



PATIENT

Sophie Shetfield

SPECIES

Canine

BREED

Fr Bulldog

SEX

Intact Female

AGE

4 years

WEIGHT

13.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Lemanski

HOSPITAL NAME

Animal EH Deland

REFERRING VET

Dr. Lemanski

INVOICE

12725

DATE

4.10.23

PRESENTING CLINICAL SIGNS

History: Sophie is a 4 YO F French Bulldog who presented for vomiting today. O said last time she saw p eat was yesterday morning. O's daughter may have fed p ice cube gum with xylitol 3 days ago. Owner notes may have possible sag palm in the backyard.

Abnormal PE/Chem/CBC/UA Results: CBC: Neutrophilia
COMP: ALT too high to read even with dilution
EPOC: mild hyponatremia, mild hypochloremia, mild hypocalcemia, moderate elevated lactate, HCT: 60%

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A scant amount of suspended echogenic debris is observed within the lumen. The region of the trigone and visible portion of the proximal urethra are normal.

The left kidney is normal in size (5.67 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.

The right kidney is normal in size (7.84 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.

Adrenal Glands

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

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.

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. No pathological hepatic lymphadenopathy observed.

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly fluid-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.

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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Free Abdomen

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

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ULTRASONOGRAPHIC FINDINGS

Findings

Unremarkable abdomen. An obvious cause for the elevated liver enzymes is not definitively identified in this study. Given the patient's age and clinical presentation, top differentials include hepatotoxicity (i.e., xylitol, sago palm) and infection (i.e., Leptospirosis, bacterial cholangiohepatitis). However, a more chronic process (i.e., chronic hepatitis, copper hepatotoxicity, infiltrative neoplasia) cannot be completely excluded.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Leptospirosis testing (i.e., blood and urine PCR, serology) is recommended.
- Consider a fine-needle aspirate of the liver (if clotting status is appropriate). A 25-gauge needle should be used.
- Empirical treatment for hepatotoxicity/bacterial cholangiohepatitis, Leptospirosis is recommended, including broad-spectrum antibiotics, hepatic antioxidants and supportive measures. If patient's clinical signs do not improve and hepatic cytology is inconclusive, consider laparoscopic, or surgical liver biopsies with aerobic and anaerobic bile cultures and hepatic copper quantitation.

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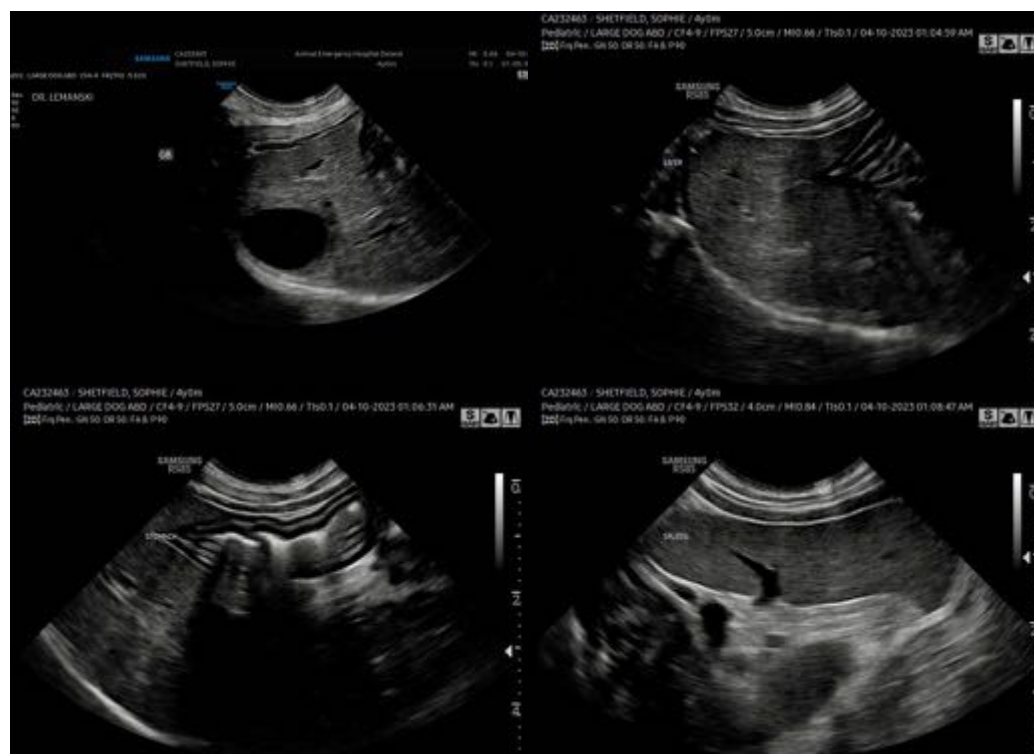
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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