

**PATIENT PRESENTING CLINICAL SIGNS**

**Bitty D'Aintree**  
**SPECIES** Canine  
**BREED** Shiba Inu  
**SEX** Female, intact  
**AGE** 2011  
**WEIGHT** 5.94 kg

History: Butorphanol Sedation Re-check abdominal ultrasound (10-13-22) Results from yesterdays bile acid, pre/post confirm return of liver inflammation but liver function appears to be okay. Owner reports possible "Balance" issues and maybe a reduced appetite. Current medications: Pimobendan 2mg/ml 0.3cc PO BID (for 3-4/6 systolic murmur) At the beginning of february she finished Amoxicillin 400mg/5ml 2cc PO BID Denamarin 90mg, 1 sid Ursodiol 250mg 1/4 of a tablet sid (Resumed these medications today after bile acid test results)

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (3.40 cm in length); normal shape and architecture with 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.

The right kidney is normal size (3.56 cm in length); normal shape and architecture with 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**

The region of the adrenal glands is evaluated. No obvious pathology is observed.

**Spleen**

The spleen is normal in size (0.95 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 prominent in size with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits subtle heterogeneity. A 2.26 cm slightly hypoechoic swelling is observed deep on the left side. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of gravity-dependent echogenic debris is observed within the lumen. 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 not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. 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. No obstructive disease is noted.

**Pancreas**

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques, RVT

**HOSPITAL NAME**

Roundhill AH

**REFERRING VET**

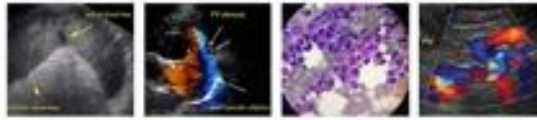
Dr. Carl Kelly

**INVOICE**

14733

**DATE**

3/13/23



**PATIENT**

Bitty D'Aintree

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.

**SPECIES**

Canine

*Free Abdomen*

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

**BREED**

Shiba Inu

*Other*

The ovaries are visible (left ovary 1.61 x 0.89 cm; right ovary 1.49 x 1.01 cm). No obvious pathology is seen. The uterine body is normal in size without obvious evidence of pathology.

**SEX**

Female, intact

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings:**

**AGE**

2011

- Focal left hepatic swelling. The swelling is similar in size compared to the previous sonogram. The diffuse hepatic parenchymal changes are non-specific and could be secondary to regenerative nodular hyperplasia, vacuolar hepatopathy, inflammatory disease or other hepatopathies. Changes are similar to the previous sonogram.

**WEIGHT**

5.94 kg

- Gallbladder debris, non-mucocele.

**Secondary Findings:**

- Mild bilateral chronic renal changes. Changes are similar to the previous sonogram.

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 Diplomate ACVIM  
 (Small Animal Internal  
 Medicine)

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques, RVT

- Consider hepatic tissue sampling (i.e., aspirate or biopsy) to assess for microscopic pathology. If biopsies are pursued, aerobic and anaerobic bile cultures and copper quantitation should also be performed.
- Continued serial sonographic monitoring of the liver (i.e., every 3-6 months) is recommended to assess for changes in the hepatic swelling, particularly if hepatic tissue sampling is not pursued at this time.

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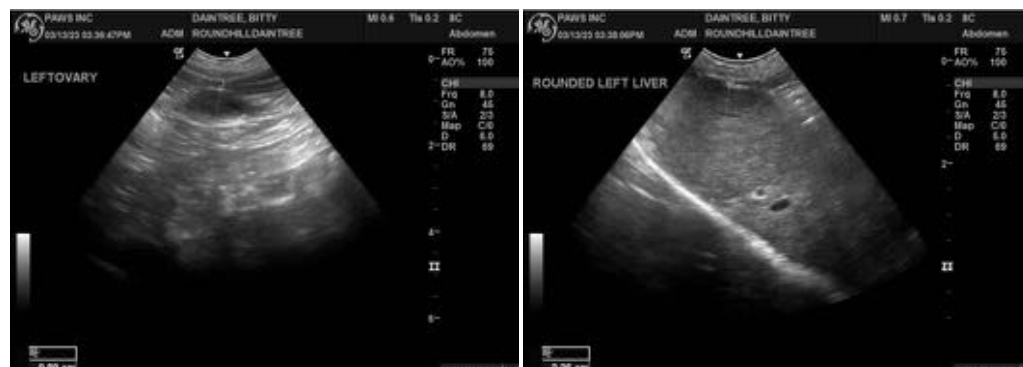
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Shiba Inu

