



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Marley Miller
SPECIES Canine
BREED Pitbull

Clinical Exam Findings: ALT has been trending up last few months. Owner states the patient has been acting normal and doing well. Owner finished giving Denamarin 425mg large dog on Monday or Tuesday of this week. Owner states the patient has been eating well just sometimes only eats dinner and not breakfast. The abnormal BM has stopped and are normal.

Abnormal lab-work values: ALT 352 10 - 125 U/L HIGH. Progressively increasing ALT.
Current Medications: Apoquel, Denamarin
Fine Needle Aspirates: Client approved Sedation and FNA Consent

SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX Spayed Female

Urinary System

AGE

4/22/2012

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

WEIGHT

72.4 lbs

The left kidney is normal size (6.26 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. A 0.69 cm irregular cortical cyst is observed at the medial aspect. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

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

The right kidney is normal size (6.97 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

IMAGING PERFORMED BY

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Adrenal Glands

HOSPITAL NAME

Southside AH

The left adrenal gland is normal size (0.51 cm at cranial pole) (0.37 cm at caudal pole) (1.83 cm in length); normal shape; 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 size (0.95 cm at cranial pole) (0.58 cm at caudal pole) (2.17 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

REFERRING VET

Dr. Jamie Carroll

Spleen

The spleen is normal in size (2.20 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.

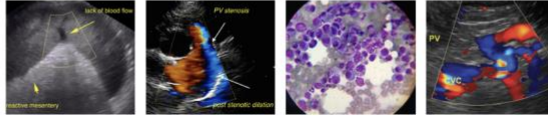
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DATE

4/28/22

Liver



PATIENT

Marley Miller

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is slightly mottled in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion

SPECIES

Canine

The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

BREED

Pitbull

Gastrointestinal

The gastric lumen is mildly distended with ingesta and gas. 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 segmentally dilated with chyme. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. A portion of the proximal colonic wall is mildly thickened (up to 0.53 cm) with apparent retention of the normal layering pattern. There is no evidence of an obstructive pattern.

SEX

Spayed Female

Pancreas

AGE

4/22/2012

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.

WEIGHT

72.4 lbs

Free Abdomen

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

Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

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ULTRASONOGRAPHIC FINDINGS

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Primary Findings

- The diffuse hepatic changes are non-specific and could be consistent with inflammatory/immune-mediated disease, Leptospirosis, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.
- Gravity dependent debris in the gall bladder - incidental

HOSPITAL NAME

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Secondary Findings

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- The mild colonic wall thickening is most consistent with an inflammatory process with a lower possibility of emerging neoplasia.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider pre-and postprandial serum bile acids. Leptospirosis testing (i.e., blood and urine PCR, serology) can be considered. However, if the liver enzyme elevations are chronic, however, Leptospirosis would be considered a less likely differential.



PATIENT

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Hepatic tissue sampling (i.e., fine needle aspirate or surgical biopsy) may be necessary to get a definitive diagnosis. Surgical biopsies are preferred in that they are more likely to be representative of global organ pathology. If pursued, aerobic and anaerobic bile cultures and acquisition of additional hepatic tissue samples for copper quantitation should be recommended.

SPECIES

Canine

If a conservative approach is desired, consider empirical treatment for bacterial cholangiohepatitis (amoxicillin-clavulanic acid, +/- metronidazole, 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.

