



PATIENT

Ellie Frates

SPECIES

Canine

BREED

Mini Aussie

SEX

Female, spayed

AGE

14 Yrs.

WEIGHT

9 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Shemanski

HOSPITAL NAME

Western NY VS

REFERRING VET

Dr. Kinsella

INVOICE

13759

DATE

5/19/26

PRESENTING CLINICAL SIGNS

History Owner reports Ellie was jaundiced when she came in and still is. Unlike the last time she was seen here, she is not acting sick. The only clinical sign is that she is not eating much. She is urinating and defecating normally. Her appetite was very good up until yesterday. She ate supper the night before last and part of her breakfast yesterday morning. She did not eat much yesterday and was not offered food today. She is normally a fussy eater for breakfast but eats lunch and dinner well. **CLINICAL SIGNS:** Hyporexia Jaundiced sclera and skin **MEDICATIONS:** Entyce, Ursodiol, Gabapentin, Panoquell. **Abnormal PE/Chem/CBC/UA Results:** May 18, 2026 - ALT: 2,021 U/L HIGH - ALP: 2,277 U/L HIGH - Total Bilirubin: 26.1 mg/dL HIGH - GGT: 84 U/L HIGH CPL positive. Administered 0.1 mL Butorphanol IV for sedation and analgesia for today's exam

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A small amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal in size (3.21 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (3.88 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

Adrenal Glands

The left adrenal gland is normal in size (0.38 cm at cranial pole) (0.40 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 region of the right adrenal gland is evaluated. No obvious pathology is observed in this region.

Spleen

The spleen is normal in size (1.20 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. 1-2 ill-defined myelolipomas are observed in the region of the hilus. Splenic vasculature is normal.

Liver

The liver is normal to prominent in size minimal deviation from the normal peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder is distended. The wall is variably thickened (up to 0.40 cm) and hyperechoic. A large amount of aggregated/inspissated suspended sludge in a partially stellate pattern is observed within the lumen. Adjacent omentum is hyperechoic. The cystic and common bile ducts are difficult to evaluate due to gallbladder size.



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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 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.

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

There is no obvious evidence of free fluid.

Other

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The gallbladder changes are consistent with a fully formed mucocele with suspected cholecystitis. Adjacent peritonitis is present. Impending rupture is of top concern.
- 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.

Secondary Findings:

- Mild bilateral nonspecific, age-related renal changes with dystrophic mineralization

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An emergency cholecystectomy with submission of the gallbladder for histopathology as well as aerobic and anaerobic bile cultures is recommended. Liver biopsies should also be obtained at the time of surgery. Clotting times and thoracic radiographs are recommended prior to anesthesia.



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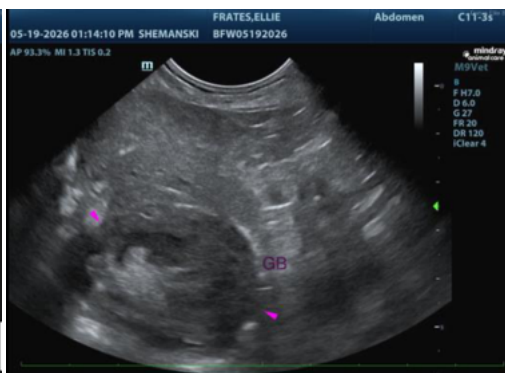
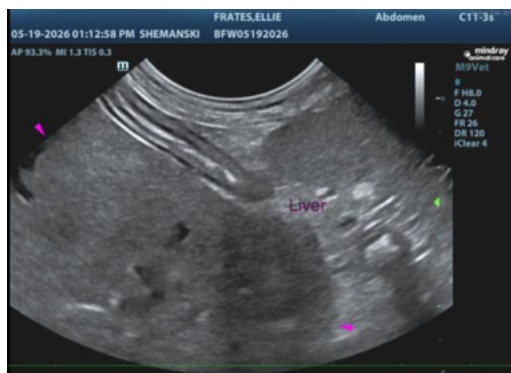
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com