PATIENT

Edith Coltrin

SPECIES

Canine

BREED

Labrador Retriever

SEX

Female, spayed

AGE

6/4/2018

WEIGHT

82.3 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Pawleys VH

REFERRING VET

Dr. Kiningham

INVOICE

13678

DATE

4/22/26

PRESENTING CLINICAL SIGNS

Icteric , Elevated liver values

4/3/26- ALT: 359, ALP: 277, Trig: 431

BW 2 days ago revealed a t-bili 6.2, ALT 976, ALP 480, SDMA 18, creat 1.7
Pt is vaccinated for Leptospirosis and was boostered on 4/3/26. Pt was feeling fine at annual appointment on 4/3 but is currently lethargic and anorexic. Did have some vomiting recently.

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. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 3 cm, are normal.

The left kidney is normal in size (6.48 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (6.34 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.72 cm at cranial pole) (0.67 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 right adrenal gland is normal in size (0.87 cm at cranial pole) (0.61 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.

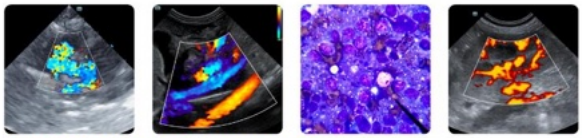
Spleen

The spleen is normal in size (1.66 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 normal in size with normal peripheral contours. The parenchyma is hypoechoic relative to the spleen and subtly mottled in appearance. No distinct focal lesions are observed. There is a subtle increase in portal markings. Vascular is of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1:1.

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.



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Gastrointestinal

The gastric lumen is mildly distended with ingesta. 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 is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

Pancreas

The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

Lymph nodes

A few prominent periportal lymph nodes are visualized, the largest measuring 2.6 x 1.5 cm. This node contains cystic areas.

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:

- Given the patient's clinical history an acute hepatopathy is suspected. Top considerations include infection (i.e., bacterial cholangiohepatitis, Leptospirosis), toxicity (i.e., sago palm, xylitol), emerging lymphoma (less likely), other. An acute on-chronic hepatopathy (i.e., chronic hepatitis or copper hepatotoxicosis with an acute infection) also cannot be excluded.
- The periportal lymphadenopathy could be consistent with reactive change or less likely, emerging neoplasia.

Secondary Findings:

- Minor bilateral age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Leptospirosis testing (i.e., blood and urine PCR) is recommended as the vaccine does not cover all potentially infectious strains. Ultimately, liver biopsies with aerobic and anaerobic bile cultures and hepatic copper quantitation may be necessary to get a definitive diagnosis. Clotting times should be performed prior to tissue sampling.
2. If a conservative approach is desired, consider empirical treatment for bacterial cholangiohepatitis/Leptospirosis (amoxicillin-clavulanic acid, Denamarin). 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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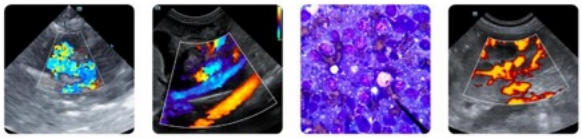

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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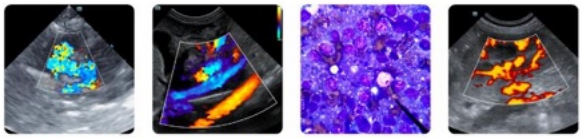

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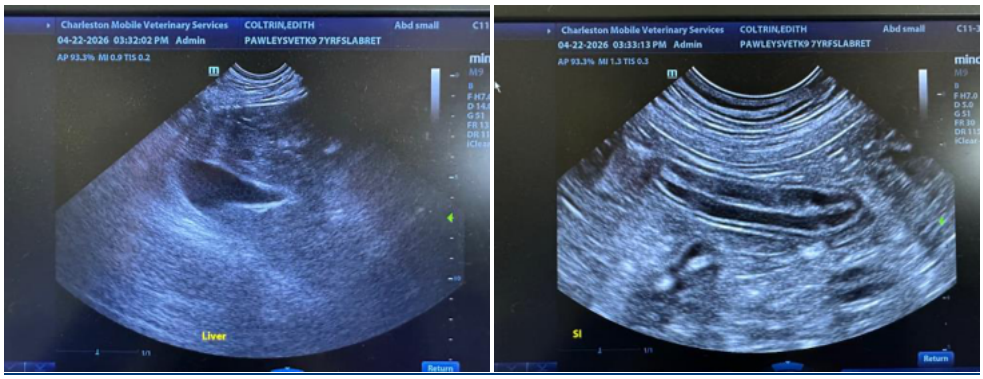