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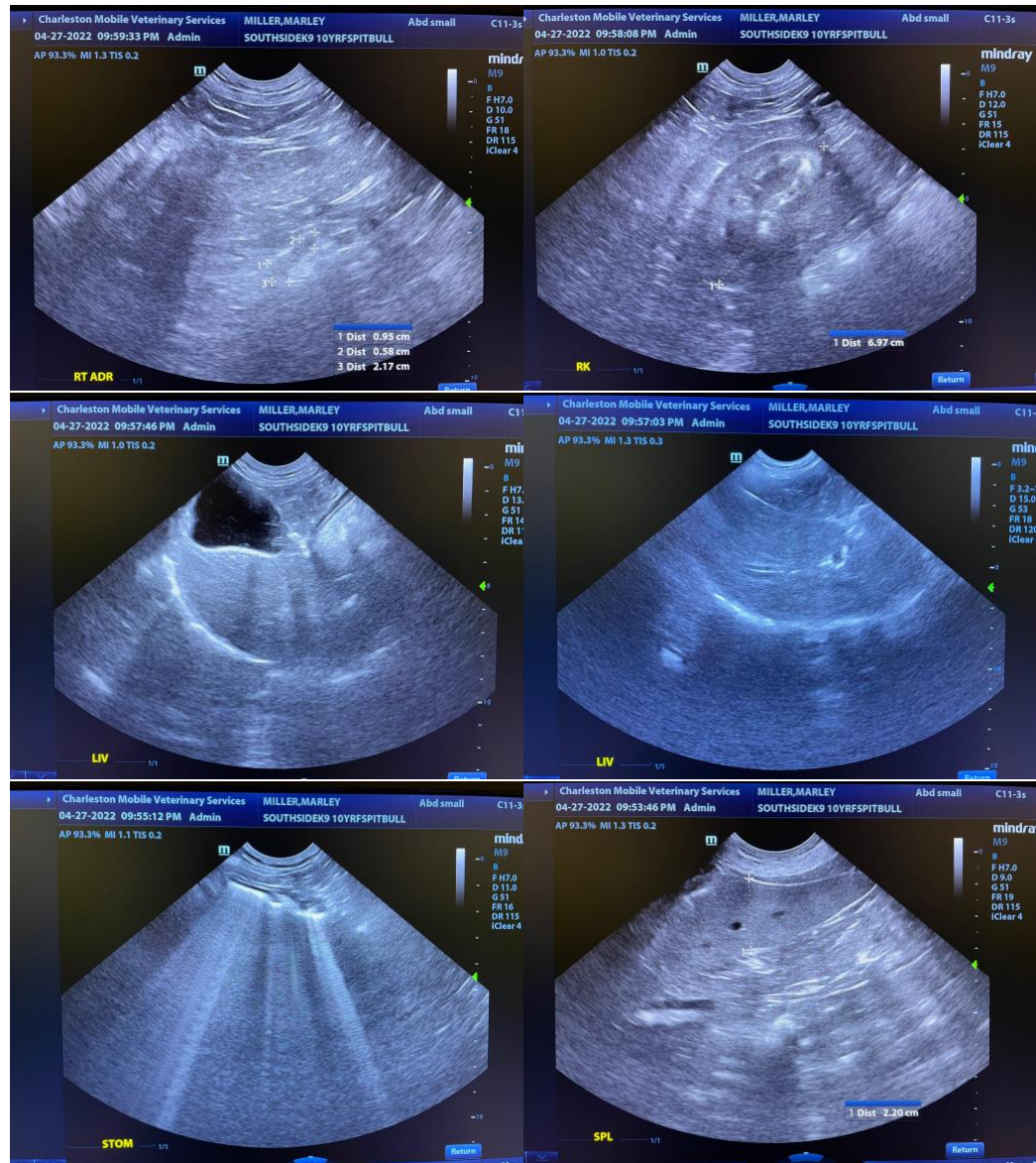
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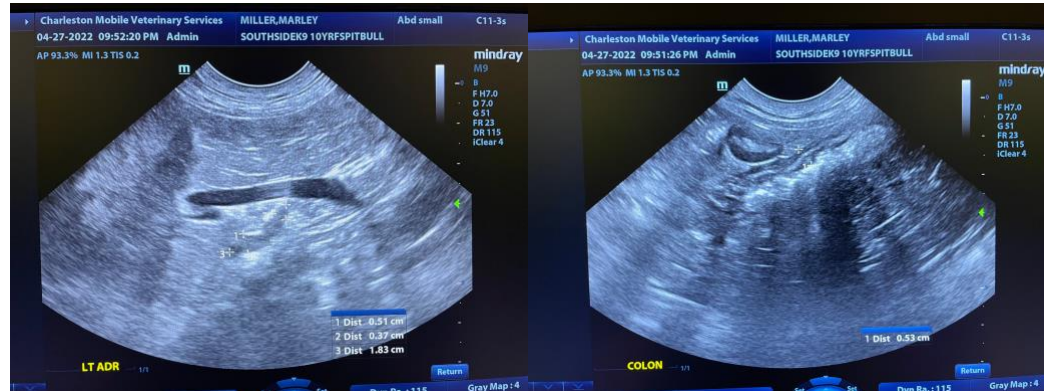
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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