

PATIENT PRESENTING CLINICAL SIGNS

Izzy Sweeney
SPECIES Canine
BREED Pitbull Terrier
SEX Female Spayed

History: Izzy presented today in poor condition. Laterally recumbent, barely able to lift head, anorexia with vomiting/regurgitation. Presented 6 weeks ago for PU/PD, increased urination frequency - UTI noted and treated. Very low USG. LDDST performed 4/27 which returned per notes inconclusive, A trial of Vetoryl performed - 30mg q24 hours. USG 5/1 was 1.020. Was taking Vetoryl w/o issue but still having accidents. Urine was really dark in color, strong odor. Changes with appetite and water intake through weekend. Ate very little last night but then vomited/regurgitated - white foam, water and undigested food. No Vetoryl for 72 hours. Owner notes black stool now. Signs mild of acting off initially but have progressed more over weekend. Afebrile (100.5 F) today. Extremely lethargic. Urine malodorous, yellow. IV fluids LRS, Unasyn, famotidine and maropitant initiated. Menace negative but dazzle appears sluggish

Abnormal PE/Chem/CBC/UA Results: RBC 4.25; HCT 26.8% Retic 315.8 WBC 20.85 Neut 17.58; Lym 1.59; Mono 1.6; Eos 0.02 Plt 134,000 Glu 119 SDMA 19; Creat 1.5; BUN 47 Phos 5.9 Na 146; Cl 105 Alb 1.8; Glob 3.2 TP 5.0 ALT 532; ALKP 215; GGT 8 Tbil 1.3 Chol 98 Panc Lipase 1007 T4 <0.5 UA: 1.045; dark yellow, malodorous, marked ammonium biurate crystals w/ rod bacteria, moderate pyuria

AGE ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

9

WEIGHT

50 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Justin Eckenrode DVM

HOSPITAL NAME

Carlisle Sm Animal VC

REFERRING VET

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23040

DATE

5-18-26

Urinary System

The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. A large amount of suspended echogenic- to mineralized debris is observed within the lumen. No distinct cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal in size (7.49 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (7.22 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio minimal loss of normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

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 (1.77 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 small-in-size with irregular peripheral contours. The parenchyma is hypoechoic relative to the spleen and mildly heterogenous, bordering on a nodular appearance. There is a subtle increase in portal markings. Hepatic vasculature is of normal volume with no evidence of congestion.

The gallbladder lumen is mildly distended. The wall is diffusely thickened (up to 0.64 cm). The inner portion is hyperechoic, with a hypoechoic rim more peripherally. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly- to moderately fluid-distended and hypomotile. The gastric wall appears



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thickened (up to 0.66 cm) with retention of the 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. The colonic wall is normal.

SPECIES

Canine

Pancreas

The pancreas is diffusely prominent-in-size, with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and subtly heterogenous in appearance. Surrounding mesentery is hyperechoic.

BREED

Pitbull Terrier

Lymph Nodes

The abdominal lymph nodes are normal/not visible.

SEX

Female Spayed

Free Abdomen

The mesentery in the cranial- to mid-abdomen is hyperechoic. A small amount of free fluid is observed.

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Other

There is questionable pleural effusion.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

50 lbs

Primary Findings

- The hepatic changes are concerning for a chronic hepatopathy (i.e., cirrhosis, chronic hepatitis, copper hepatotoxicosis, other).
- The gallbladder changes are most consistent with cholecystitis with a lower possibility of emerging neoplasia.
- The pancreatic changes are suggestive of mild- to moderate pancreatitis with adjacent peritonitis.
- The gastric wall changes are consistent with gastritis with a lower possibility of emerging neoplasia. Gastric ileus is also present. This likely represents a functional ileus with a lower possibility of a pyloric outflow tract obstruction.
- Trace ascites

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Secondary Findings

- Questionable pleural effusion
- Urinary bladder debris

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Pre- and postprandial serum bile acids are recommended.
- Also consider submission of the abdominal fluid for cytologic evaluation (if accessible and if clotting status is appropriate). A 25-gauge needle should be used.
- Given the concern for possible pleural effusion, three-view thoracic radiographs are also recommended.



