



**PATIENT PRESENTING CLINICAL SIGNS**

**Molli Dlaz** Clinical Exam Findings:  
Subjective

**SPECIES** Comments: Recent (2w) 4# weight loss.  
Waxing and waning GI signs (Inappetence, vomiting, lethargy)

Canine

**BREED** CHEMISTRY- Elevated ALKP, ALT, GGT, Tbili. Increased Lipase  
LYTES -All WNL.  
US - Kwik scan: Heterogenous liver, with irregular margins.  
Assessment

Golden Comments: RULE-OUTS:  
Hepatopathy.  
Cholangiohepatitis.  
Pancreatitis.

**SEX** OPEN.

Spayed Female Plan

**AGE** Comments: Rx Metronidazole 500mg 1t PO BID (#10).  
Rx SC Fluids 1L LRS.  
Rx Cerenia [10mg/ml] Gave 3.0 ml SC.

11/18/2009

**WEIGHT** ABNORMAL Labwork Values  
ALT 251 10 - 125 U/L HIGH  
ALKP 1589 23 - 212 U/L HIGH  
GGT 64 0 - 11 U/L HIGH  
TBIL 1.0 0.0 - 0.9 mg/dL HIGH  
CHOL 142 110 - 320 mg/dL  
AMYL 1187 500 - 1500 U/L  
LIPA 5307 200 - 1800 U/L HIGH  
WBC 30.50 5.05 - 16.76  
NEU \* 24.10 2.95 - 11.64 K/ $\mu$ L HIGH  
MONO \* 2.87 0.16 - 1.12 K/ $\mu$ L HIGH  
BASO 0.14 0.00 - 0.10 K/ $\mu$ L HIGH  
MPV 13.4 8.7 - 13.2 fL HIGH  
Current Medications: Metronidazole

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

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

**HOSPITAL NAME**

Southside AH

**REFERRING VET**

Dr. Forcier

**INVOICE**

10461

**DATE**

2/25/22

**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 presented normal size (6.49 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. Renal vasculature is normal.

The right kidney presented normal size (6.48 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. Renal vasculature is normal.



**PATIENT**

Molli Diaz

**SPECIES**

Canine

**BREED**

Golden

**SEX**

Spayed Female

**AGE**

11/18/2009

**WEIGHT**

68 lbs

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

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

**HOSPITAL NAME**

Southside AH

**REFERRING VET**

Dr. Forcier

**INVOICE**

10461

**DATE**

2/25/22

**Adrenal Glands**

The left adrenal gland is normal size (0.52 cm at cranial pole) (0.61 cm at caudal pole) (1.75 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 (0.87 cm at cranial pole) (0.35 cm at caudal pole) (2.45 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 (1.63 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 enlarged with irregular peripheral contours. The parenchyma is hypoechoic relative to the spleen and mottled in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

**Gastrointestinal**

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly 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 or overt infiltrative disease is noted.

**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.

**Free Abdomen**

A small to moderate amount of anechoic free fluid is present. The mesentery surrounding the liver is hyperechoic. The abdominal lymph nodes are normal/not visible.

