



**PATIENT PRESENTING CLINICAL SIGNS**

Chica Lee One week of inappetence progressing to complete anorexia. Has been vomiting the last couple of days. 7/2/2022: CBC unremarkable. BUN low at 8. ALT 287. ALP 118.  
**SPECIES** ALT is now 329. ALP on 7/2/22 was normal and is now in the 500s. T4 and 4DX are normal/negative. 7/11/22 liver values: ALP 572. ALT 329.

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

**Urinary System**

Mixed

The **urinary bladder** wall is normal in thickness and the mucosal surface is smooth. The bladder is mildly distended. A small amount of echogenic debris is suspended within the lumen. masses, inflammatory changes or calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

**SEX**

Spayed Female

The **left kidney** is normal size (7.06 cm in length); normal shape and architecture with 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 hydroureter. Renal vasculature is normal.

**AGE**

6.9.2014

The **right kidney** is normal size (8.25 cm in length); normal shape and architecture with 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 hydroureter. Renal vasculature is normal.

**WEIGHT**

76 lbs

**Adrenal Glands**

**INTERPRETED BY**

The **left adrenal gland** is normal size (0.67 cm at cranial pole) (0.77 cm at caudal pole) (2.85 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.

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

The **right adrenal gland** is normal size (1.99 cm at cranial pole) (0.70 cm at caudal pole); 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**

**Spleen**

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The **spleen** is subjectively normal in size (2.38 cm in width at the level of the hilus) with normal peripheral contours. The parenchyma is subjectively hypoechoic and homogenous in appearance. No distinct focal lesions are observed. Splenic vasculature is normal with no evidence of thrombosis.

**HOSPITAL NAME**

**Liver**

Brighton AH

The **liver** is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and homogenous in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

**REFERRING VET**

Dr Kimberly Alexander

The **gall bladder** lumen is moderately distended. The wall is thin and smooth. A moderate amount of aggregated, echogenic partially dependent to suspended sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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**Gastrointestinal**

**DATE**

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

7.11.22



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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. There is no evidence of an obstructive pattern.

**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.

**BREED**

Mixed

**Free Abdomen**

No free fluid is observed. Two prominent **lymph nodes** are observed at the aortic trifurcation, the larger measuring 1.99 cm in length, the smaller measuring 1.08 cm in length. Two to four prominent lymph nodes are also observed in the right cranial quadrant, the largest measuring 1.24 cm in length.

**SEX**

Spayed Female

**Other**

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

**ULTRASONOGRAPHIC FINDINGS**

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**Primary Findings**

- An obvious cause for the elevated liver enzymes is not identified in the study. However, a microscopic hepatopathy (i.e., bacterial cholangiohepatitis, Leptospirosis, chronic active hepatitis, copper-associated hepatotoxicity, infiltrative neoplasia (less likely)) cannot be excluded.
- The prominent abdominal lymph nodes could be consistent with reactive lymphadenitis, lymphoid hyperplasia, or infiltrative neoplasia (i.e., lymphoma).
- The gall bladder sludge could be consistent with cholestasis, fasting or a developing mucocele.

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**Secondary Findings**

- The hypoechoic splenic parenchyma may be a normal variant for this patient or may be secondary to extramedullary hematopoiesis, lymphoid hyperplasia, splenitis, infiltrative neoplasia (i.e., lymphoma), other.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Leptospirosis testing (i.e., blood and urine PCR, serology) is recommended.

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Also consider hepatic tissue sampling (i.e., fine-needle aspirate or surgical biopsy) if clotting status is appropriate. A 25-gauge needle should be used. Cytologic evaluation of the liver is useful in identifying round cell neoplasia but may be inconclusive for other hepatopathies. Surgical biopsies are more likely to be representative of global organ pathology. If surgical biopsies are pursued, aerobic and anaerobic bile cultures, as well as acquisition of additional hepatic tissue samples for potential copper quantitation are recommended.

**HOSPITAL NAME**

Brighton AH

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If a conservative approach is desired, consider empirical treatment for bacterial cholangiohepatitis/Leptospirosis (amoxicillin-clavulanic acid, +/-metronidazole, Denamarin, Ursodiol). 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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Three-view thoracic radiographs should be performed prior to any anesthetic event to assess cardiopulmonary status.

