



**PATIENT**

Lottie Chandler

**SPECIES**

Canine

**BREED**

Chocolate Lab

**SEX**

Spayed Female

**AGE**

9 Years

**WEIGHT**

25 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Andrea Nicastro,  
DVM, Diplomate  
ACVIM (Small Animal

**HOSPITAL NAME**

Blue Pearl  
Emergency MD

**REFERRING VET**

Dr. Mercario/Dr.

**INVOICE**

16046

**DATE**

6/13/22

**PRESENTING CLINICAL SIGNS**

History: This dog has been on prednisone for a few months because of anemia and was originally on 15 mg 2 x per day and then was increased at some point to 60 mg per day and is currently on 20 mg per day. Had a big liver and small adrenals on previous ultrasound, which was prior to prednisone therapy. Has had normal chest x-rays today.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is distended. A scant amount of suspended echogenic debris is observed within the lumen. 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.

The left kidney presented normal size (8.08 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts

The right kidney presented normal size (8.69 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is normal in length (0.39 cm at cranial pole) (0.32 cm at caudal pole) (1.34 cm in length); with a flattened contour. 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 small in size (0.77 cm at cranial pole) (0.36 cm at caudal pole) (1.63 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.

**Spleen**

The spleen is normal in size (1.47 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 enlarged with slightly swollen 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



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echogenic partially dependent debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

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**Gastrointestinal**

Chocolate Lab

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 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 or overt infiltrative disease is noted.

**SEX**

**Pancreas**

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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.

9 Years

**WEIGHT**

**Free Abdomen**

25 kg

**Other**

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

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**ULTRASONOGRAPHIC FINDINGS**

**IMAGING PERFORMED BY**

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**Primary Findings**

- Nonspecific diffuse hepatopathy. Given the clinical history, steroid hepatopathy with possible bacterial cholangiohepatitis is a consideration. Infiltrative neoplasia (i.e., lymphoma) or other hepatopathies can not be completely excluded.
- The trace ascites may be secondary to increased vascular permeability, low oncotic pressure or increased hydrostatic pressure. Correlation with clinical findings is recommended.

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**Secondary Findings**

- Minor bilateral age-related renal changes. The bilateral pyelectasia may be secondary to fluid therapy, age-related remodeling, pyelonephritis, other.
- The bilaterally small adrenal glands may be secondary to steroid therapy, normal variation, and/or early hypoadrenocorticism.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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- Initiation of empirical treatment for bacterial cholangiohepatitis (i.e., broad spectrum antibiotics, Denamarin, symptomatic care) is recommended.

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- Given the presence of a nonregenerative anemia and thrombocytopenia, consider a comprehensive tick panel, bone marrow aspirate, +/- empirical treatment with doxycycline.

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- Given the possibility of a nonresponsive autoimmune condition (i.e., Evans syndrome), initiation of a second immunosuppressive drug (i.e., cyclosporin) is a consideration.