**Other**

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**



**PATIENT**

Molli Diaz

**SPECIES**

Canine

**BREED**

Golden

**SEX**

Spayed Female

**AGE**

11/18/2009

**WEIGHT**

68 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

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

**HOSPITAL NAME**

Southside AH

**REFERRING VET**

Dr. Forcier

**INVOICE**

10461

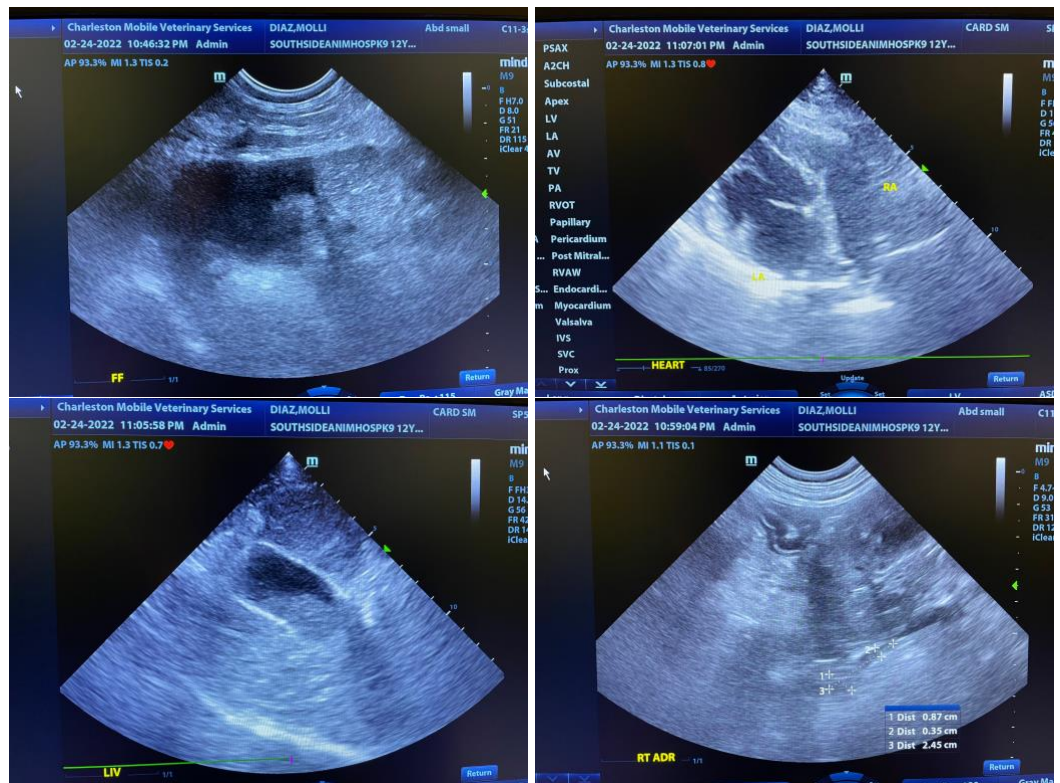
**DATE**

2/25/22

- Diffuse hepatopathy. Top differentials include infiltrative neoplasia (i.e., lymphoma), and a diffuse inflammatory process (i.e., bacterial cholangiohepatitis or chronic hepatitis). Leptospirosis is also a consideration. Regional peritonitis is present.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- If an aggressive approach is desired, consider hepatic tissue sampling (i.e., fine-needle aspirate or biopsy). Surgical biopsies would be ideal as they are more likely to represent global organ pathology. Also consider Leptospirosis testing (i.e., blood and urine PCR, serology).
- If a conservative approach is desired, consider empirical treatment for bacterial cholangiohepatitis (amoxicillin-clavulanic acid +/- metronidazole, 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.
- If the patient is to go under anesthesia for any reason, three-view thoracic radiographs are recommended to evaluate cardiopulmonary status.





**PATIENT**

Molli Diaz

**SPECIES**

Canine

**BREED**

Golden

**SEX**

Spayed Female

**AGE**

11/18/2009

**WEIGHT**

68 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

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

**HOSPITAL NAME**

Southside AH

**REFERRING VET**

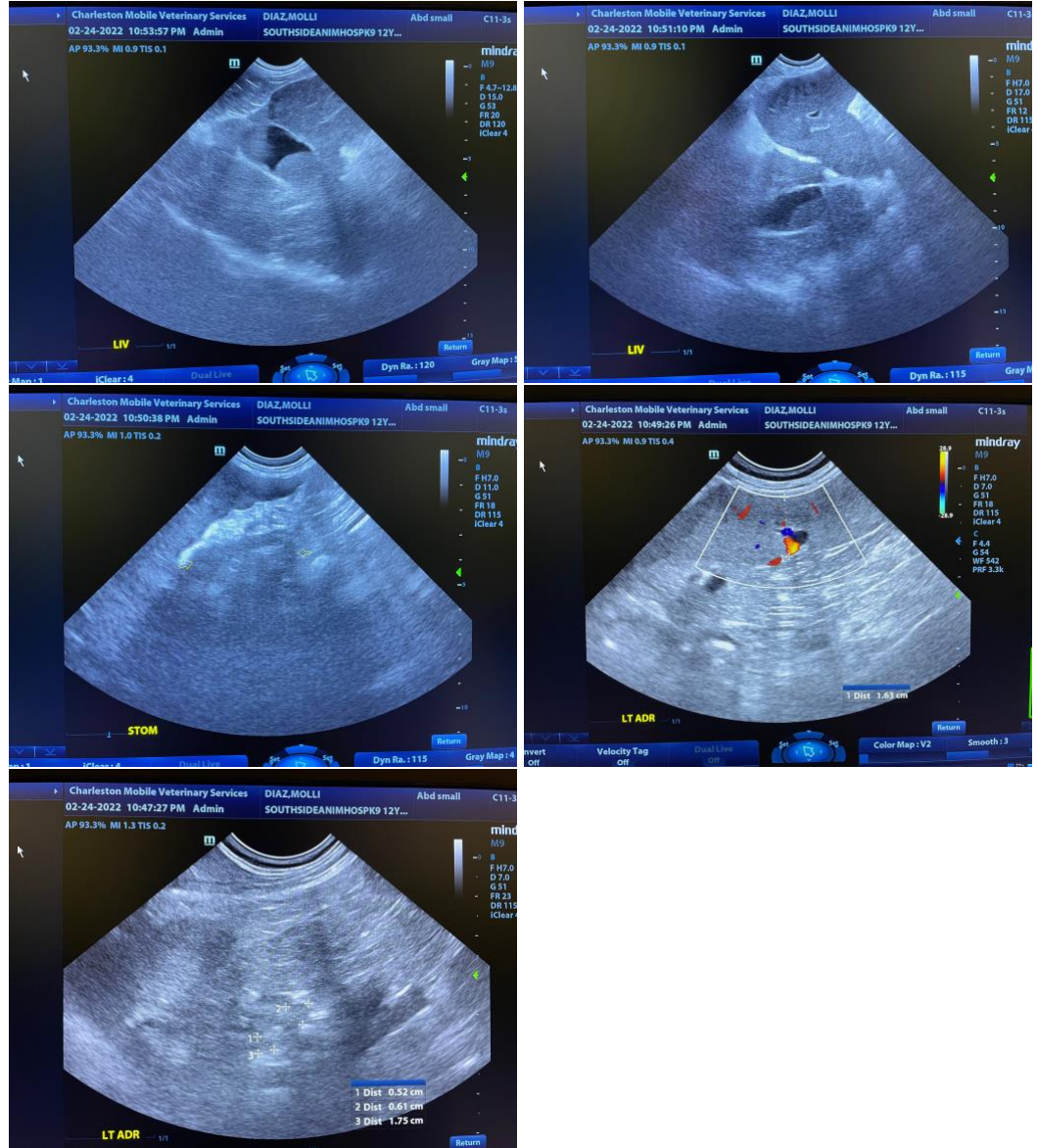
Dr. Forcier

**INVOICE**

10461

**DATE**

2/25/22



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, DVM, Diplomate DACVIM (Small Animal Internal Medicine)**  
info@SonoPath.com