

PATIENT PRESENTING CLINICAL SIGNS

Chloe Smith History: Presented for annual exam in November. Severe tartar otherwise relatively healthy.
Abnormal PE/Chem/CBC/UA Results: Mild elevation in liver values. ALT 266, ALP 300, GGT 14

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine **Urinary System**

The urinary bladder is mildly distended with mostly anechoic urine. The wall is of appropriate thickness for the level of repletion. The mucosal surface is smooth. No cystic calculi are observed. The region of the trigone is normal.

BREED

Lhasa Apso

The left kidney is normal in size (4.15 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.

SEX

Spayed Female

The right kidney is normal in size (5.22 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.

AGE

10 years

Adrenal Glands

WEIGHT

24.8 lbs

The left adrenal gland is normal size (0.64 cm at cranial pole) (0.58 cm at caudal pole) (1.75 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 (0.72 cm at cranial pole) (0.35 cm at caudal pole) (1.79 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.

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Charlie Rodriguez

Spleen

The spleen is normal in size (1.17 cm in width at the level of the hilus) with a normal capsular contour. A light micronodular pattern is present throughout the parenchyma. No focal lesions are observed. Splenic vasculature is normal.

HOSPITAL NAME

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Liver

The liver is subjectively enlarged with swollen/rounded peripheral contours. The parenchyma is isoechoic relative to the spleen with a coarse ecotecture. No focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

REFERRING VET

Charlie Rodriguez

The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

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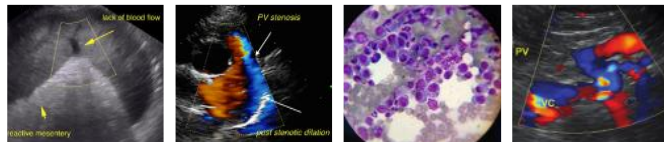
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Gastrointestinal

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

DATE

1/13/22



PATIENT

Chloe Smith

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.

SPECIES

Canine

Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

BREED

Lhasa Apso

Free Abdomen

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

SEX

Spayed Female

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Non-specific diffuse hepatopathy. Possible differentials include inflammatory/immune-mediated disease (i.e., bacterial cholangiohepatitis, chronic hepatitis), reactive hepatopathy, hepatotoxicosis (i.e., copper), other hepatopathy +/- benign age-related changes (i.e., vacuolar hepatopathy or regenerative nodular hyperplasia).
- Gall bladder debris-incident

AGE

10 years

Secondary Findings

- Minor age-related renal and pancreatic changes

WEIGHT

24.8 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider pre- and post-prandial serum bile acids and hepatic tissue sampling (i.e., fine-needle aspirate or surgical biopsy). If surgical biopsies are pursued, aerobic and anaerobic bile cultures and acquisition of additional hepatic tissue samples for potential copper quantitation are recommended. Also consider Leptospirosis testing (i.e., blood-in-urine PCR, serology), particularly if the disease is endemic in the patient's geographic region.
- If a more conservative approach is desired, consider empirical treatment for bacterial cholangiohepatitis (i.e., amoxicillin clavulanic acid +/- Denamarin). If the patient's liver values do not improve within 7-10 days of initiating therapy, antibiotics should be discontinued and further diagnostics considered.

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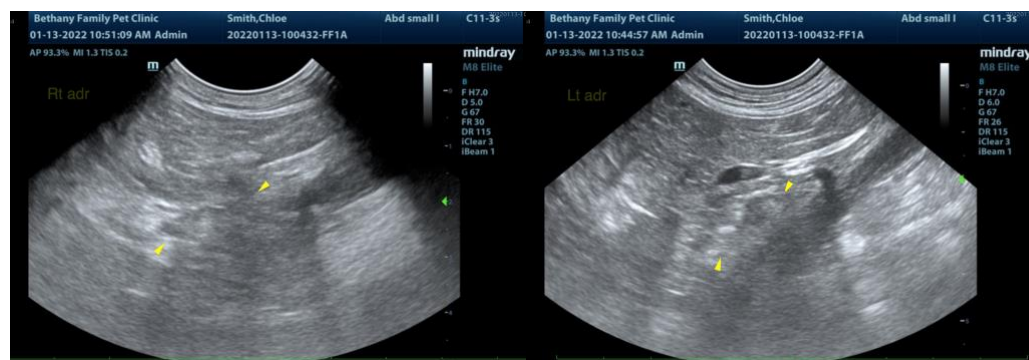
Charlie Rodriguez