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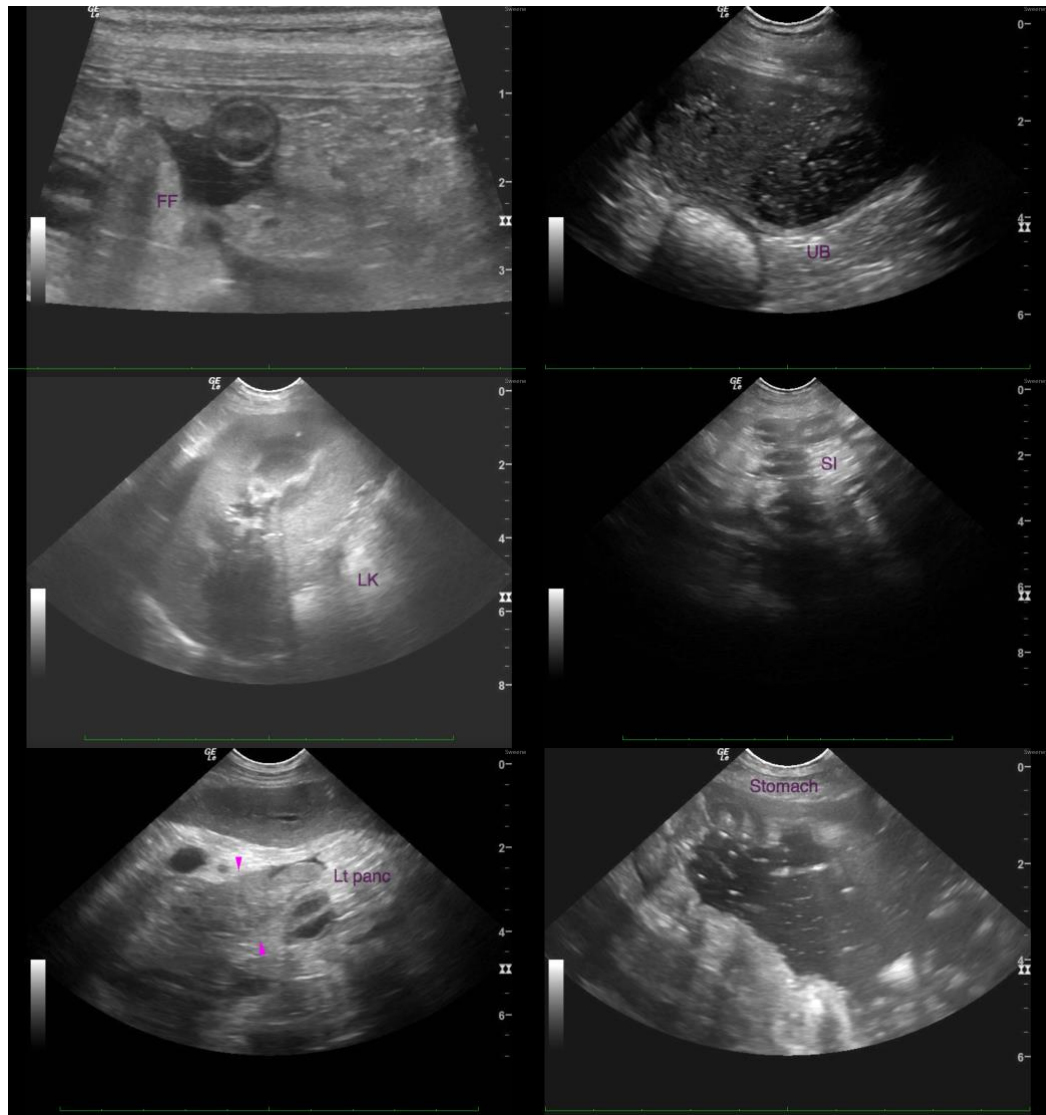
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- Given the adrenal glands are not definitively visualized on today's study, consider and ACTH stimulation test to assess for iatrogenic hypoadrenocorticism.
- Depending on the results of the above diagnostics, liver biopsies with aerobic and anaerobic bile cultures and hepatic copper quantitation may be indicated.
- Given the urinary bladder changes, a urine culture and sensitivity are recommended.
- While awaiting test results, symptomatic care for gastritis/gastric ileus/pancreatitis is recommended.





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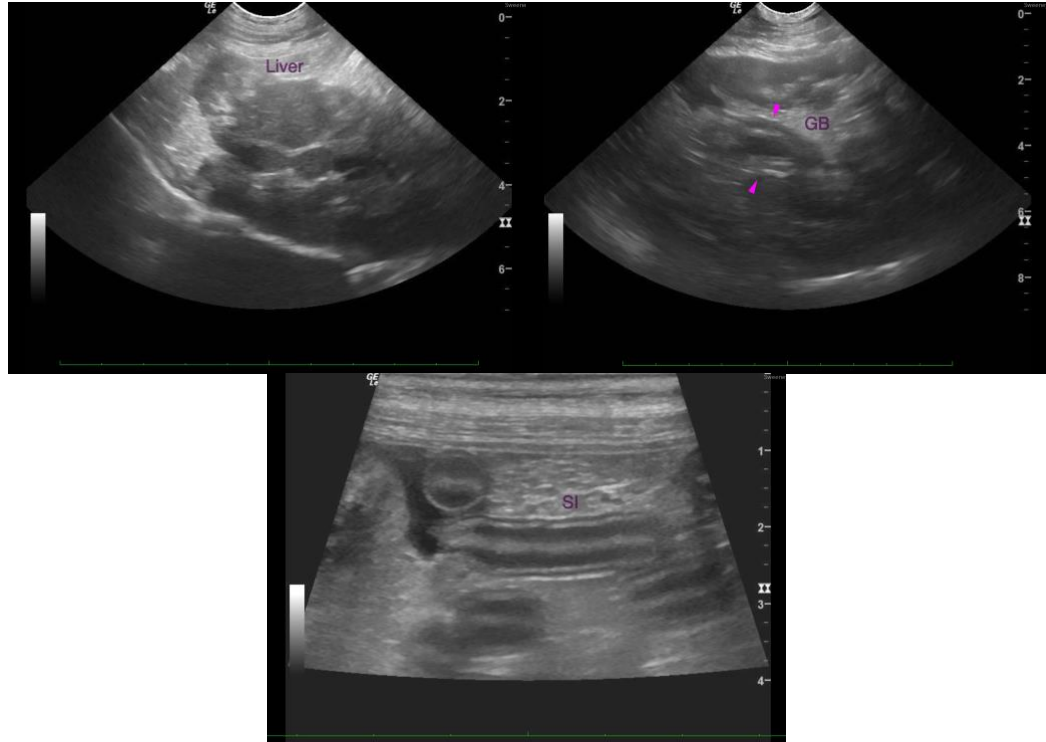
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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