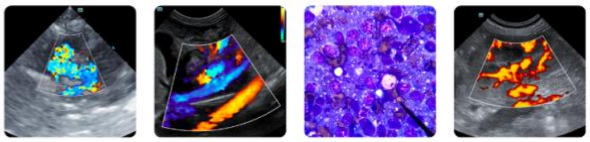


PATIENT

Anzabella Plocinski

SPECIES

Canine

BREED

Labrador Retr

SEX

Female Spayed

AGE

12

WEIGHT

27 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Melissa Gallick

HOSPITAL NAME

Magnolia Springs VC

REFERRING VET

Dr Gallick

INVOICE

22604

DATE

2-23-26

PRESENTING CLINICAL SIGNS

Summary of Findings: Anabella is a 12.5-year-old female dog presenting with hyporexia and a history of vomiting. Physical exam is significant for icterus and a low-grade fever. In-house bloodwork revealed a leukocytosis with neutrophilia and markedly elevated liver enzymes (ALP, ALT, GGT) and total bilirubin. CPL was normal. Findings are highly suspicious for significant hepatobiliary disease.

Active Problems:
1. Severe Cholestatic Hepatopathy/Gallbladder Disease
2. Icterus (Jaundice)
3. Leukocytosis with Neutrophilia (consistent with inflammation/infection)
4. Pyrexia (Fever)
5. Hyporexia
6. History of Vomiting and Hematuria

Abnormal PE/Chem/CBC/UA Results: ALT: 1419 ALK: 1886 GGT: 23 tbili 2.5 glob 5.1 WBC: 25.61 Neut: 23.2

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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 2 cm, are normal.

The left kidney is normal in size (7.59 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, or hydroureter.

The right kidney is normal in size (7.89 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

No images provided.

Spleen

The spleen is subjectively normal in size (1.59 cm in width at the level of the hilus) smooth peripheral contours. The parenchyma is diffusely mottled, with numerous, small, ill-defined hypoechoic nodules throughout the organ. Splenic vasculature appears normal with no evidence of thrombosis.

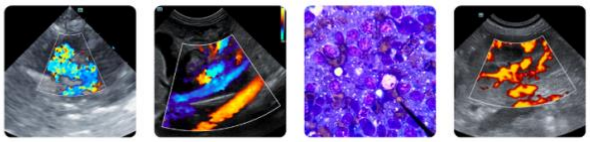
Liver

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.

The gallbladder lumen is moderately distended. The wall is thin and smooth. A small-to-moderate amount of mostly gravity-dependent, echogenic- to mineralized debris/sand is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is not distended. A focal area of gastric wall is along the lesser curvature is questionably-



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thickened (up to 1.19 cm). The remaining gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. The colonic wall is normal. There is no obvious evidence of an obstructive pattern.

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.

Lymph Nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The liver parenchyma is sonographically normal. An obvious cause for the patient's elevated liver values is not identified in this study. If the liver enzyme elevations are acute in nature, top considerations would include infection (i.e., cholangiohepatitis, Leptospirosis), hepatotoxicity, and/or a hypotensive event. However, a chronic hepatopathy (i.e., chronic hepatitis, copper hepatotoxicosis, fibrosis) cannot be completely excluded, but is considered less likely in light of the normal hepatic parenchyma.
- Gallbladder debris/sand, non-mucocele

Secondary Findings

- Bilateral nonspecific age-related renal changes
- Questionable focal stomach wall thickening along the lesser curvature. This may be an imaging artifact, as it is only seen on one video clip. However, other considerations include focal inflammation, neoplasia, other.
- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis with a lower possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Leptospirosis testing (i.e., blood and urine PCR, serology) is recommended.
- Cytologic evaluation of the liver should be considered in this patient if clotting status is appropriate. A fine needle aspirate using a 25-gauge needle is recommended. If cytologic evaluation is inconclusive, consider a surgical liver biopsy with aerobic and anaerobic bile cultures and acquisition of additional hepatic tissue samples for copper quantitation.
- If a conservative approach is desired, consider empirical treatment for bacterial cholangiohepatitis/Leptospirosis (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

