



PATIENT

Phoebe Sexton

SPECIES

Canine

BREED

Standard Poodle

SEX

Spayed Female

AGE

3 Years

WEIGHT

46.8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Penn Valley VA

REFERRING VET

Dr. Booth

INVOICE

13727

DATE

2/2/22

PRESENTING CLINICAL SIGNS

History: on/off vomiting for most of dog's life- taking famotidine BID 20mg- vomit last week several times- currently eating Blue Buffalo Wilderness trout venison rabbit. sedated with dexdormitor and torbugesic

Abnormal PE/Chem/CBC/UA Results: AST 63, ALT 492, ALP 314, BR 95, GGT 33

ULTRASONOGRAPHIC EXAMINATION OF THE

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. 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 left kidney presented normal size (5.69 cm in length); normal shape and architecture with 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.

The right kidney presented normal size (5.78 cm in length); normal shape and architecture with 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.

Adrenal Glands

The left adrenal gland is normal size (0.52 cm at cranial pole) (0.56 cm at caudal pole) (3.23 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

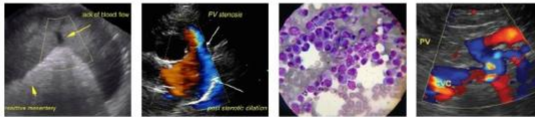
The right adrenal gland is normal size (0.45 cm at cranial pole) (0.66 cm at caudal pole) (2.55 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.96 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 normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and homogeneous in appearance. There is an increase in portal markings. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are



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Phoebe Sexton of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1:1.

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The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

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Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are 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. The colonic lumen contains granular appearing fecal material. There is no evidence of an obstructive pattern.

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Pancreas

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The right limb of the pancreas is visible/prominent with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

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Free Abdomen

There is questionable trace ascites. A few prominent mesenteric lymph nodes are visualized, the largest measuring 1.54 cm.

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ULTRASONOGRAPHIC FINDINGS

- The hepatic parenchymal changes are most consistent with an inflammatory process (i.e., lobular dissecting hepatitis/fibrosis of Standard poodles, bacterial cholangiohepatitis, chronic active hepatitis). However, other hepatopathies such as hepatotoxicosis (i.e., copper), Leptospirosis cannot be completely excluded.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.
- 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.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Pre- and post-prandial serum bile acids
- A surgical liver biopsy with aerobic and anaerobic bile cultures and acquisition of additional hepatic tissue samples for potential copper quantitation would be ideal. If surgery is pursued, gastrointestinal biopsies are also recommended given the history of chronic vomiting.
- If a more conservative approach is desired, consider empirical treatment for bacterial cholangiohepatitis (i.e., broad spectrum antibiotics, hepatic antioxidants). If liver values do not improve within 5-7 days of initiating therapy, antibiotics should be discontinued, and

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hepatic biopsies revisited.

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- Also consider Leptospirosis testing, particularly if the elevated liver values are acute in nature.
- Further GI workup could include the following:

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1. A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended.
2. Malabsorption panel, including serum cobalamin, folate, TLI and PLI
3. Fecal evaluation for ova and Giardia