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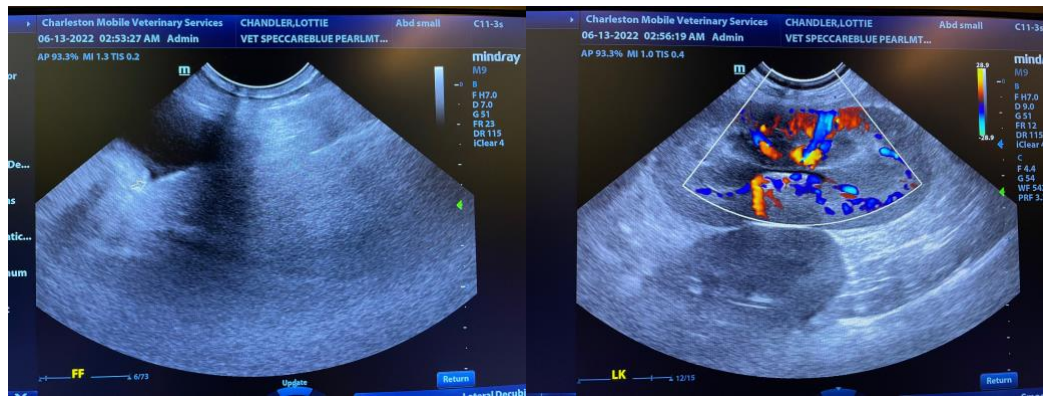
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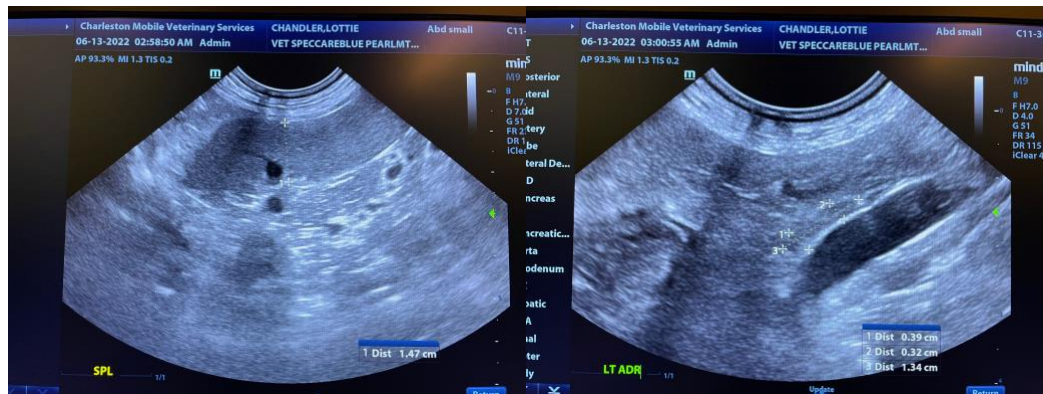
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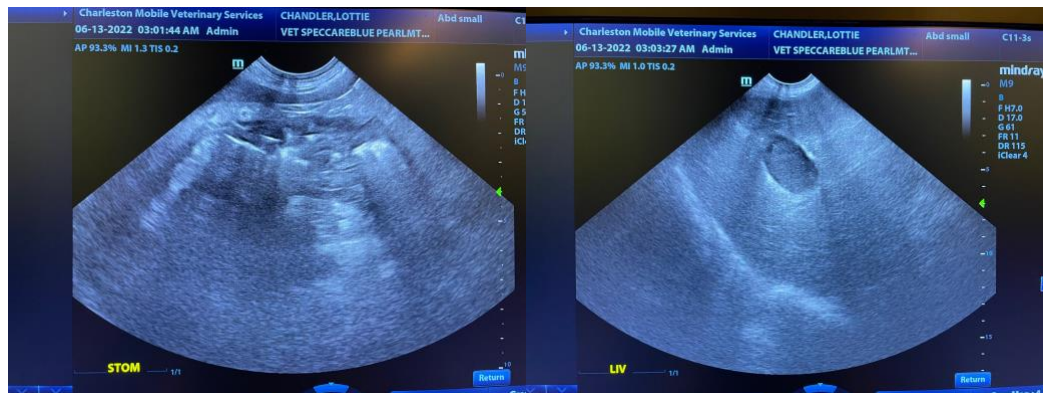


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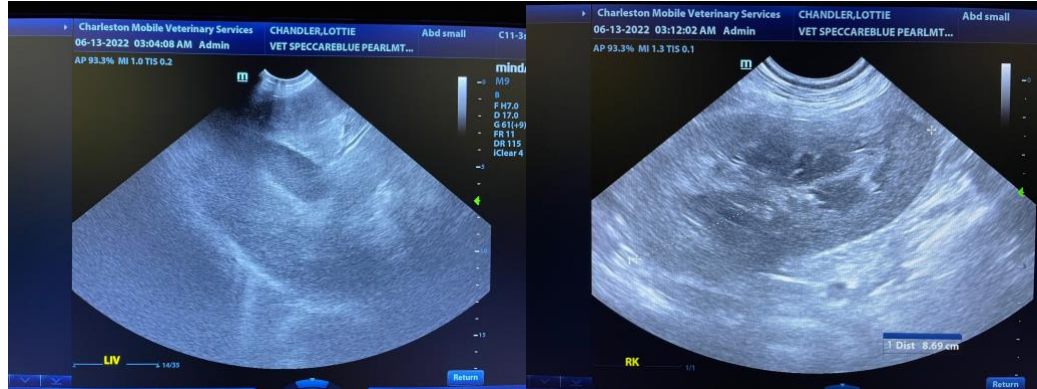
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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