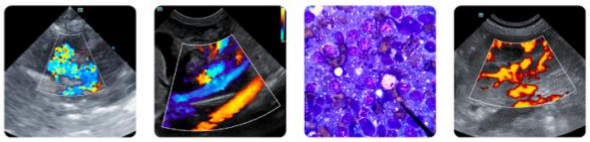


PATIENT

BomBom Laracuento

SPECIES

Canine

BREED

Chihuahua

SEX

Female Spayed

AGE

10

WEIGHT

6.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Gabriel Ferrer DVM

HOSPITAL NAME

Pulse Pet Ultrasound Services

REFERRING VET

Dr. Fonseca

INVOICE

22758

DATE

3-27-26

PRESENTING CLINICAL SIGNS

- Bombom is a 10yo spayed female Chihuahua who was referred for
- An abdominal ultrasound due to increased liver enzymes values. Bombom presented to rDVM on March 16th for evaluation due to diarrhea and anorexia during the weekend. At the time she was managed by symptoms. On March 18th she returned for evaluation due to perineal erythema secondary to diarrhea. At the time she had already started to eat chicken, but diarrhea remained (less amount but still present). O continued previous treatment and eventually Bombom
- Improved/resolved clinical signs. On March 25th returned again with diarrhea and now vomiting; she continued eating well. Bloodwork was done which revealed increased BUN, ALT, GGT, AMYL. Hospitalized for 48hr (today), Fluids Plasma lyte 7ml/hr, Famotidine 1mg/kg IV SID,
- Cerenia 1mg/kg IV SID, Metronidazole 10mg/kg IV BID, Denamarin (cat and small dog) 1 tab PO SID, Liquid Hepato 1cc PO BID, feeding gastrointestinal diet. Today Chemistry panel recheck revealed increased ALT/GGT; rest normal.

Abnormal PE/Chem/CBC/UA Results: Radiographs and rDVM records attached below for your reference

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is mildly distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal in size (3.39 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. Several small, nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter.

The right kidney is normal in size (3.62 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. Several small, nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter.

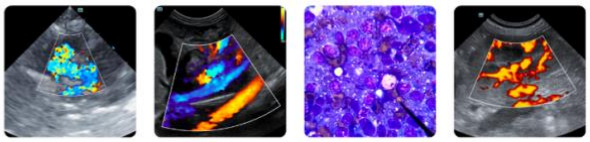
Adrenal Glands

The left adrenal gland is normal in size (0.39 cm at cranial pole) (0.35 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 normal in size (0.47 cm at cranial pole) (0.46 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 (0.97 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 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 sludge is observed within the lumen. The cystic and common bile ducts are diffusely dilated (up to 0.51 cm). Some debris is observed in the proximal cystic duct. There is no evidence of a distal common bile duct obstruction.

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 ileocecocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely hyperechoic 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.

Lymph Nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- 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.
- The gallbladder changes are suggestive of a developing mucocele. The cystic and common bile duct dilation may be secondary to a previous obstruction, cholangitis, other.

Secondary Findings

- Bilateral nonspecific age-related renal changes with nonobstructive nephrocalcinosis. Changes are similar to the previous sonogram.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis. Changes are similar to the previous sonogram.

*An obvious cause for the patient's clinical signs is not definitively identified in this study. Considerations include a microscopic enteropathy (i.e., food allergy/intolerance, inflammatory bowel disease, infectious/parasitic disease), underlying metabolic issue (i.e., hepatobiliary disease), other.

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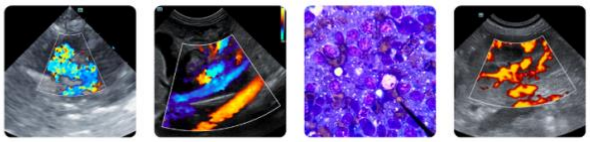

Clinical Sonography & Telecytology
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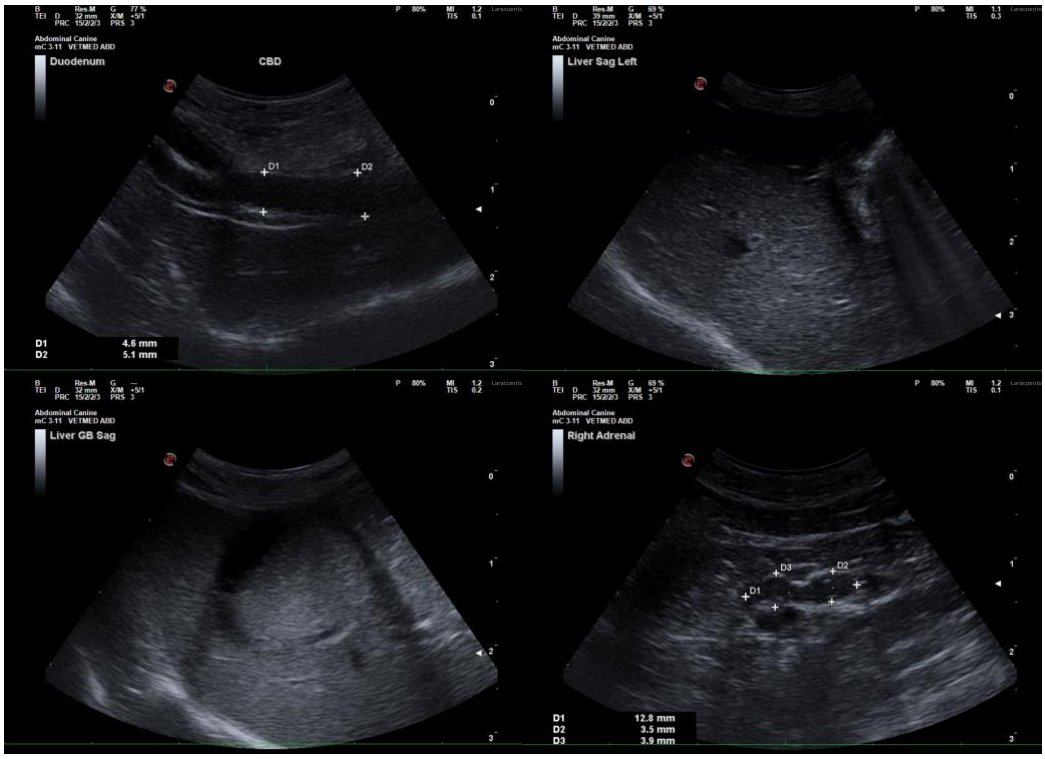
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the gallbladder changes, Ursodeoxycholic acid (Ursodiol) is recommended. Serial sonographic monitoring (e.g., every 4-6 weeks) of the gallbladder is recommended to assess for progression to a fully formed mucocele. If progression occurs, a cholecystectomy may be warranted.
- Regarding the elevated liver values, consider laparoscopic or surgical hepatic biopsies with aerobic and anaerobic bile cultures, and hepatic copper quantitation. Leptospirosis testing (i.e., blood and urine PCR, serology) can also be considered, particularly if the clinical suspicion for disease is high.
- 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.
- Other diagnostics considerations could include the following:

1. Fecal evaluation for internal parasites
2. GI panel including serum cobalamin and folate, TLI, PLI and resting cortisol level
3. +/- GI biopsies



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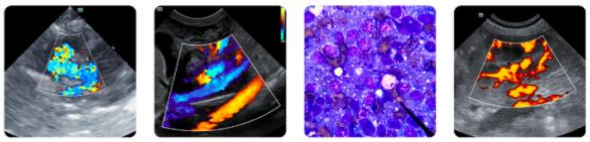

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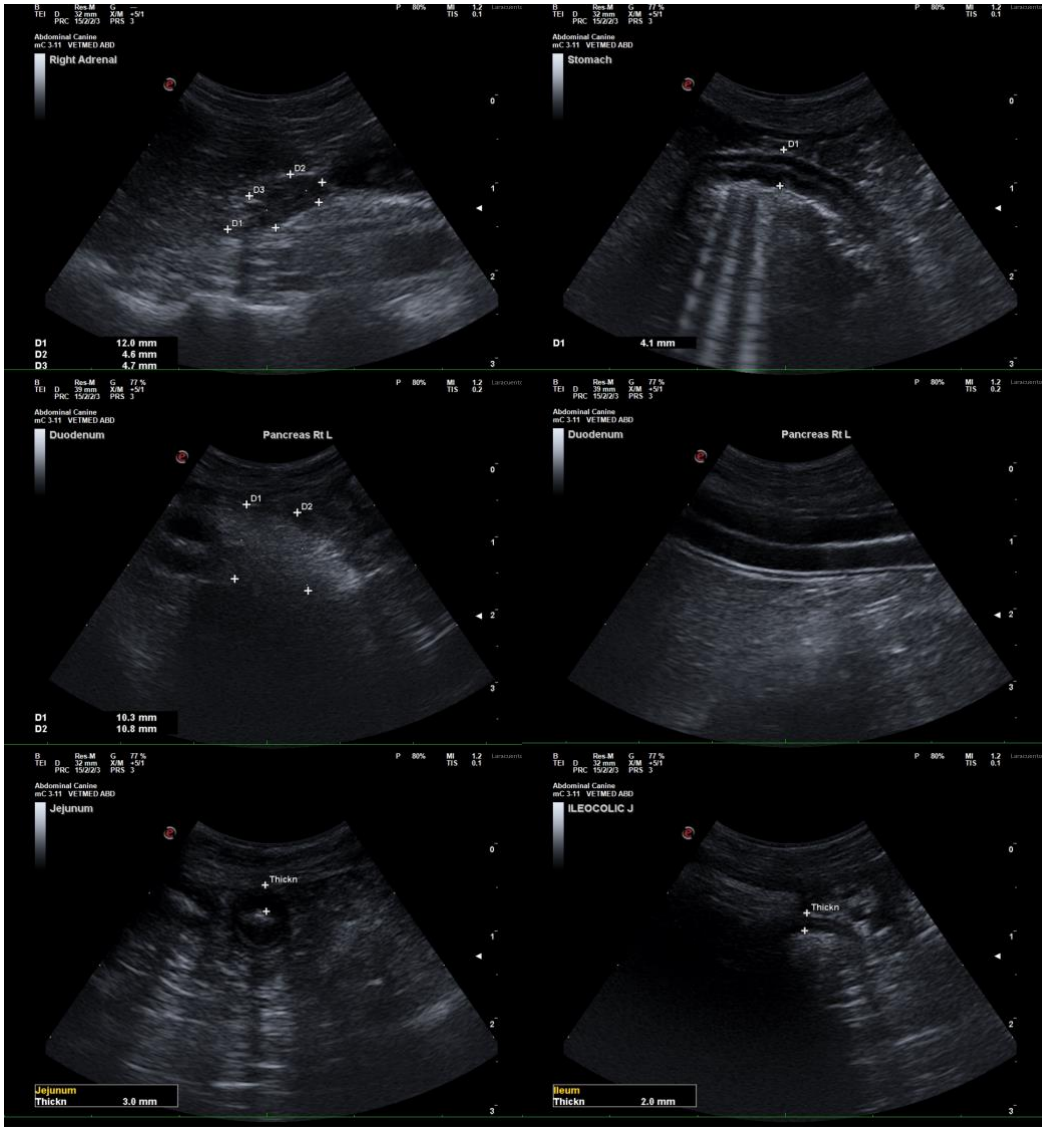

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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