



PATIENT PRESENTING CLINICAL SIGNS

Eve McCullick History: Owner noticed distended abdomen and jaundice this am. She has recently been a picky eater. No known toxins. No table scraps

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: fluid wave balloted. Severe jaundice. CBC - HCT 33.3%; NEU 22.0; Lym - 2.7; Mono - 1.73; PLT - 199 GLU - 85; SDMA - 28; BUN - 28; CREA - 2.1; ALB -2.2; ALT - 684; ALP - 229; T.bili 14.4; Chol - 91; GGT - 6

BREED

Pitbull Terrier Mix

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is contracted. The wall is thickened (up to 0.70 cm) with an irregular mucosal surface. Luminal contents are mostly anechoic. No cystic calculi are observed. The region of the trigone is normal.

SEX

Female Spayed

The left kidney is subjectively normal in size with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

AGE

6 years

The right kidney is normal in size (7.98 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

WEIGHT

F/I

Adrenal Glands

(No images provided).

Spleen

The spleen is subjectively normal in size with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

INTERPRETED BY

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

Liver

The liver is normal to slightly small in size with irregular peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely nodular/irregular in appearance. There is no visibly normal-appearing hepatic parenchyma. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

IMAGING PERFORMED BY

Adrienne Waffle

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of mostly gravity-dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

HOSPITAL NAME

Torch Lake VC

Gastrointestinal

The 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 thickness is normal 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.

REFERRING VET

Adrienne Waffle

Pancreas

The right limb is prominent to enlarged with irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and is edematous in appearance. The pancreatic duct is not overtly dilated.

INVOICE

12806

DATE

4.21.23



PATIENT

Eve McCullick

Free Abdomen

The mesentery throughout the abdomen is hyperechoic and slightly irregular in appearance. A moderate to large amount of slightly echogenic free fluid is present. The abdominal lymph nodes are normal/not visible.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The hepatic changes are most concerning for end-stage liver disease (i.e., chronic inflammatory disease, fibrosis). However, infiltrative neoplasia (i.e., carcinoma, round cell neoplasia) cannot be completely excluded. The ascites is likely secondary to underlying hepatic disease (i.e., portal hypertension).
- Bilateral chronic nonspecific renal changes
- The pancreatic changes are consistent with pancreatic edema, with possible concurrent pancreatitis.

BREED

Pitbull Terrier Mix

SEX

Female Spayed

AGE

6 years

Secondary Findings

- The urinary bladder wall thickening may be artifactual due to lack of full repletion and/or may be secondary to cystitis. Correlation with the patient's clinical history and urinalysis findings is recommended.

WEIGHT

F/I

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A urinalysis is recommended to assess urine specific gravity, etc.
- Given the azotemia and liver enzyme elevations, consider Leptospirosis testing (i.e., blood and urine PCR, serology). However, Leptospirosis does not typically produce the nodular-appearing hepatic parenchyma that is present in this patient. A urinalysis
- Thoracic radiographs should be performed to assess cardiopulmonary status.
- Ultimately, liver biopsies may be necessary to get a definitive diagnosis. Clotting times should be performed prior to any tissue sampling, particularly in light of the patient's current hepatic dysfunction. Unfortunately, with end-stage hepatopathies, biopsies may only reveal fibrosis and not the underlying inciting cause.
- Given the patient's clinical history and sonographic changes, the patient's prognosis for this patient is guarded and palliative care should be considered in lieu of aggressive diagnostics/treatments.