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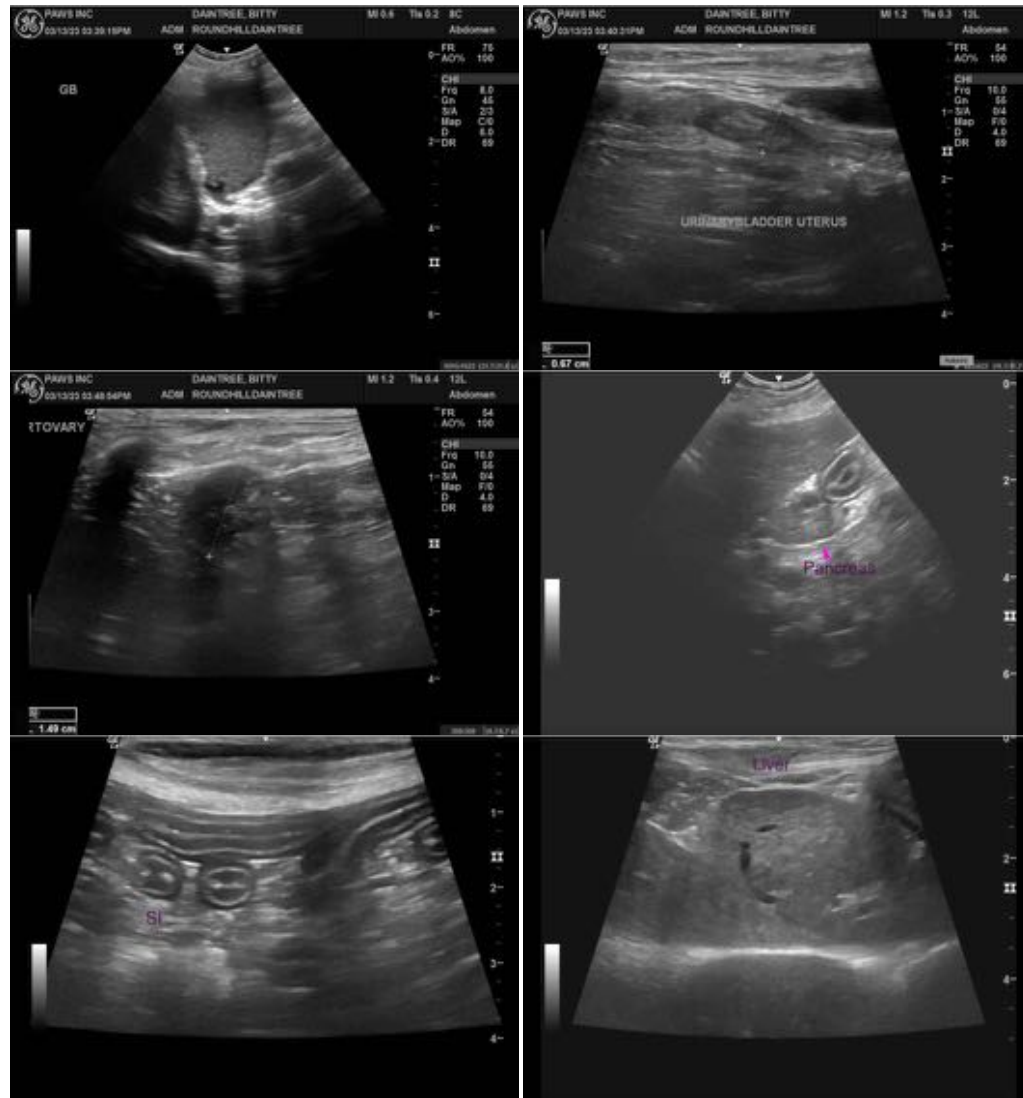
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**REFERRING VET**

Dr. Carl Kelly

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)  
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