



PATIENT PRESENTING CLINICAL SIGNS

Cocoa Binzen
SPECIES Canine
BREED Poodle Mix
SEX Female Spayed
AGE 2
WEIGHT 27.4 lbs

History: Pet has good days and bad days for the past month. Owner feels pet has been less active on walks then on Wednesday in a 20-minute walk at 9am pet was lethargic, panting and owner carried home. Owner thought pet overheated so put in pool to cool. 4 hours later pet is shaking then vomited clear liquid. Appetite waxes/wanes. O states no exposure to toxins, mushrooms, etc. Pet is not vaccinated for Lepto. Pet is not PUPD. Eating well now. Still acting abnormally, no longer shaking, NO V or D. DDX: toxin, infectious (bacteria (Lepto, other), viral, toxin exposure, open. Start Famotidine 20mg 1/2 tab PO BID. Sedated with Dexdomitor 0.08ml and butorphanol 0.25ml 10mg/ml for sonogram.

Abnormal PE/Chem/CBC/UA Results: Resting cortisol elevated >30 (no PU/PD or signs of Cushing's). CBC neutrophilia. Panel elevated ALT 1991. Elevated spec cpL 267. UA not supportive of UTI 1.032 USG and neg protein. HWT 4dx neg. Fecal antigen neg

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 3.0 cm, are normal.

The left kidney is normal in size (4.60 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.

The right kidney is normal in size (4.52 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 (0.61 cm at cranial pole) (0.51 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 (0.80 cm at cranial pole) (0.44 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 (1.24 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.

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

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Wasserman

HOSPITAL NAME

Highlands AH

REFERRING VET

Dr. Frankenberger

INVOICE

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5-16-26



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Gastrointestinal

The gastric lumen is not distended. 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 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 ileocecolic junction and colonic wall are 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.

Lymph Nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

ULTRASONOGRAPHIC FINDINGS

Structurally unremarkable abdomen.

*An obvious cause for the elevated ALT is not identified in this study. Given the normal sonographic appearance of the liver, top considerations include bacterial cholangiohepatitis, Leptospirosis, and hepatotoxicity. However, other hepatopathies (i.e., chronic hepatitis, copper hepatotoxicosis, emerging neoplasia (less likely) other) cannot be excluded.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider pre- and postprandial serum bile acids and Leptospirosis testing (i.e., blood and urine PCR, serology).
- Depending on the results of the above diagnostics, liver biopsies with aerobic and anaerobic bile cultures may be necessary to get a definitive diagnosis.



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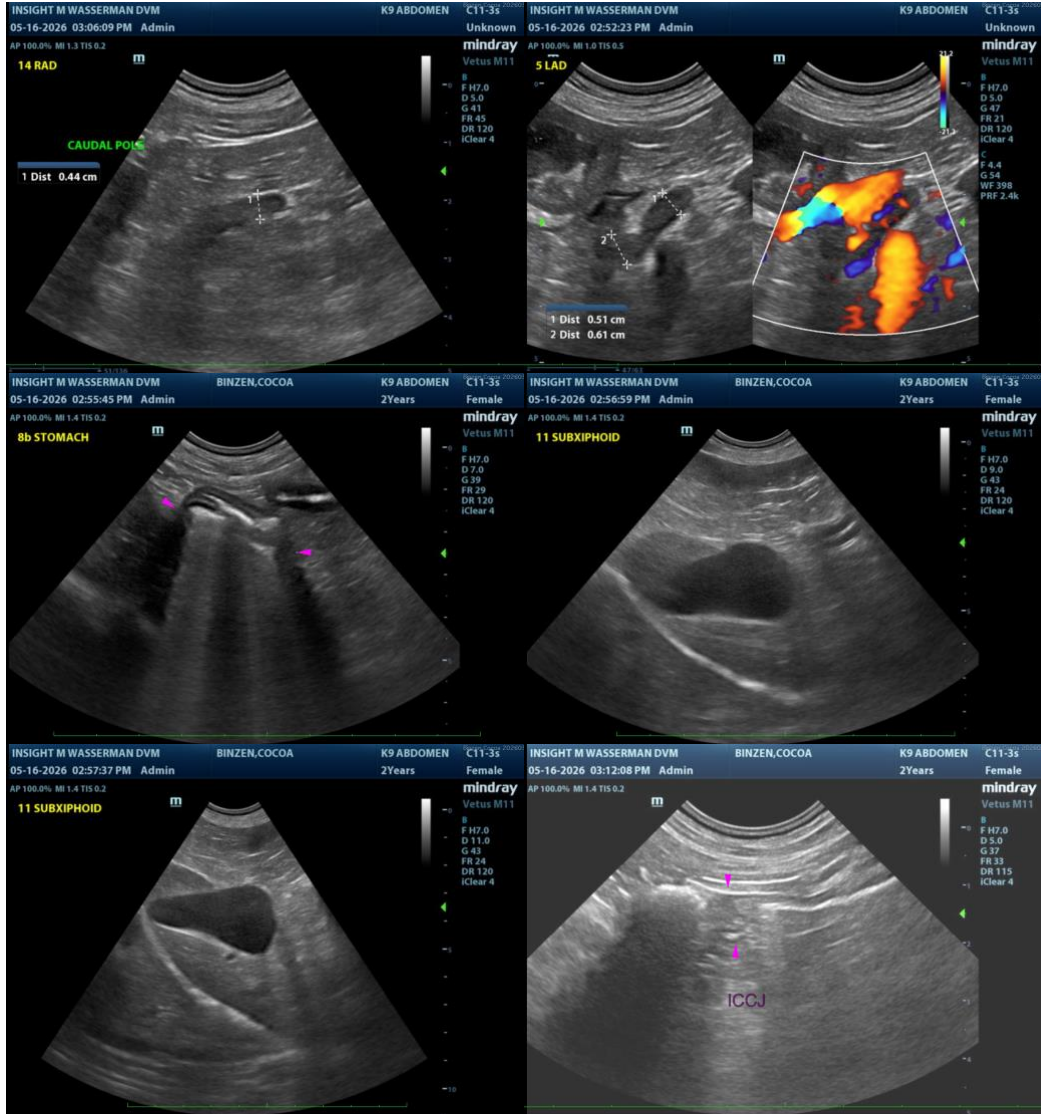
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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