

**PATIENT**

Milo Leighton

**SPECIES**

Canine

**BREED**

Maltese/Toy Poodle

**SEX**

Male, neutered

**AGE**

1 Yr 1 month

**WEIGHT**

6.5 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**

Meadowlawn Market  
Commons

**REFERRING VET**

Dr. Hunt

**INVOICE**

13674

**DATE**  
4/22/26

**PRESENTING CLINICAL SIGNS**

On pre-neuter bloodwork, the ALT was 335. Patient was neutered. Ultrasound to further evaluate the elevated ALT. Bile acids normal.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder wall is normal in thickness and the mucosal surface is slightly irregular. The bladder is mildly to moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is normal in size (0.74 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (3.36 cm in length) with a normal shape, architecture and 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.

The right kidney is normal in size (3.26 cm in length) with a normal shape, architecture and 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.

**Adrenal Glands**

The left adrenal gland is normal in size (0.36 cm at cranial pole) (0.31 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 (0.75 cm at cranial pole) (0.31 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 (0.99 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 contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are 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 anechoic. The cystic and common bile ducts are normal/not seen.

**Gastrointestinal**

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



**PATIENT**

Milo Leighton

**SPECIES**

Canine

**BREED**

Maltese/Toy Poodle

**SEX**

Male, neutered

**AGE**

1 Yr 1 month

**WEIGHT**

6.5 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**

Meadowlawn Market  
Commons

**REFERRING VET**

Dr. Hunt

**INVOICE**

13674

**DATE**

4/22/26

intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecolic junction and colonic wall is normal. There is no evidence of an obstructive pattern.

**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.

**Lymph nodes**

The abdominal lymph nodes are normal/not visible.

**Free Abdomen**

The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

**Other**

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

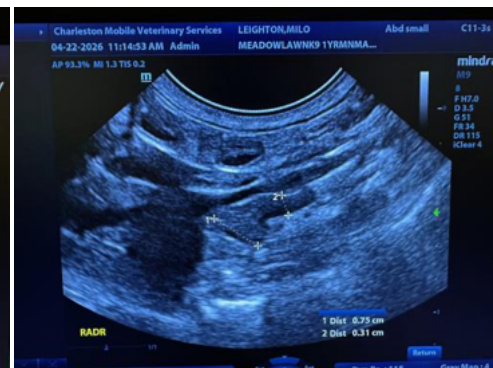
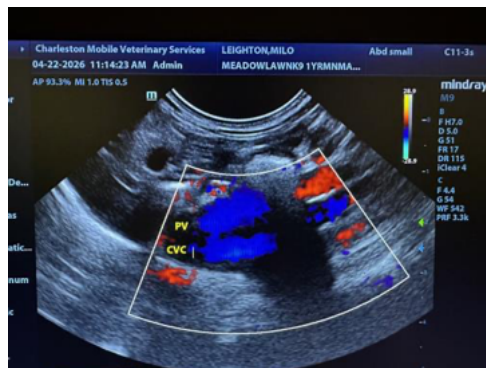
**ULTRASONOGRAPHIC FINDINGS**

Structurally unremarkable abdomen. An obvious cause for the patient's elevated ALT is not identified in this study. Considerations include a microscopic hepatopathy (i.e., microvascular dysplasia, inflammatory disease (i.e., bacterial cholangiohepatitis, chronic hepatitis), hepatotoxicosis (i.e., copper), reactive hepatopathy, other).

\*There is no obvious evidence of a congenital extrahepatic portosystemic shunt on today's study.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

1. In order to get a definitive diagnosis, liver biopsies with aerobic and anaerobic bile cultures and hepatic copper quantitation would be necessary.
2. If a conservative approach is desired, consider empirical treatment for bacterial cholangiohepatitis (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.