INTERPRETED BY

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

IMAGING PERFORMED BY

Adrienne Waffle

HOSPITAL NAME

Torch Lake VC

REFERRING VET

Adrienne Waffle

INVOICE

12806

DATE

4.21.23



PATIENT

Eve McCullick

SPECIES

Canine

BREED

Pitbull Terrier Mix

SEX

Female Spayed

AGE

6 years

WEIGHT

F/I

INTERPRETED BY

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

IMAGING PERFORMED BY

Adrienne Waffle

HOSPITAL NAME

Torch Lake VC

REFERRING VET

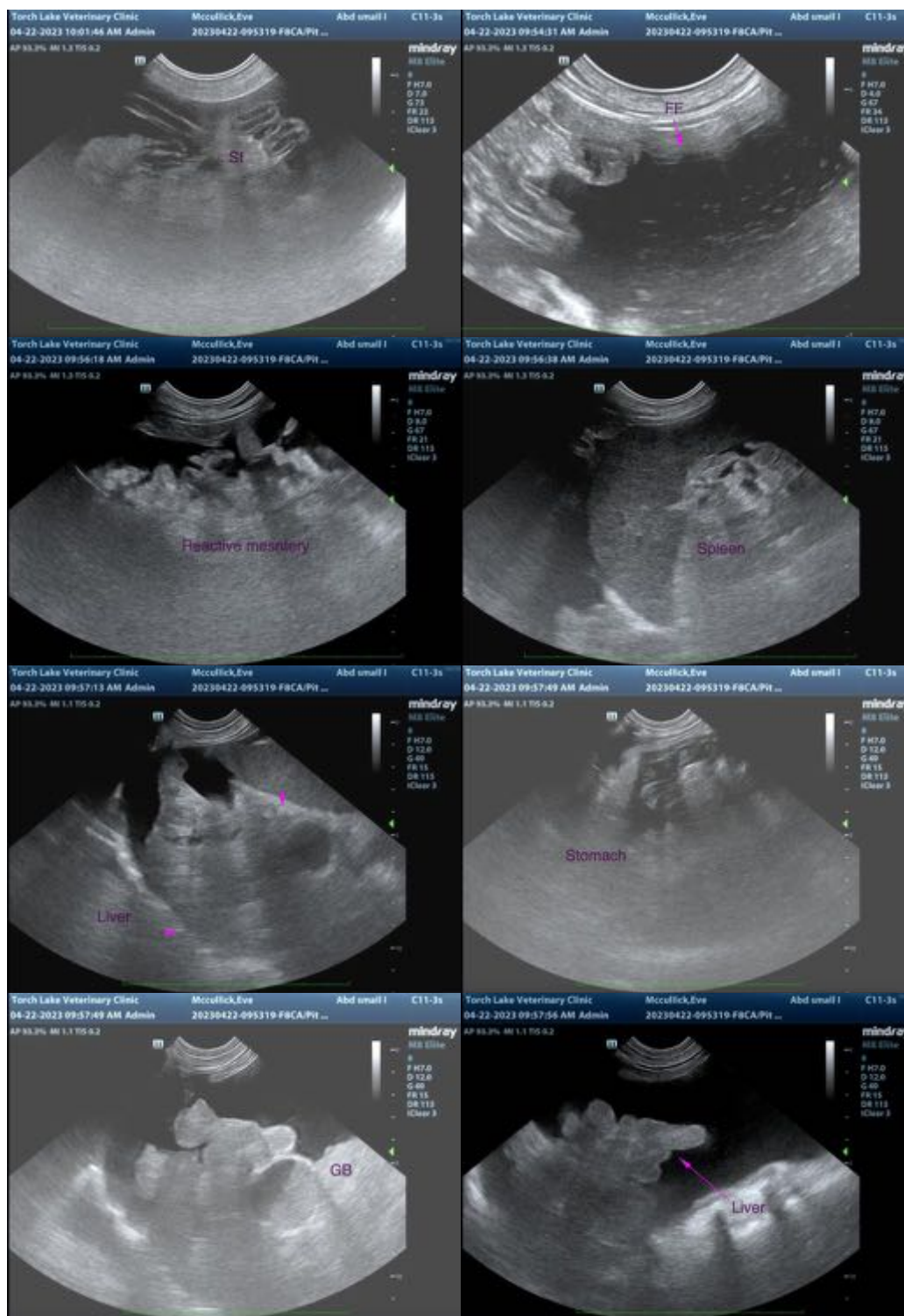
Adrienne Waffle

INVOICE

12806

DATE

4.21.23





PATIENT

Eve McCullick

SPECIES

Canine

BREED

Pitbull Terrier Mix

SEX

Female Spayed

AGE

6 years

WEIGHT

F/I

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Adrienne Waffle

HOSPITAL NAME

Torch Lake VC

REFERRING VET

Adrienne Waffle

INVOICE

12806

DATE

4.21.23



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