

DATE PRESENTING CLINICAL SIGNS

3-26-26 **Patient History:** Hepatopathy with ALT of 568- pet is doing well clinically

PATIENT Current Medications: None listed.

Hunter Carrington **Labwork Results:** Labwork not attached, reported as: ALT 568. ALT 2 months ago 900 which came down to 116 with liver supplement. ALT recently checked on 03/22 was 568 again

Date of Previous IntraPet Ultrasound: No previous.

SPECIES Sedation: IV Torb.

Canine **Stat Report:** Not requested.

Imaging Performed by: Rachel Brillhart, RDMS.

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Chihuahua **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 2.5 cm, are normal.

SEX

Intact Male The prostate is enlarged (3.0 cm in width) with smooth peripheral contours. The parenchyma is hyperechoic relative to surrounding omental fat and slightly heterogenous in appearance. The prostatic urethra is not overtly dilated.

AGE

1/29/2022 The left kidney is normal in size (4.16 cm in length) with a normal shape, architecture and 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.

WEIGHT

12.8lbs The right kidney is normal in size (4.39 cm in length) with a normal shape, architecture and 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.

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

Adrenal Glands

The left adrenal gland is normal in size (0.36 cm at cranial pole) (0.47 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.

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The right adrenal gland is normal in size (0.75 cm at cranial pole) (0.43 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.

REFERRING VET

Dr. Chadha

Spleen

The spleen is normal in size (1.11 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.

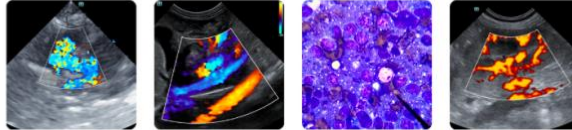
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Liver

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 portal vein to caudal vena cava ratio is approximately 1: 1.

The gallbladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly



DATE

anechoic. The cystic and common bile ducts are normal/not seen.

3-26-26

PATIENT

Hunter Carrington

Gastrointestinal

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 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.

SPECIES

Canine

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.

BREED

Chihuahua

Lymph Nodes

The abdominal lymph nodes are normal/not visible.

SEX

Intact Male

Other

The testicles are subjectively normal-in-size and symmetrical with homogenous parenchyma.

AGE

1/29/2022

ULTRASONOGRAPHIC FINDINGS

Primary Findings

WEIGHT

12.8lbs

An obvious cause for the elevated liver enzymes is not identified in the study. However, a microscopic hepatopathy (i.e., bacterial cholangiohepatitis, Leptospirosis, chronic active hepatitis, copper-associated hepatotoxicity, infiltrative neoplasia (less likely)) is suspected. There is no obvious evidence of an extrahepatic portosystemic shunt today's study.

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Secondary Findings

The prostate changes are most consistent with benign prostatic hyperplasia. Bacterial prostatitis is also a differential but considered unlikely in the absence of lower urinary tract signs.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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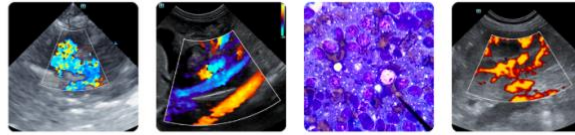
- Consider pre- and postprandial serum bile acids to assess hepatic function. Consider Leptospirosis testing (i.e., blood and urine PCR, serology). However, this test may be of low yield given the chronicity of the ALT elevation and lack of clinical signs. Ultimately, liver biopsies with aerobic and anaerobic bile cultures and hepatic copper quantitation may be necessary to get a definitive diagnosis.

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- If a conservative approach is desired, consider empirical treatment for bacterial cholangiohepatitis (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 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.

