

## PATIENT PRESENTING CLINICAL SIGNS

Mac McKissick

- UTD on Rabies, DAPP + Lepto Vx
- 10d h/o of progressive hyporexia and lethargy
- Starting mid-day 03/30, daytime DVM Rx w/ Unasyn, Metronidazole, IVF, Cerenia, Denamarin and Probiotic

## SPECIES

Canine

## BREED

Bernese Mt Dog

## SEX

Neutered Male

Abnormal PE/Chem/CBC/UA Results: Most notable PE findings included distended abdomen, mild generalized icterus (mildly light pk and icteric oral MM), mild dehydration - UA (free catch) - USG >1.050, active sediment (Glu 50 mg/dL, Ket 15 mg/dL), UBG 12 mg/dL, Bil 6 mg/dL, Bld 250 ery/uL) - CBC - Lym 0.38, HCT 48.8%, PLT 99k - Chem - Alb 1.9, ALT - too high to read, ALP 371, GGT 14, Tbil 4.2, Na 139, Cl 102, Ca 7.8, TP 4.6, Chol 100 - Abdominocentesis - dark serosanguinous fluid, 1.4 ug/dL, PCV 70%, removed 1L of fluid without issue to help w/ p's tenseness/discomfort. Severe amount of peritoneal effusion remained.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### AGE

5

### Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are mostly anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 4.5 cm, are normal.

### WEIGHT

43.6 kg

The prostate is normal in size (1.55 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

### INTERPRETED BY

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

The left kidney is normal in size (7.52 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. Renal vasculature is normal.

The right kidney is normal in size (7.89cm 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.

### IMAGING PERFORMED BY

Duffield

### Adrenal Glands

The left adrenal gland is normal in size (0.62 cm at cranial pole) (0.61 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.

### HOSPITAL NAME

Barton Heights VH

The right adrenal gland is normal in size (1.48 cm at cranial pole) (0.78 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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### Spleen

The spleen is normal in size (2.35 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.

### INVOICE

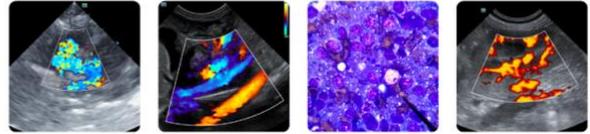
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### Liver

The liver is enlarged, with swollen 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.

### DATE

3-31-26



## PATIENT

Mac McKissick

The gallbladder is mildly- to moderately distended. The wall is diffusely thickened (up to 0.98 cm) and hypoechoic/edematous. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

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### *Gastrointestinal*

The gastric lumen is not 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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Bernese Mt Dog

### *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.

## SEX

Neutered Male

### *Lymph Nodes*

The abdominal lymph nodes are normal/not visible.

## AGE

5

### *Free Abdomen*

The mesentery throughout the abdomen is hyperechoic and slightly irregular. A moderate amount of anechoic free fluid is present.

## WEIGHT

43.6 kg

## ULTRASONOGRAPHIC FINDINGS

- The hepatic changes could be consistent with inflammatory disease (i.e., cholangiohepatitis, chronic hepatitis), emerging neoplasia (i.e., lymphoma), vacuolar hepatopathy, hepatotoxicity, Leptospirosis, and/or other hepatopathy.
- The gallbladder wall changes may be secondary to cholecystitis, low oncotic pressure, increased hydrostatic pressure (if applicable), anaphylaxis (if applicable), other.
- Diffuse peritonitis with ascites

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

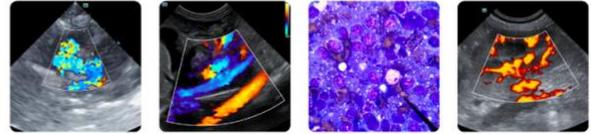
- Submission of the abdominal fluid for cytologic evaluation is recommended. If inconclusive, consider fine-needle aspiration of the liver (assuming normal clotting status). A 25-gauge needle should be used.
- Leptospirosis testing (i.e., blood and urine PCR, serology) is also recommended.
- While awaiting test results, empirical treatment of cholangiohepatitis/hepatotoxicosis is recommended, including broad-spectrum antibiotic therapy, hepatic antioxidants, and other supportive measures.
- Three-view thoracic radiographs should also be considered to assess for pleural effusion, in light of the hypoalbuminemia.