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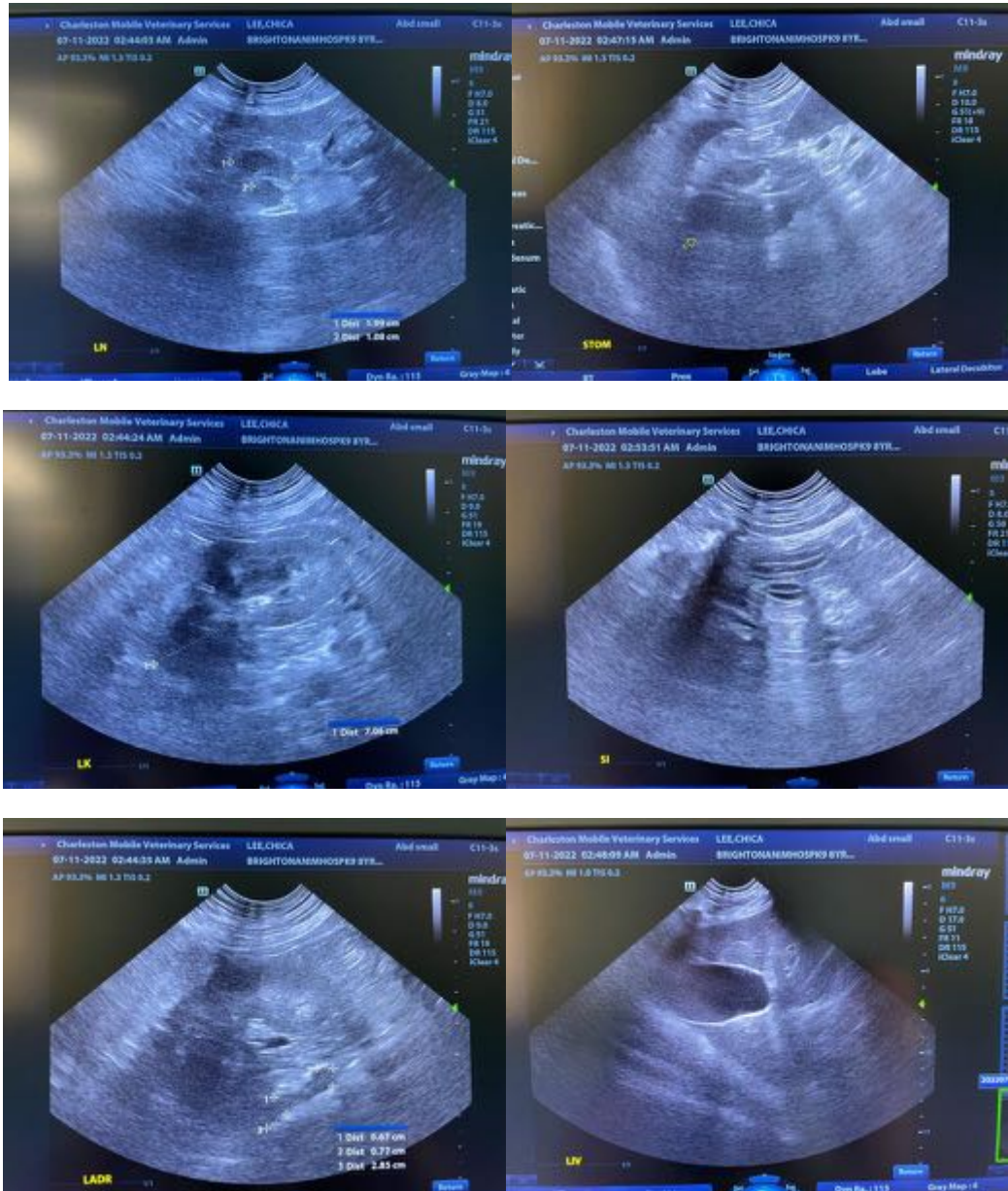
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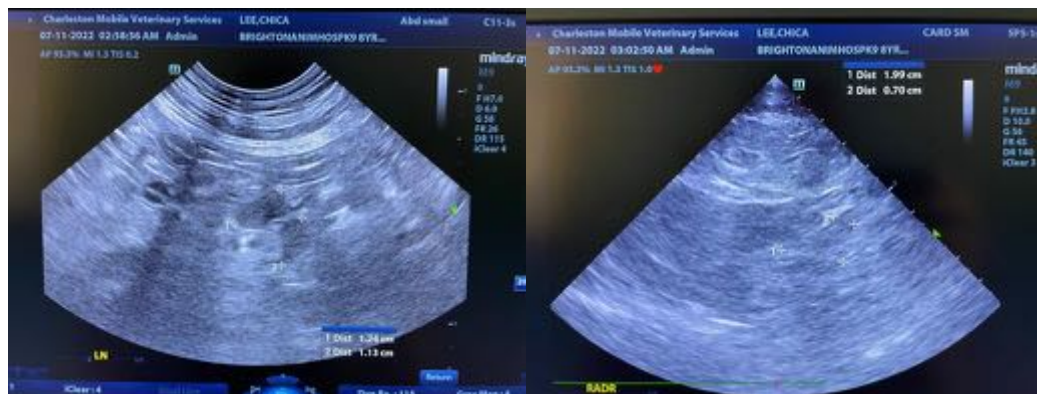
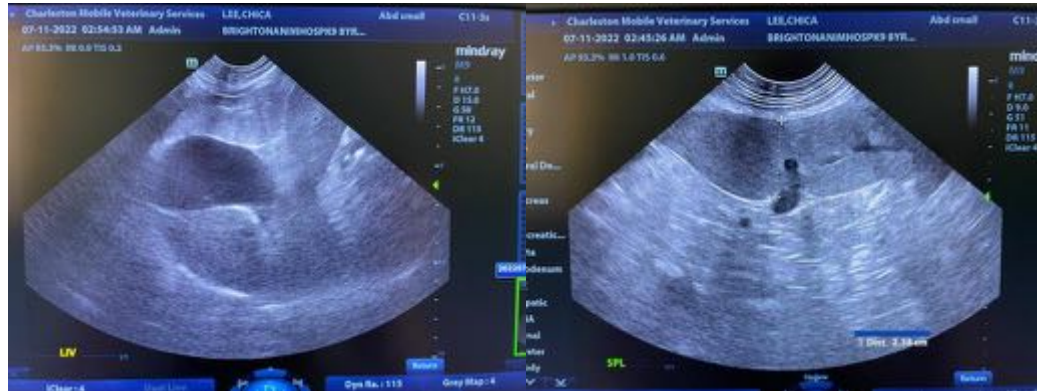
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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