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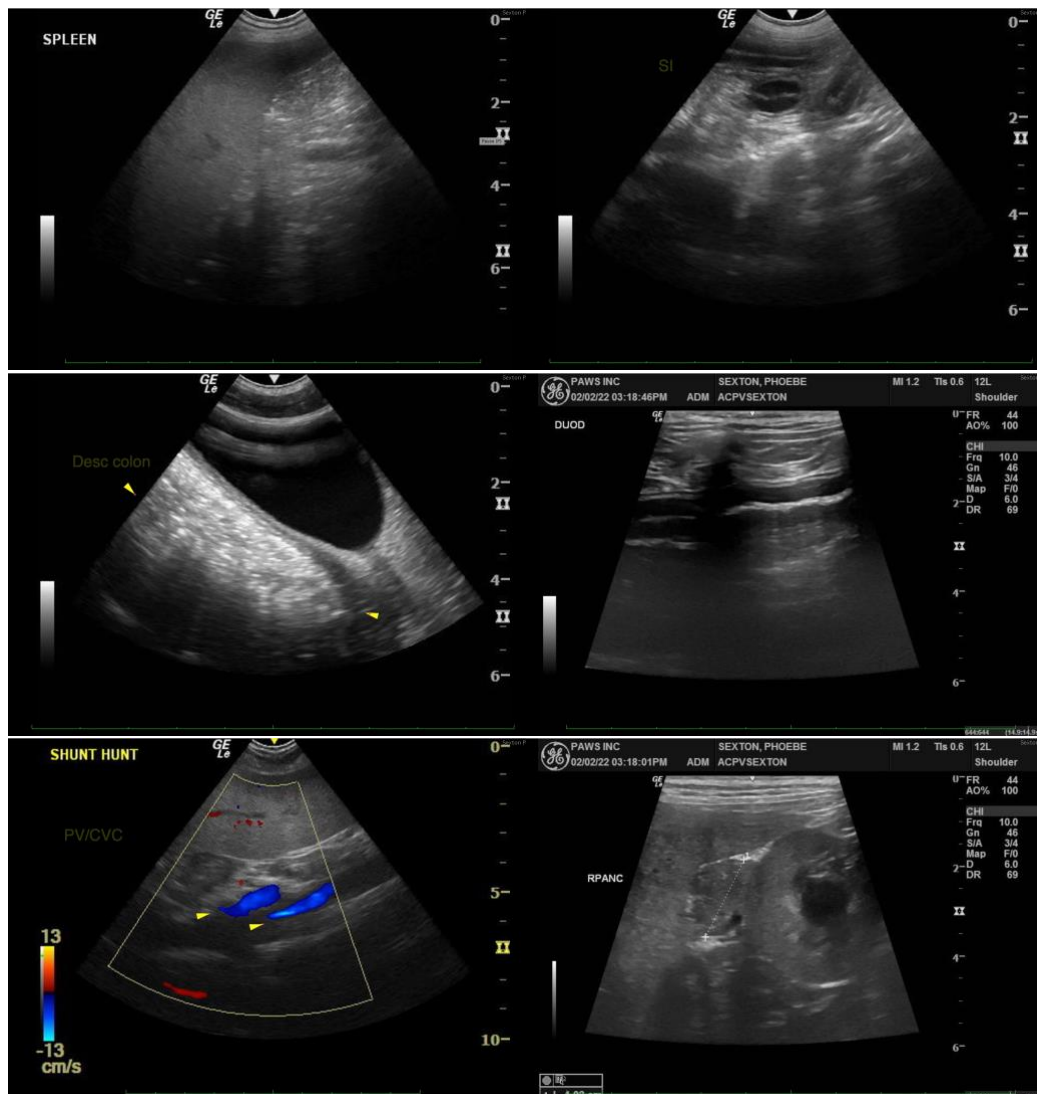
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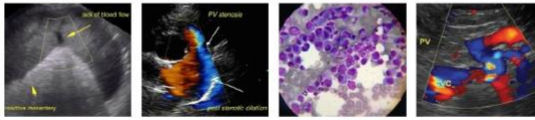
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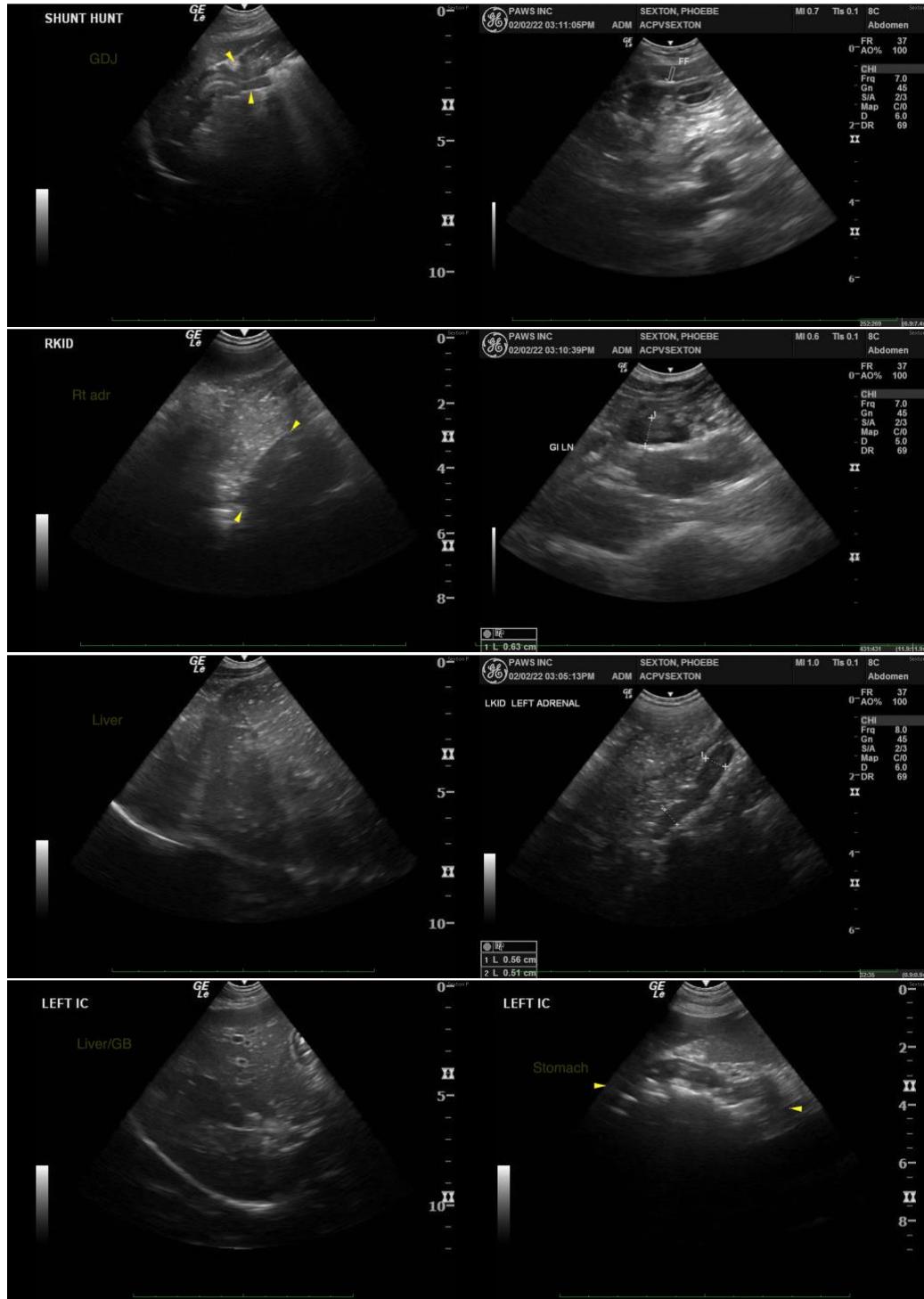
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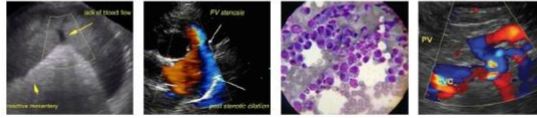
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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info@SonoPath.com