



**PATIENT PRESENTING CLINICAL SIGNS**

Wylie Sullivan History: Pt PU/PD  
 Abnormal PE/Chem/CBC/UA Results: Elevated liver enzymes. ALP 6727. ALT 639. GGT 91. PSL 3143.  
 Thrombocytosis. Neutrophilia with a monocytosis. T4 0.9. 4dx negative. USG 1.008. Trace proteinuria.

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED** *Urinary System*

German Shepherd Mix

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 is normal.

**SEX**

Neutered Male

The region of the prostate is not visualized due to its pelvic location.

**AGE**

8 years 6 mos

The left kidney is normal in size (8.07 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.

**WEIGHT**

94

The right kidney is normal in size (8.35 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.

**INTERPRETED BY**

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

**Adrenal Glands**

No images provided.

**Spleen**

The spleen is subjectively normal in size with undulating peripheral contours. Numerous, varying-sized hyperechoic nodules are observed throughout the organ. Splenic vasculature appears normal with no obvious evidence of thrombosis.

**IMAGING PERFORMED BY**

Dr Sreenivasa Maddineni

**Liver**

In the visualized portion of the liver, it appears subjectively enlarged, with swollen peripheral contours. The parenchyma is hyperechoic relative to the spleen and diffusely heterogenous in appearance, with numerous, varying-sized hypoechoic and hyperechoic nodules throughout the organ. At least one-to-two small cysts are also seen within the parenchyma. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

**HOSPITAL NAME**

West Babylon AH

The gallbladder is distended. The wall is mildly-thickened (up to 0.21 cm) and hyperechoic. A large amount of aggregated, echogenic- to mineralized, partially dependent sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

**REFERRING VET**

Dr Sreenivasa Maddineni

**Gastrointestinal**

The gastric lumen is gas-distended. The 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. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

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**DATE**

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**Pancreas**

The base and limbs of the pancreas are visible with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.



## PATIENT

Wylie Sullivan

### *Lymph Nodes*

The abdominal lymph nodes are normal/not visible.

## SPECIES

Canine

### *Free Abdomen*

There is no obvious evidence of free fluid.

## BREED

German Shepherd Mix

### *Other*

Trace ascites is suspected.

## ULTRASONOGRAPHIC FINDINGS

### SEX

Neutered Male

### Primary Findings

- The hepatic changes could be consistent with infiltrative neoplasia, inflammatory disease (i.e., chronic hepatitis, cholangiohepatitis), hepatotoxicosis (i.e., copper), regenerative nodular hyperplasia, vacuolar hepatopathy, fibrosis, and/or other hepatopathy.

### AGE

8 years 6 mos

- The gallbladder wall changes are suggestive of cholecystitis. The sludge pattern is concerning for a developing mucocele, although cholecystitis and fasting are considerations.

### WEIGHT

94

- Suspected trace ascites

### Secondary Findings

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Medicine)

- Mild bilateral nonspecific age-related renal changes
- The hyperechoic splenic nodules are most consistent with myelolipomas, with a low possibility of more insidious splenic pathology.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

## IMAGING PERFORMED BY

Dr Sreenivasa Maddineni

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

## HOSPITAL NAME

West Babylon AH

- Hepatic tissue sampling (i.e., aspirates or biopsies) is recommended. If biopsies are pursued, aerobic and anaerobic bile cultures, along with hepatic copper quantitation should also be performed. The gallbladder should be assessed at the time of surgery for the development of a mucocele, and removed if indicated. Otherwise, Ursodiol therapy is recommended for the gallbladder changes, with serial sonographic monitoring (i.e., every 2-3 months) to assess for progression to a fully-formed mucocele.

## REFERRING VET

Dr Sreenivasa Maddineni

- Because the patient's adrenal glands are not visualized, consider an abdominal CT scan for further evaluation.

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- Given the patient's age and hepatic changes, three-view thoracic radiographs are recommended to assess cardiopulmonary status.

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- Other considerations include the following:

1. Pre- and postprandial serum bile acids
2. Further testing for Cushing's disease, particularly if primary hepatic disease is not identified as a cause for the elevated liver values.