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Mac McKissick

**SPECIES**

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Bernese Mt Dog

**SEX**

Neutered Male

**AGE**

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**WEIGHT**

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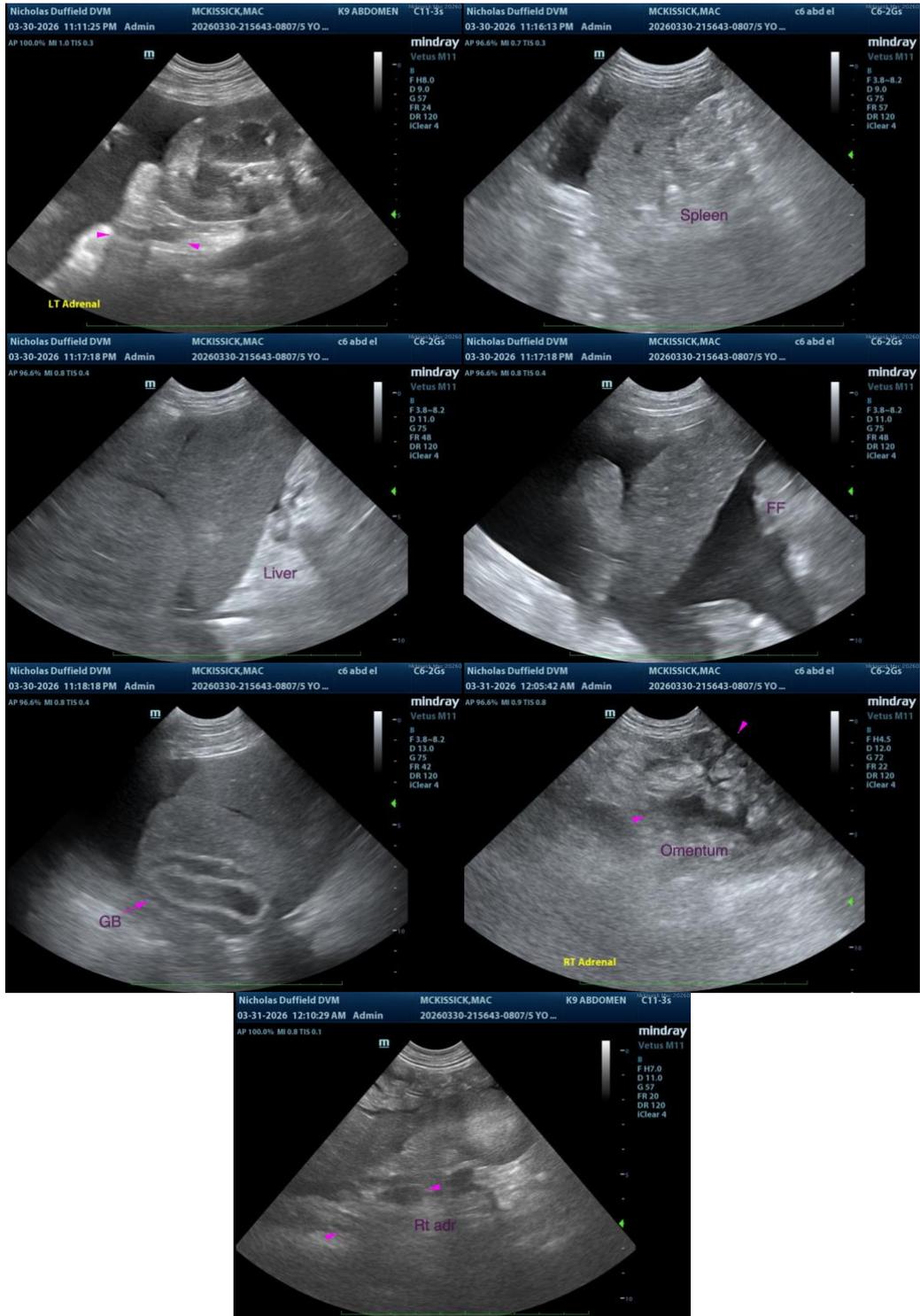
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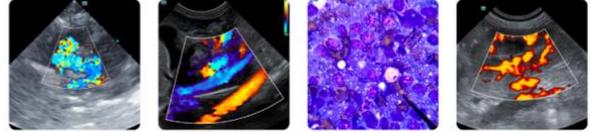
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**PATIENT**

Mac McKissick

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**

Bernese Mt Dog

**Andrea Nicastro**, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)  
[info@SonoPath.com](mailto:info@SonoPath.com)

**SEX**

Neutered Male

**AGE**

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**WEIGHT**

43.6 kg

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