



PATIENT

Kali Marino

SPECIES

Canine

BREED

Pitbull mix

SEX

Female, spayed

AGE

6 Yrs.

WEIGHT

49.8 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Mengine

HOSPITAL NAME

Stoney Creek VH

REFERRING VET

Dr. Mengine

INVOICE

13028

DATE

2/22/22

PRESENTING CLINICAL SIGNS

History: Routine labwork at wellness exam revealed ALT of 132 (barely elevated). Chem panel had been checked twice before - as a puppy, presented for vomiting and diarrhea, ALT was 784. It was attributed to an unknown toxin exposure at that time. Then, on routine labwork in 2020 ALT = 87. Because of hx of prior elevation client elected to pursue AUS.

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 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 is normal size (5.72 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 hydronephrosis.

The right kidney is normal size (5.77 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 hydronephrosis.

Adrenal Glands

The left adrenal gland is normal size (0.67 cm at cranial pole) (0.66 cm at caudal pole) (2.19 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 caudal pole of the right adrenal gland is visualized and is normal size (0.50 cm in width) with a normal shape, glandular echogenicity and detail. The surrounding vasculature appears normal.

Spleen

The spleen is normal in size (2.45 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 contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. 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/not seen.



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Gastrointestinal

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The gastric lumen is mildly to moderately distended with ingesta. The gastric wall and pylorus are 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 disease is noted.

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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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Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

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ULTRASONOGRAPHIC FINDINGS

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Unremarkable abdomen. An obvious cause for the ALT elevation is not identified in this study. Considerations include inflammatory hepatopathy, hepatotoxicosis (i.e., copper), infectious disease (i.e., Leptospirosis, reactive hepatopathy, other).

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If a conservative approach is desired, consider initiation of Denamarin and rechecking the liver values in 3-4 weeks. Alternatively, empirical treatment for bacterial cholangiohepatitis (i.e., Amoxicillin clavulanic acid +/- Metronidazole, Denamarin) can be considered. If no improvement in the ALT is seen within 5-7 days of initiating therapy, antibiotics should be discontinued and further testing considered. Ultimately, if the ALT does not improve, hepatic tissue sampling (i.e., fine needle aspirate or surgical biopsy) may be necessary to get a definitive diagnosis. Surgical liver biopsies are ideal in that they are a better reflection of global organ pathology.
- Also consider pre- and post-prandial serum bile acids and Leptospirosis testing (i.e., blood and urine PCR, serology).

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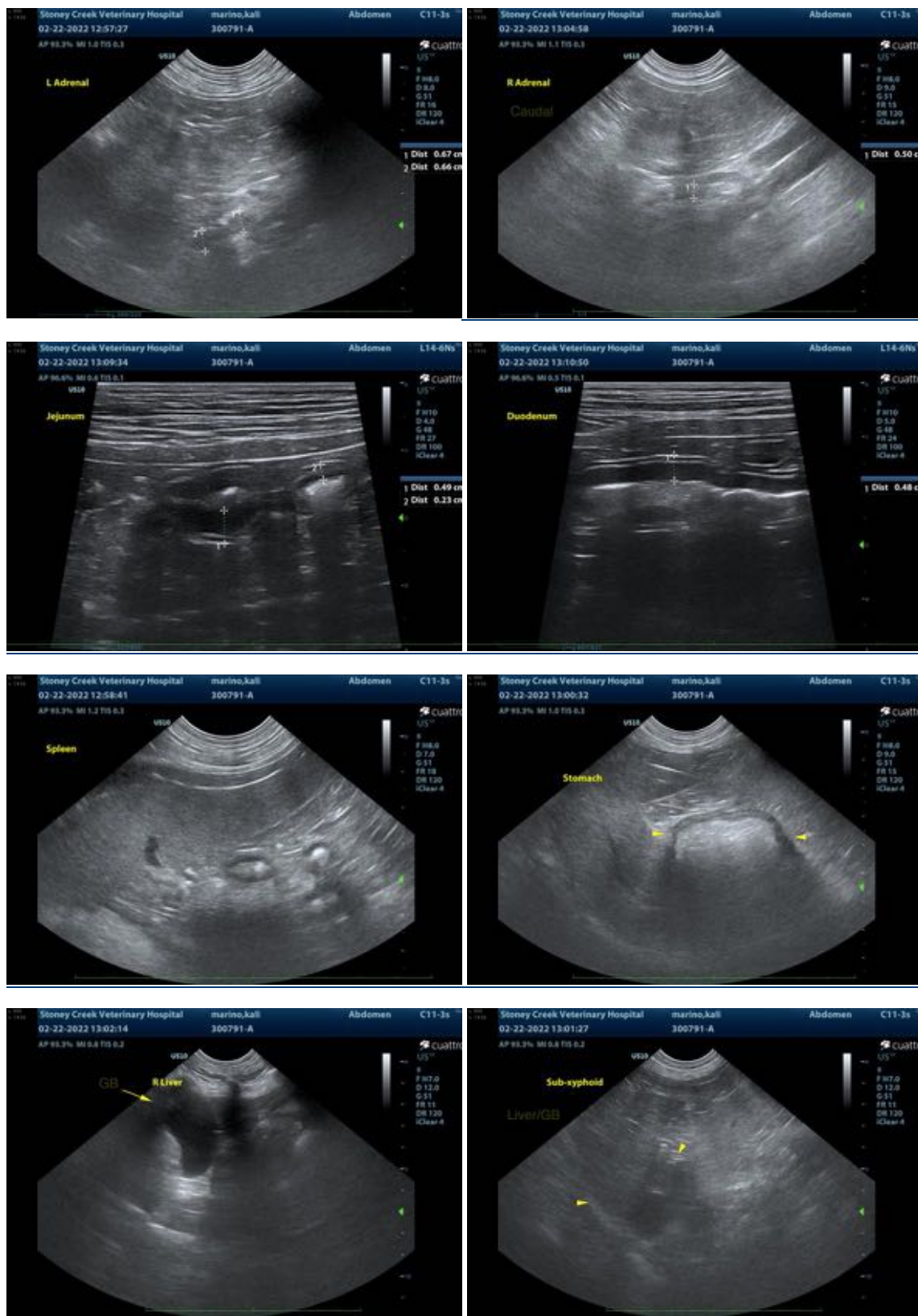
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The information and recommendations provided are based on the images presented by the

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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.

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Andrea.nicastro@sonopath.com

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