**PATIENT**

Wylie Sullivan

**SPECIES**

Canine

**BREED**

German Shepherd Mix

**SEX**

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**AGE**

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**HOSPITAL NAME**

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**REFERRING VET**

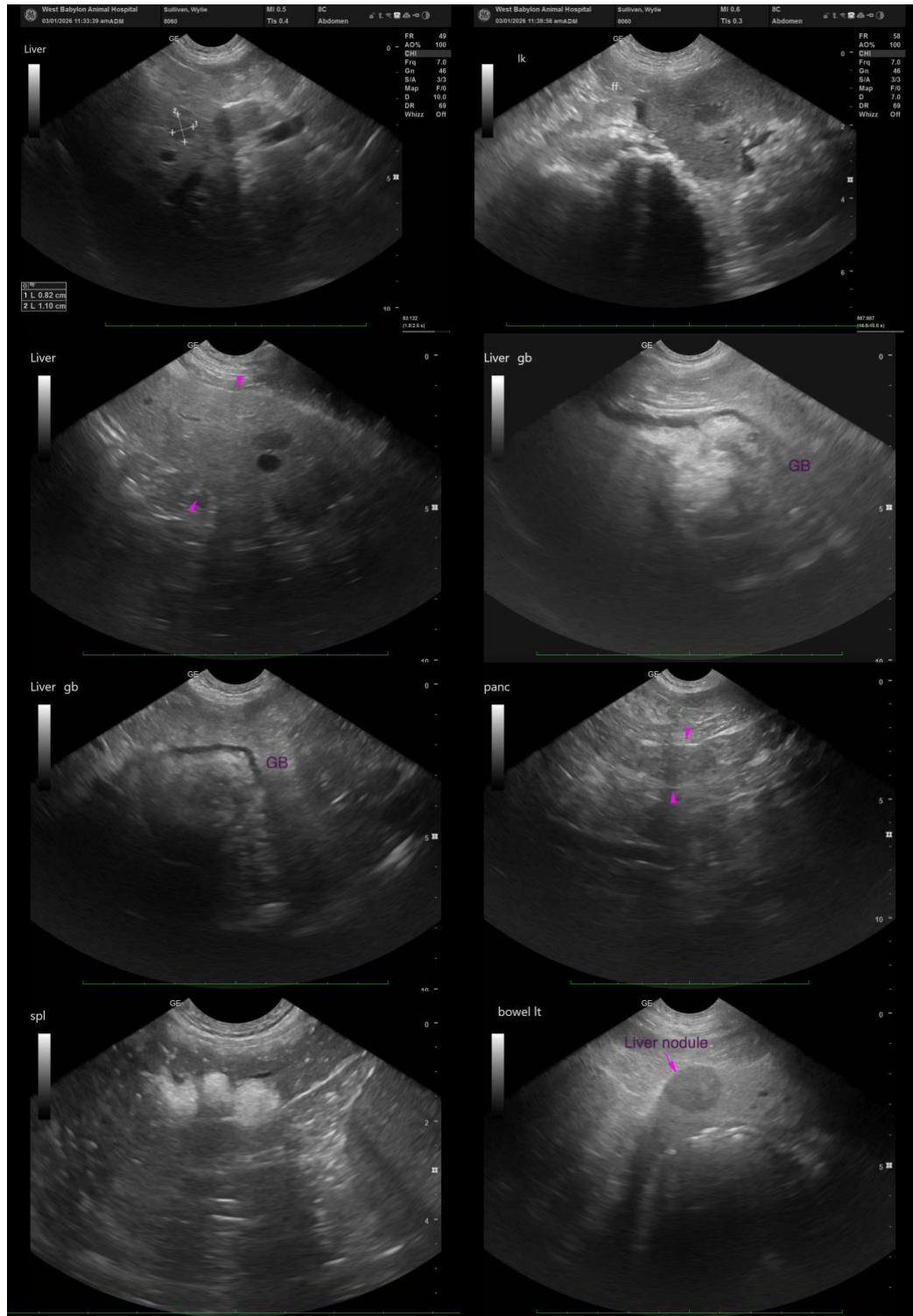
Dr Sreenivasa Maddineni

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## PATIENT

Wylie Sullivan

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.

## SPECIES

Canine

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.

## BREED

German Shepherd Mix

**Andrea Nicastro**, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)  
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## SEX

Neutered Male

## AGE

8 years 6 mos

## WEIGHT

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