



PATIENT

Mick McQuage

SPECIES

Canine

BREED

German Shepherd mix

SEX

Male, neutered

AGE

3/3/18

WEIGHT

68 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

AH of SC

REFERRING VET

Dr. Stone

INVOICE

13566

DATE

3/20/26

PRESENTING CLINICAL SIGNS

Pt was taken to the ER because owner observed orange colored urine. Severely elevated liver enzymes at that time along with a total bili of 10.8, mild anemia of 32%. Ursodiol and Denamarin prescribed. Metronidazole was added by Dr. Stone at a follow up visit. Pt has started to feel somewhat better. Pt sedated with Butorphanol and Dexdomitor for this study.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder mildly distended. The wall in the region of the apex is moderately thickened (up to 0.54 cm) with a slightly irregular mucosal surface. The wall tapers to a normal thickness as it extends toward the cystourethral junction. Luminal contents are mostly anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is normal in size (1.33 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 (6.42 cm in length) with a normal shape, architecture and 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.

The right kidney is normal in size (5.89 cm in length) with a normal shape, architecture and 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.

Adrenal Glands

The left adrenal gland is normal in size (0.59 cm at cranial pole) (0.66 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 (1.04 cm at cranial pole) (0.60 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 (1.45 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 gallbladder 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. The



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duodenal papilla is mildly thickened (up to 0.64 cm in width).

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 ileocecolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

Pancreas

The base and left limb are enlarged with slightly irregular peripheral contours. The parenchyma is hypochoic relative to surrounding omental fat. The pancreatic duct is not overtly dilated. Surrounding mesentery is hyperechoic.

Lymph nodes

At least 2 prominent periportal lymph nodes are visualized, one of the nodes measuring 1.46 cm in its longest dimension. 1-2 prominent mesenteric lymph nodes are also seen, one of the nodes measuring 3.85 x 0.53 cm.

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:

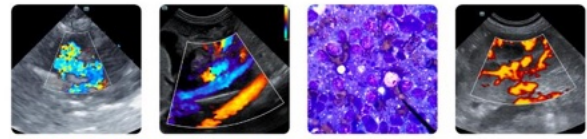
- The pancreatic changes are consistent with mild to moderate pancreatitis with adjacent peritonitis.
- Given the severely elevated liver values and sonographically normal appearing liver, an acute hepatopathy such as infection (i.e., Leptospirosis, cholangiohepatitis) and toxicity (i.e., sago palm) are of top concern.

Secondary Findings:

- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- The urinary bladder wall changes may be artifactual due to lack of full repletion or could be secondary to cystitis. Correlation with the patient's clinical history and urinalysis findings is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Leptospirosis testing (i.e., blood and urine PCR, serology) is recommended.
2. Patient's liver values should also be rechecked today to assess progression. While awaiting test results, empirical treatment for bacterial cholangiohepatitis, Leptospirosis and pancreatitis is recommended.



