

PATIENT PRESENTING CLINICAL SIGNS

PATIENT Scooby Frieze
SPECIES Canine
BREED Mixed
SEX Neutered Male
AGE 6
WEIGHT 34.6 lbs

PRESENTING CLINICAL SIGNS
 Clinical Exam Findings: Pet was first seen at out hospital for a second opinion on 4-302026. Pet presented for a hx of liver value elevations that continue to elevate (ALT and Alk phos). Pet periodically vomits. On exam we noted a 3/6 systolic murmur. We advised baseline labwork and potentially a dental cleaning (grade 2/4 PD) after an echocardiogram.
 Abnormal lab-work values: Pets Alk phos dropped from 961 to 855, ALT was now normal
 CBC unremarkable. No T4 performed. No UA; hx of recent urolith surgery in August 2025.
 Current Medications: Denamarin, prebiotics
 Radiographic Findings: none performed as of yet

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. A 0.23 cm cystic calculus is observed within the lumen, along with a scant amount of echogenic debris. The region of the trigone and the proximal urethra, visible to a depth of 5.0 cm, are normal.

The prostate is normal in size (0.67 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (5.39 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal- to mild loss of corticomedullary distinction. A few, small, mineralized foci are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (5.60 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.

Adrenal Glands

The left adrenal gland is normal in size (0.47 cm at cranial pole) (0.64 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 (1.39 cm at cranial pole) (0.57 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 (1.67 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 enlarged with slightly 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.

INTERPRETED BY

Andrea Nicastro DVM
 Diplomate ACVIM
 (Sm Animal Internal Med)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Corvallis VH

REFERRING VET

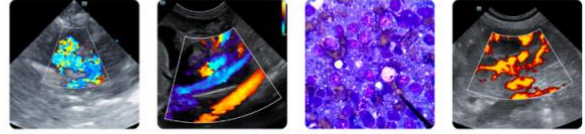
Dr Gross

INVOICE

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DATE

4-15-26



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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.

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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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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

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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.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

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

Secondary Findings

- Minor bilateral age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Leptospirosis testing (i.e., blood and urine PCR, serology) is recommended.
- Consider pre- and postprandial serum bile acids to assess hepatic function.

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- Cytologic evaluation of the liver should be considered in this patient if clotting status is appropriate. A fine needle aspirate using a 25-gauge needle is recommended. If cytologic evaluation is inconclusive or if a more aggressive approach is desired, consider laparoscopic or surgical liver biopsies with aerobic and anaerobic bile cultures and acquisition of additional hepatic tissue samples for copper quantitation.

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

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sampling reconsidered. If liver values improve, continue therapy for at least 4-6 weeks and 1 week beyond normalization of the liver values.

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- Regarding the tiny cystic calculus, a cystotomy with stone removal, analysis and culture can be considered. An attempt at medical dissolution is an alternative option.

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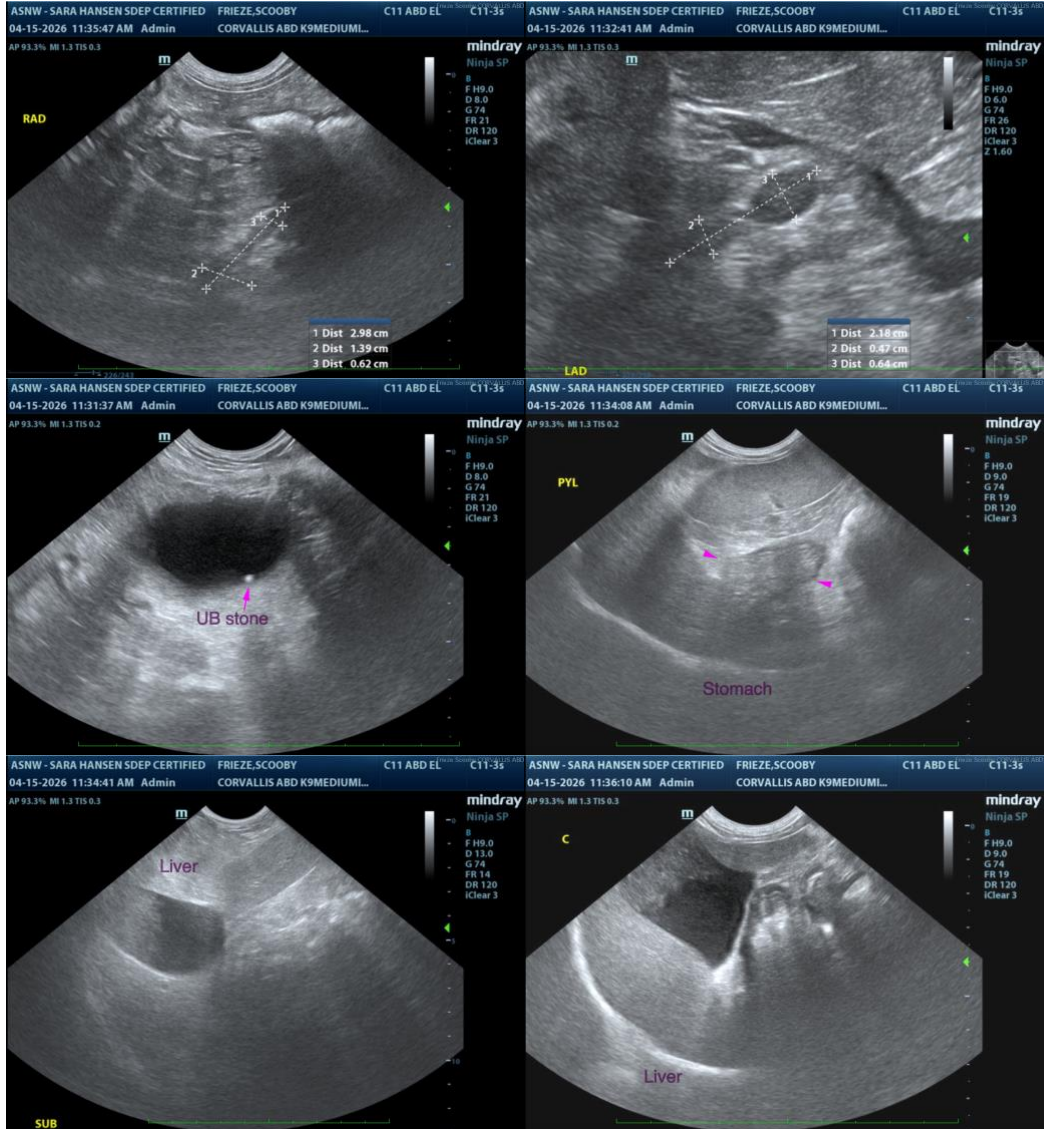
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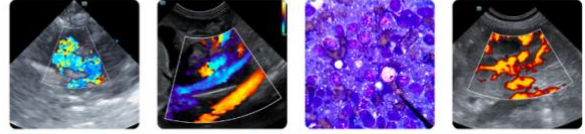
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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