



PATIENT PRESENTING CLINICAL SIGNS

Cyrus Gill History: Client communications: Mild increase in ALT noted on recent bloodwork (ALT 128 U/L; reference <118 U/L). Patient has a history of liver failure but is currently clinically stable with no vomiting since yesterday. Current medications include Denamarin and ursodiol; continuation recommended. Prognosis guarded due to concern for possible relapse. Recommend having P seen by referral due to severity of Ps condition last time. O elected to start with an abdominal ultrasound prior to taking P to referral; client agreed to drop-off for procedure tomorrow. Instructions provided for 12-hour fast prior to ultrasound. Antibiotics not indicated at this time due to risk of unnecessary prolonged course. All options reviewed due to client's heightened concern.

SPECIES

Canine

BREED

Basenji

SEX

Female Spayed

AGE

5 years 10 mos

WEIGHT

49.5

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Celia Galanti, DVM

HOSPITAL NAME

Craig Road AH

REFERRING VET

Wylee Cooper, DVM

INVOICE

22716

DATE

3-21-26

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 is normal.

The left kidney is normal in size (5.43 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal in size (5.79 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal in size (0.42 cm at cranial pole) (0.58 cm at caudal pole) with a normal shape and 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 mildly enlarged (0.91 cm at cranial pole) (0.79 cm at caudal pole) with a normal shape and 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 (2.24 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 normal- to slightly small-in-size with smooth peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. 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 moderate amount of aggregated, echogenic, partially-dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering



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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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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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Lymph Nodes

The abdominal lymph nodes are normal/not visible.

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Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

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Primary Findings

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- The hepatic changes are nonspecific and could be secondary to inflammatory disease (i.e., cholangiohepatitis, chronic hepatitis), Leptospirosis, hepatotoxicosis, infiltrative neoplasia (i.e., lymphoma), vacuolar hepatopathy, regenerative nodular hyperplasia, other hepatopathy, or some combination thereof.

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(Sm Animal Internal Med)

- The gallbladder changes could be consistent with cholestasis, fasting, or less likely, an emerging mucocele.

Secondary Findings

- Mild right adrenomegaly

IMAGING PERFORMED BY

Celia Galanti, DVM

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Pre- and postprandial serum bile acids are recommended to assess hepatic function.
- Consider obtaining liver biopsies with aerobic and anaerobic bile cultures and hepatic copper quantitation to get a definitive diagnosis (if not already performed). Clotting times and thoracic radiographs should be performed prior to anesthesia.

REFERRING VET

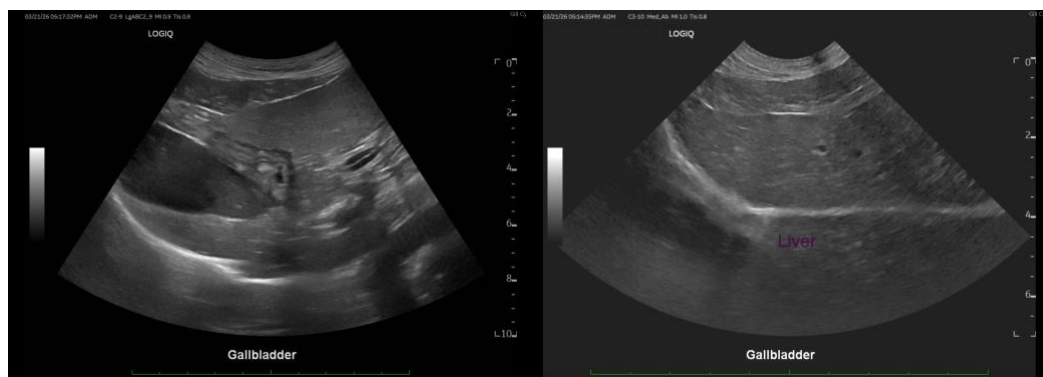
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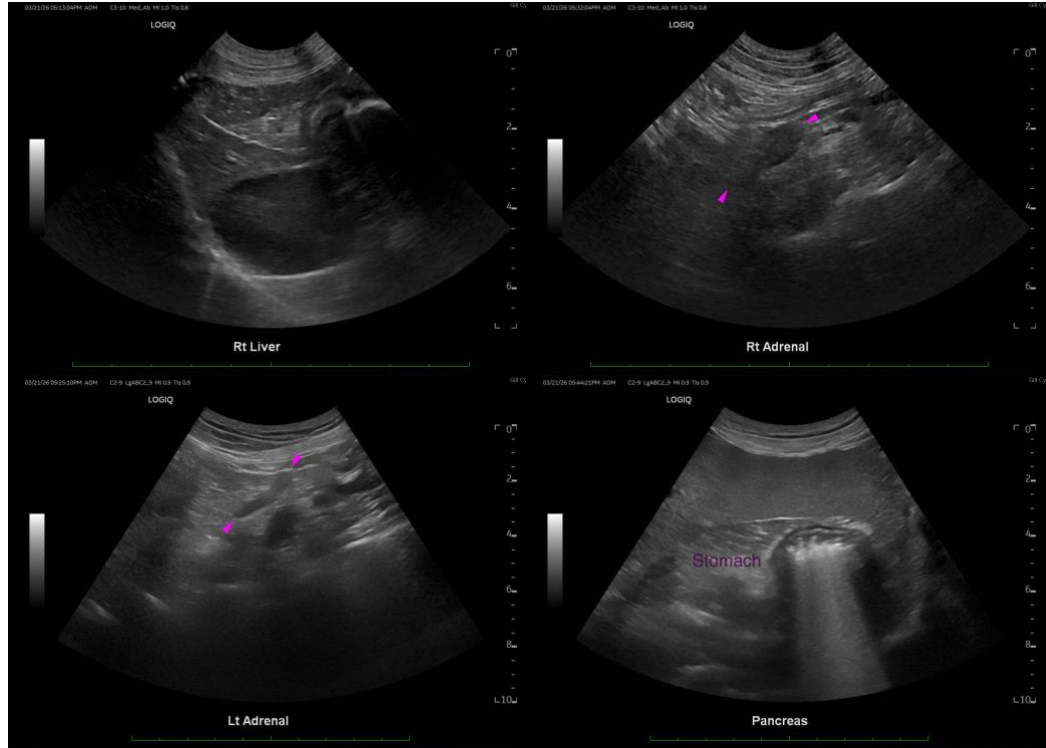
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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