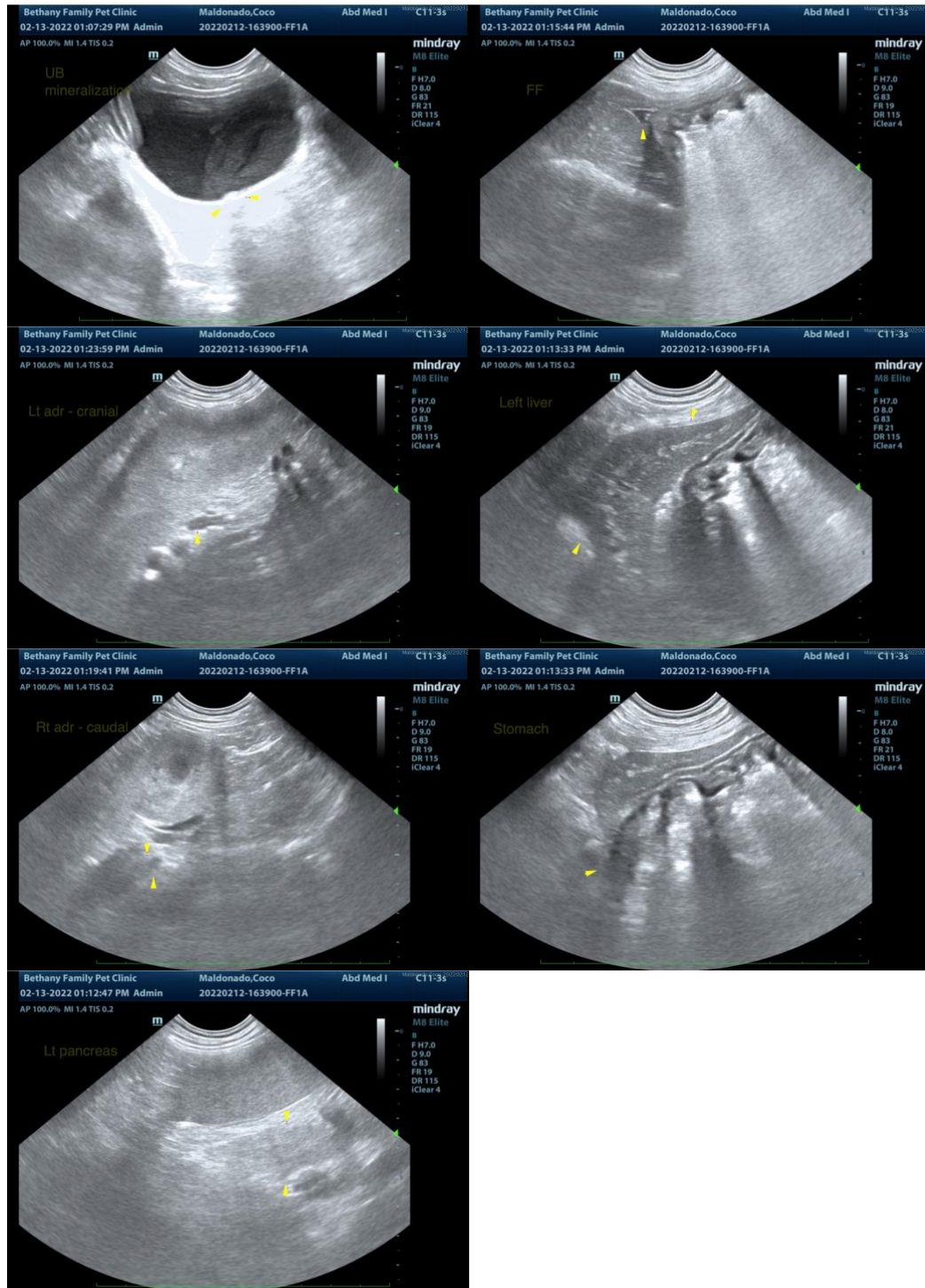
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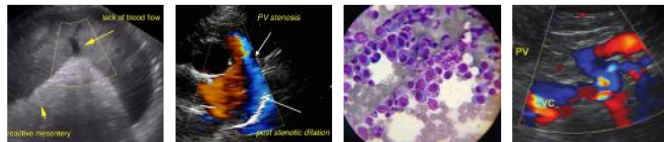
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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