



**PATIENT**

Mabel Serrilli

**PRESENTING CLINICAL SIGNS**

History: pet acting normal- was brought in for bw b/c was fed bone broth with onions  
Abnormal PE/Chem/CBC/UA Results: PE: WNL CBC: neutr 59, lypph 33 CHEM: AST: 203, ALT 1208, ALP: 404, tbili 0.4 UA: usg: 1.007, pH 7.5

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

Lab mix

*Urinary System*

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly to moderately 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 1-2 cm, are normal.

**SEX**

Female, spayed

The left kidney is normal size (6.39 cm in length); normal shape and architecture with 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.

**AGE**

7 Yrs.

The right kidney is normal size (6.50 cm in length); normal shape and architecture with 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.

**WEIGHT**

70 lbs.

*Adrenal Glands*

The left adrenal gland is normal to slightly small in size (0.53 cm at cranial pole) (0.40 cm at caudal pole) (2.82 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.

**INTERPRETED BY**

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

The right adrenal gland is normal size (1.48 cm at cranial pole) (0.68 cm at caudal pole) (2.37 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.

**IMAGING PERFORMED BY**

Ashley Fatzner

*Spleen*

The spleen is normal in size (2.33 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.

**HOSPITAL NAME**

Andover AH

*Liver*

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated echogenic partially dependent debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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*Gastrointestinal*

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5/9/22



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The stomach and intestine are free of stasis and exhibit normal peristaltic activity. 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 thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

**SPECIES**

Canine

***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.

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Lab mix

***Free Abdomen***

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

**SEX**

Female, spayed

**AGE**

7 Yrs.

**ULTRASONOGRAPHIC FINDINGS**

- Given the clinical history and sonographic changes, a microscopic hepatopathy (i.e., bacterial cholangiohepatitis, chronic active hepatitis, Leptospirosis, copper hepatotoxicosis) or other hepatopathy is considered likely.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Leptospirosis testing (i.e., blood and urine PCR, serology).
- Hepatic tissue sampling (i.e., fine needle aspirate or biopsy) is recommended, if clotting status is appropriate. Surgical biopsies are preferred in that they are more likely to represent global organ pathology. If pursued, aerobic and anaerobic bile cultures and additional hepatic tissue samples for potential copper quantitation are recommended. Thoracic radiographs should be performed prior to anesthesia to assess cardiopulmonary status.
- If a conservative approach is desired, consider empirical treatment for bacterial cholangiohepatitis (amoxicillin-clavulanic acid, Denamarin +/- metronidazole). 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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Medicine*)

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PERFORMED BY**

Ashley Fatzner

**HOSPITAL NAME**

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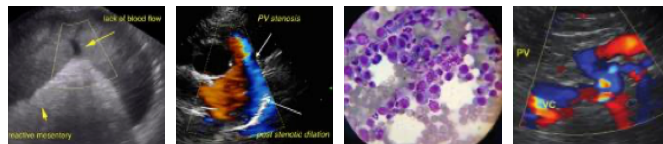
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Ashley Fatzer

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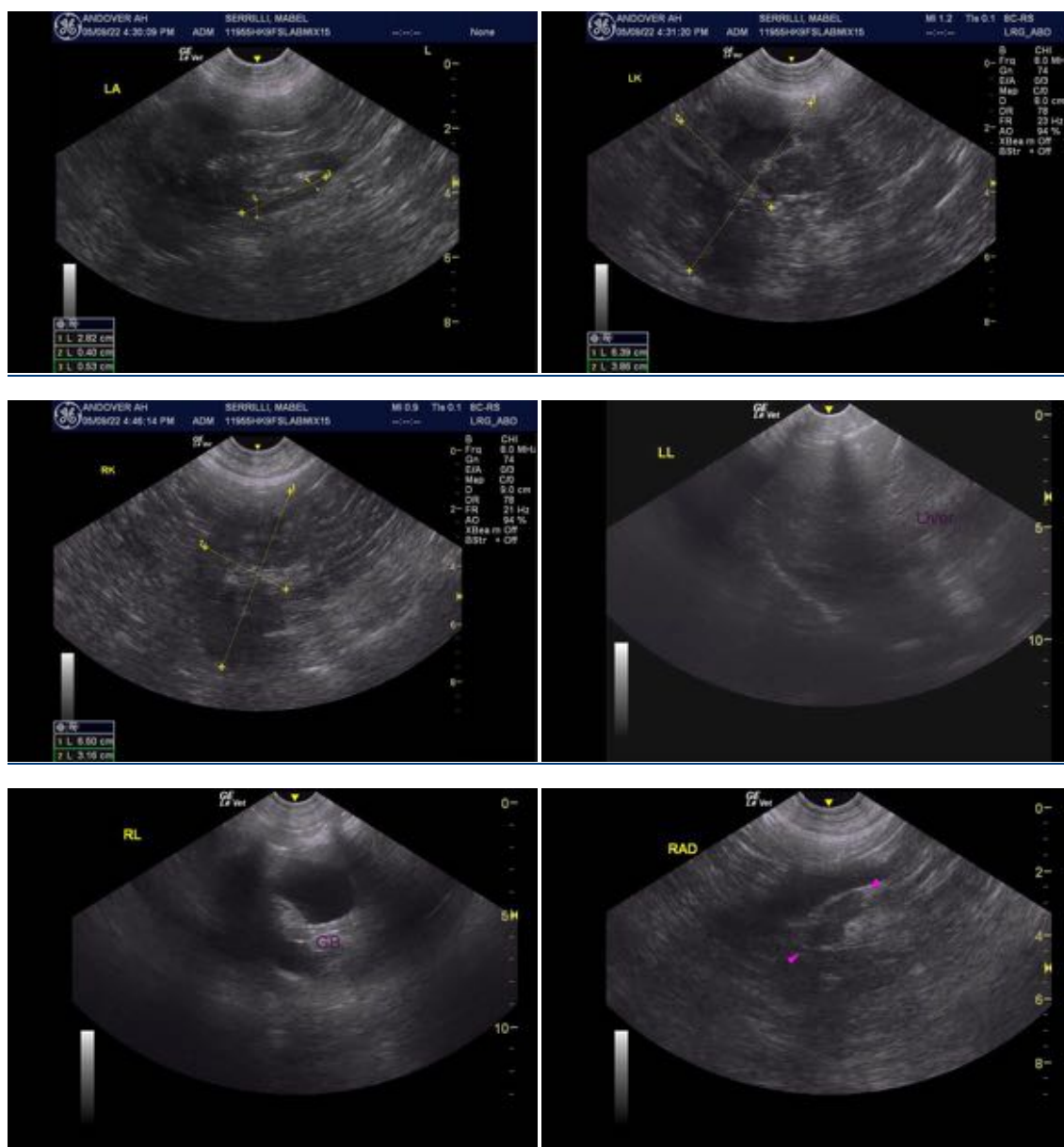
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Andrea.nicastro@sonopath.com