**PATIENT**

Milo Leighton

**SPECIES**

Canine

**BREED**

Maltese/Toy Poodle

**SEX**

Male, neutered

**AGE**

1 Yr 1 month

**WEIGHT**

6.5 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**

Meadowlawn Market  
 Commons

**REFERRING VET**

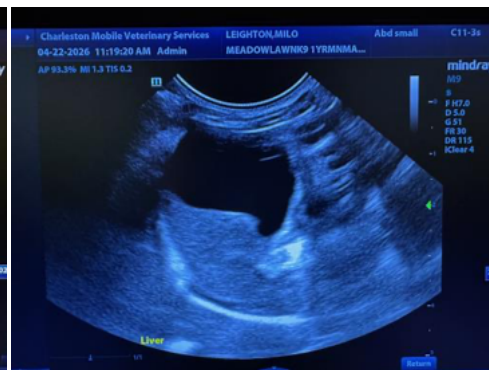
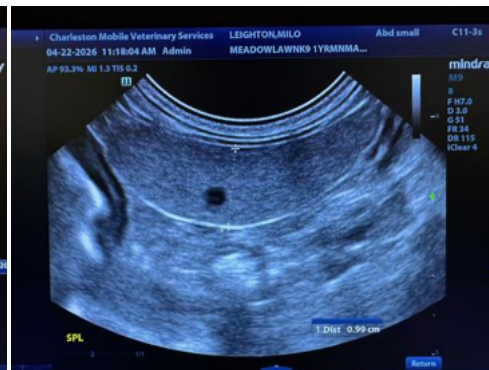
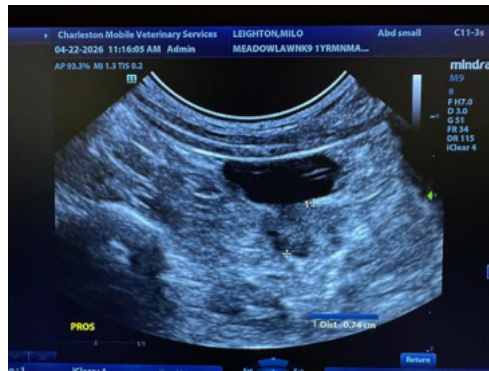
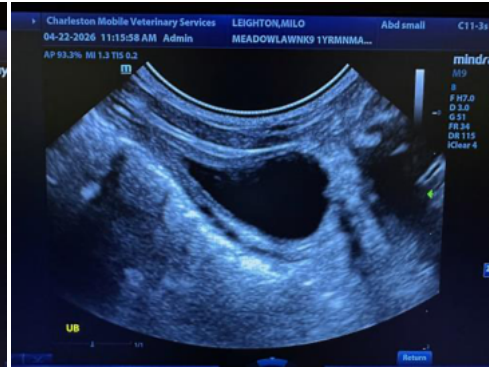
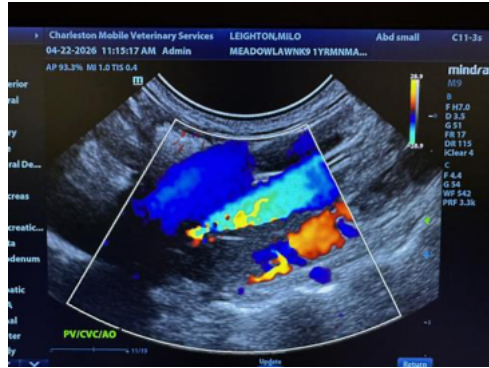
Dr. Hunt

**INVOICE**

13674

**DATE**

4/22/26





**PATIENT**

Milo Leighton

**SPECIES**

Canine

**BREED**

Maltese/Toy Poodle

**SEX**

Male, neutered

**AGE**

1 Yr 1 month

**WEIGHT**

6.5 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**

Meadowlawn Market  
 Commons

**REFERRING VET**

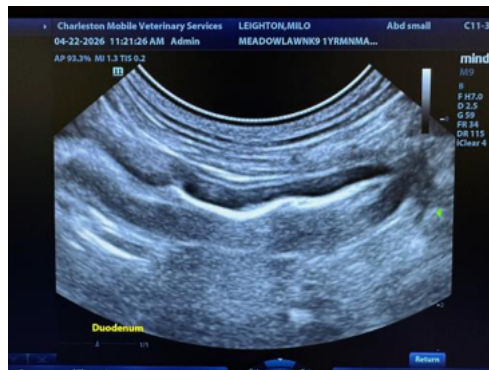
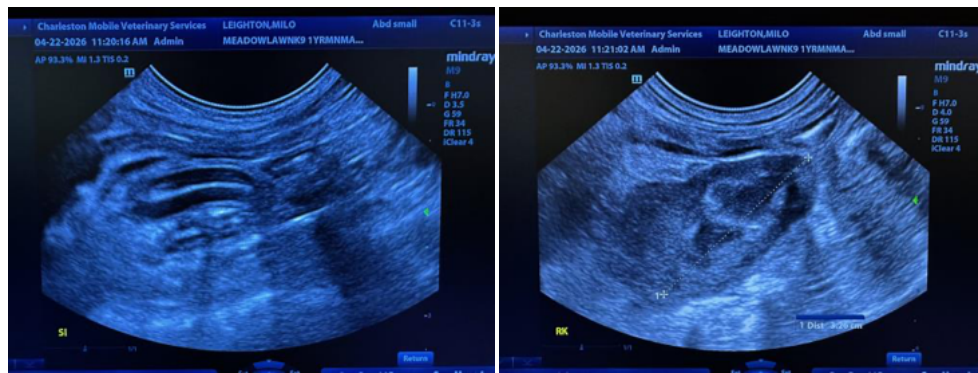
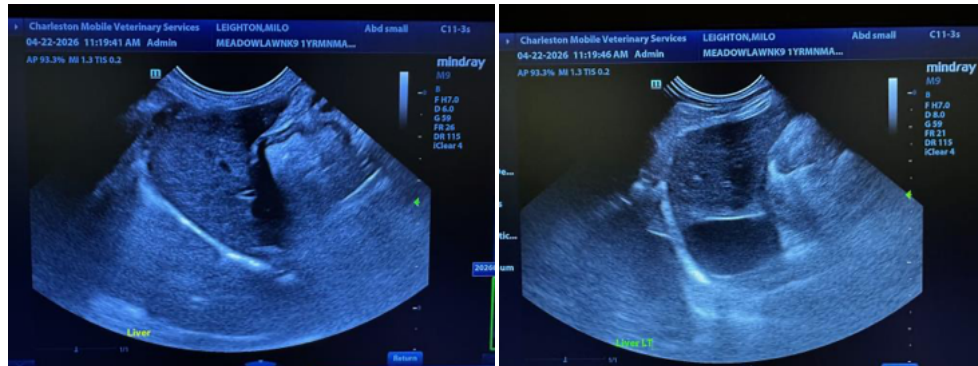
Dr. Hunt

**INVOICE**

13674

**DATE**

4/22/26



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](mailto:info@SonoPath.com)