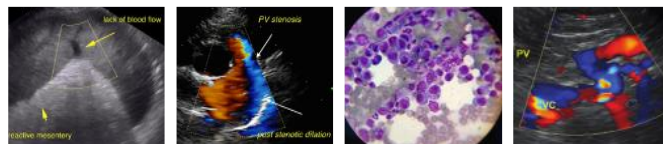
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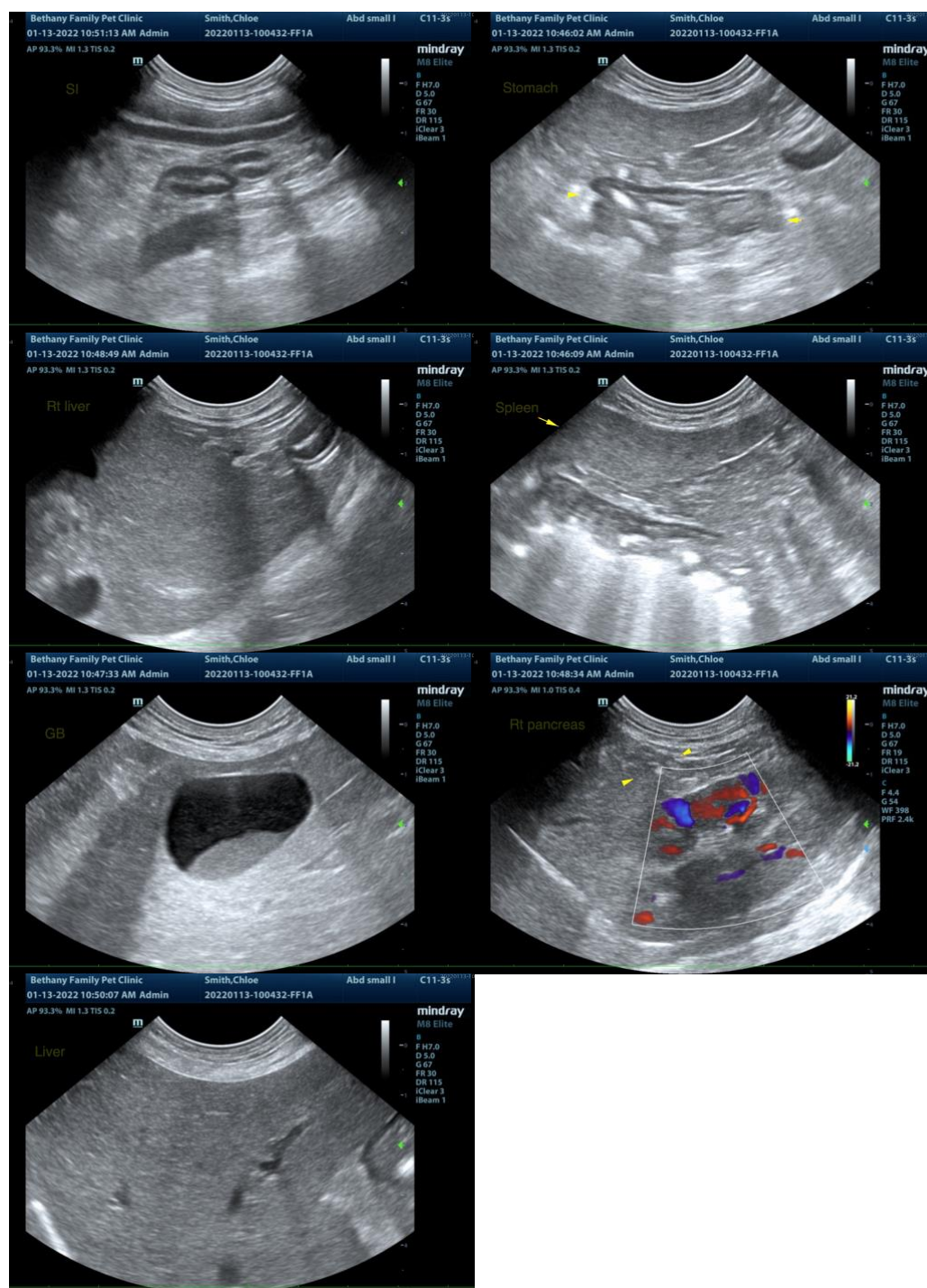
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

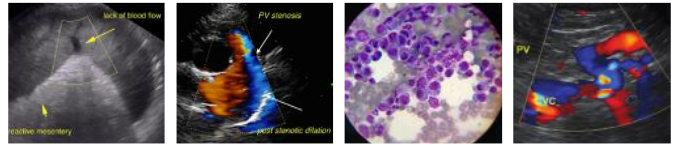
Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

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