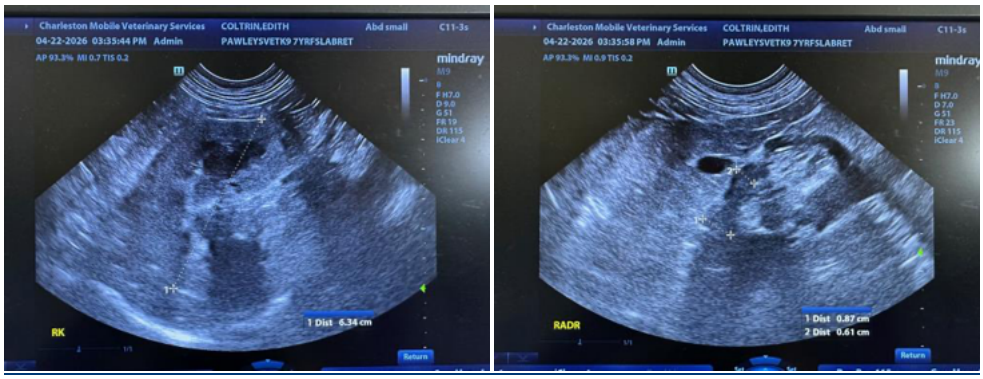

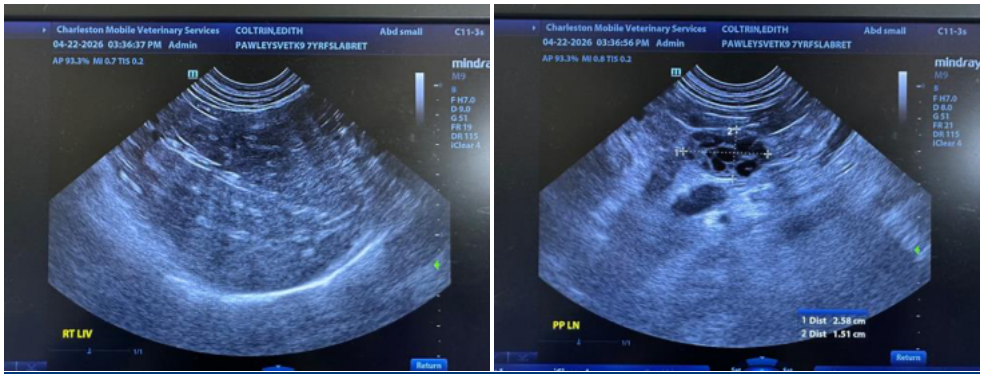

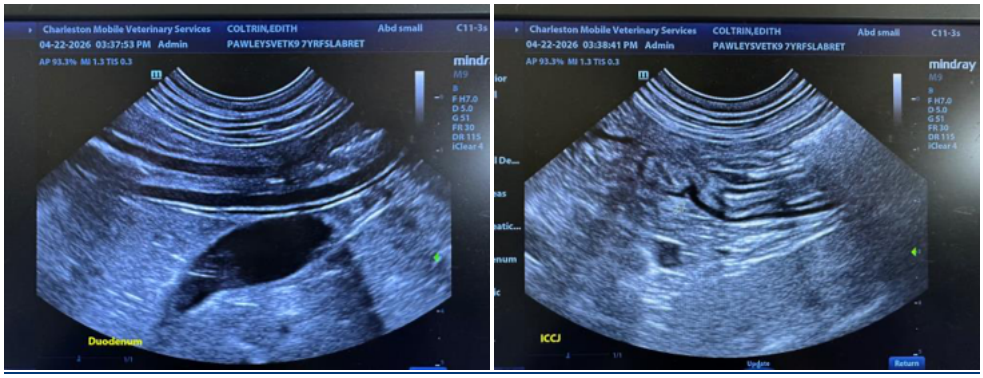

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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