Imaging performed by



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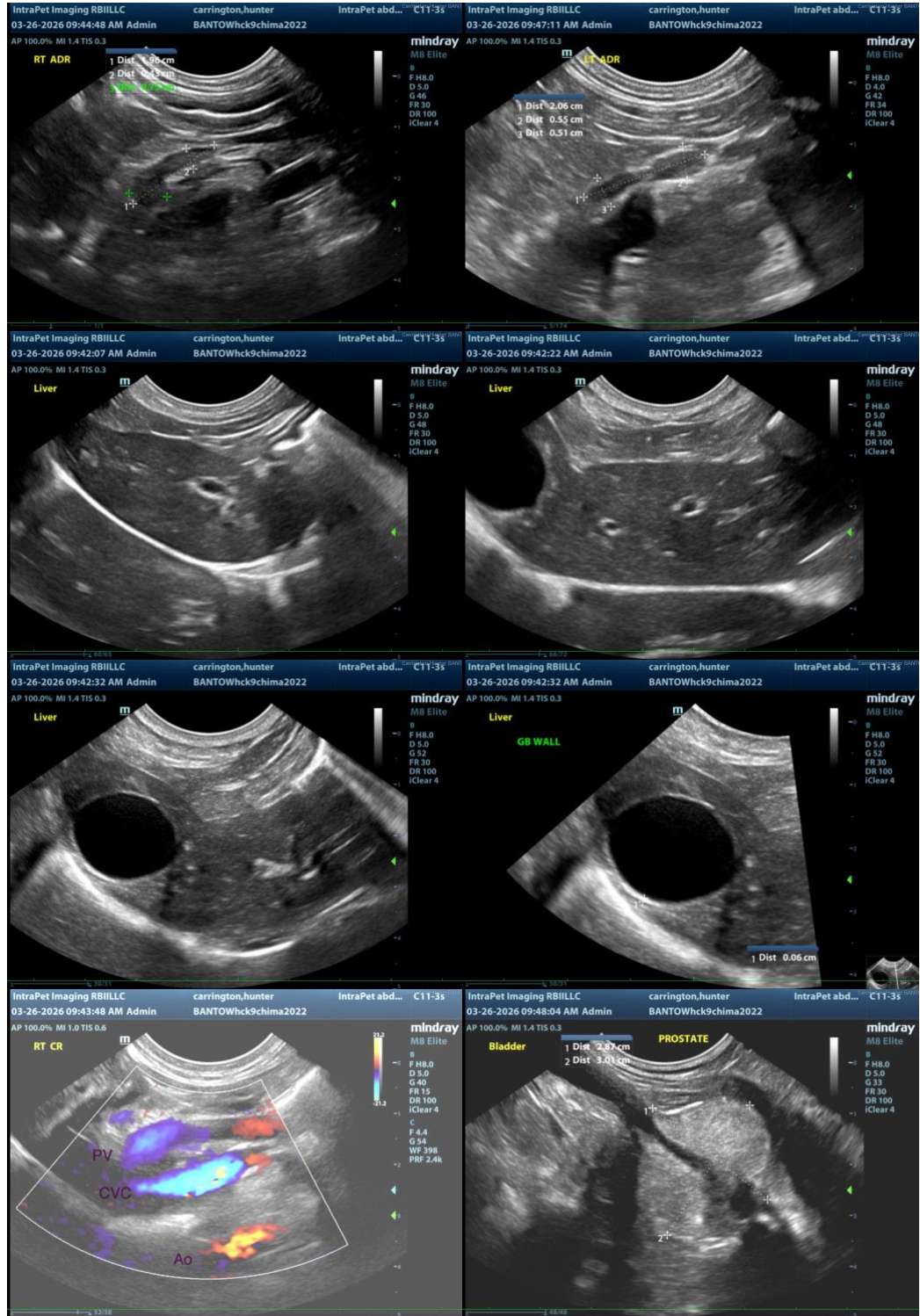
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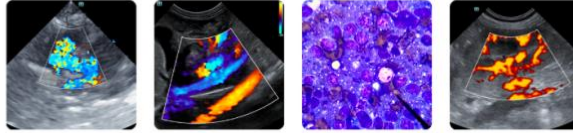
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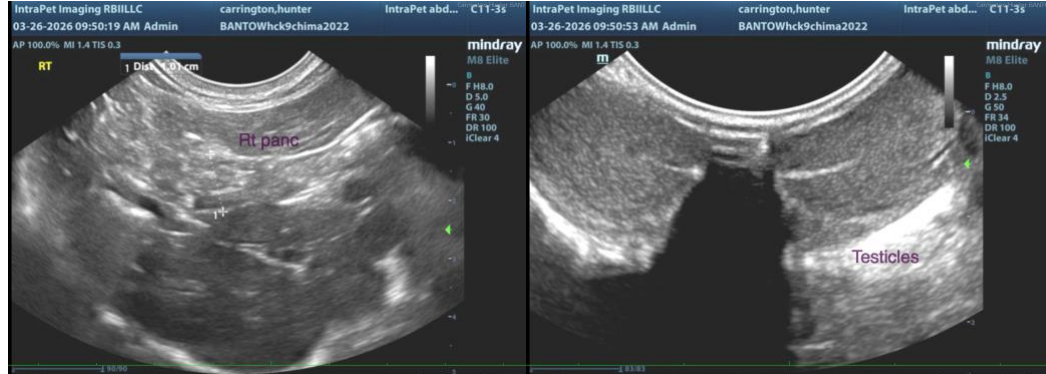
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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