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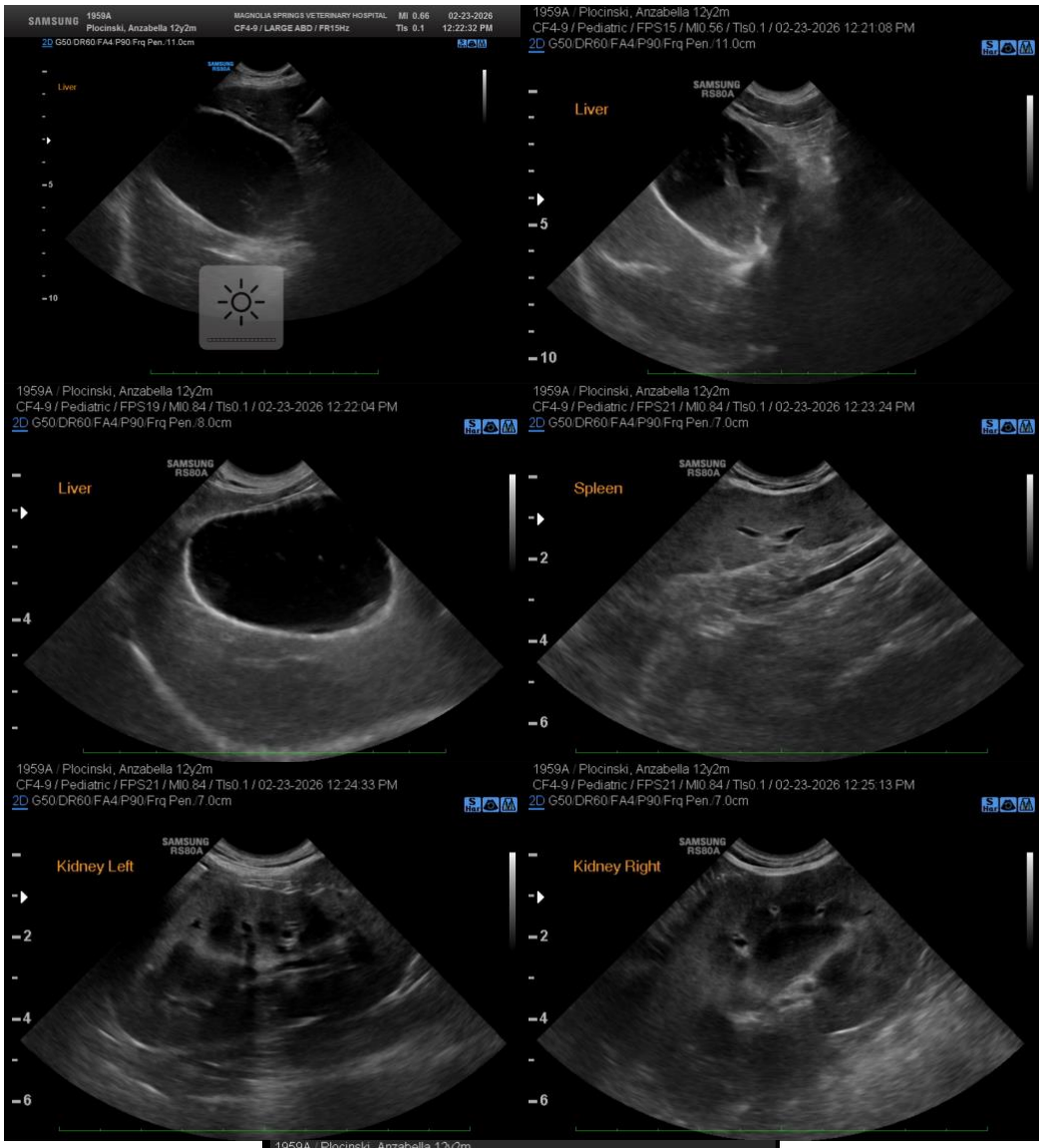
hepatic tissue sampling reconsidered. If liver values improve, continue therapy for at least 4-6 weeks and 1 week beyond normalization of the liver values.



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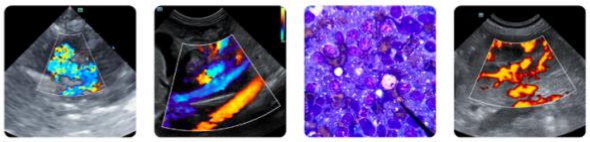

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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