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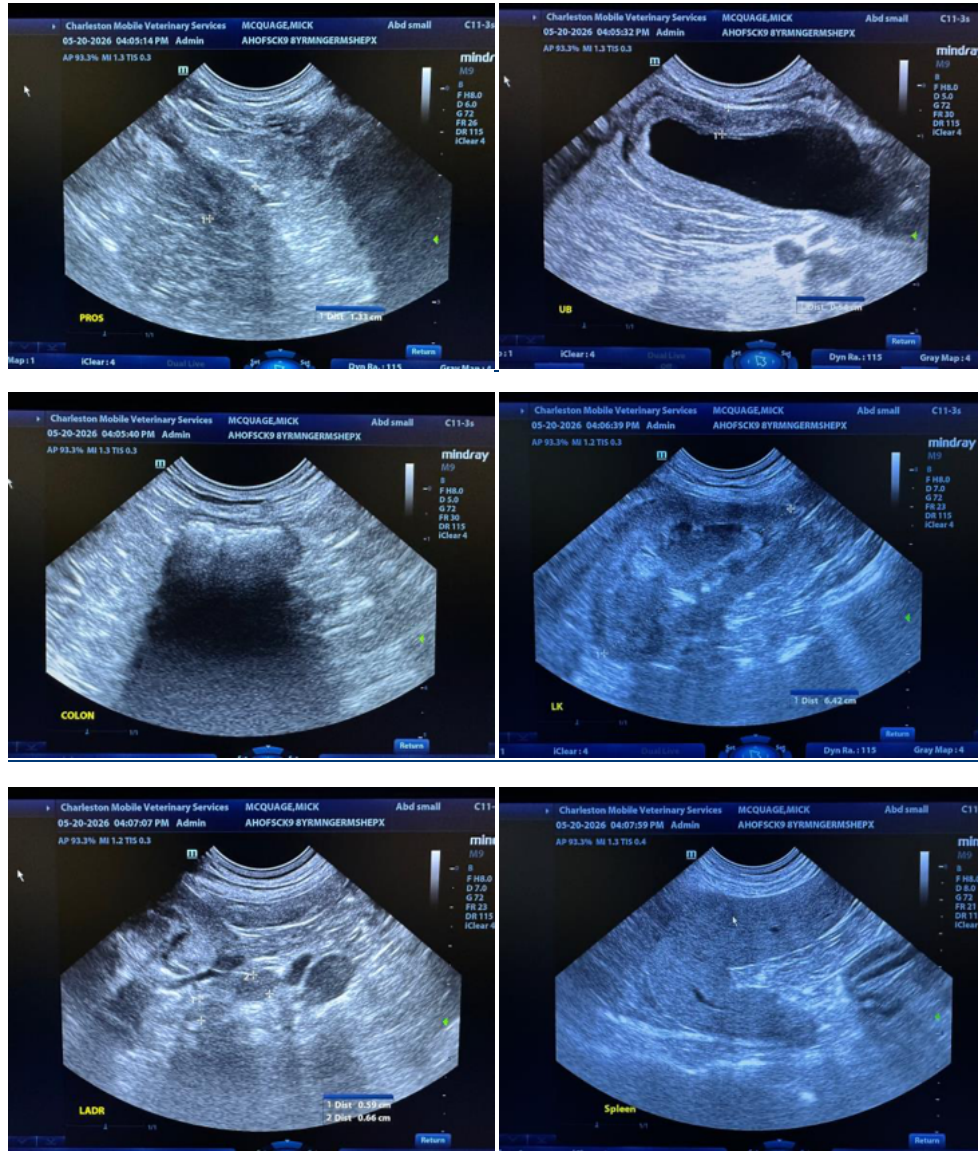
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- If the above diagnostics are inconclusive and patient's liver values do not improve with symptomatic care, liver biopsies with aerobic and anaerobic bile cultures and hepatic copper quantitation may be warranted.





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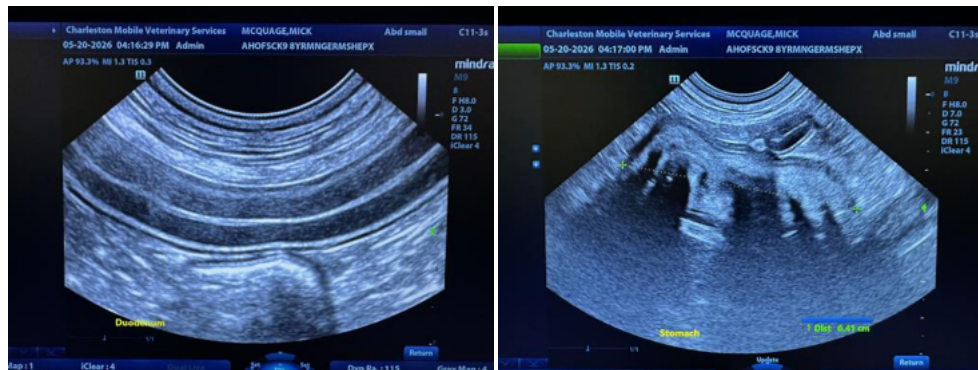
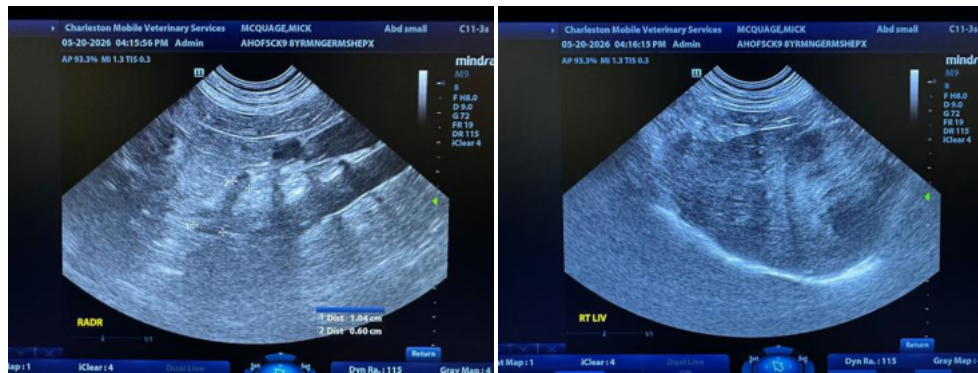
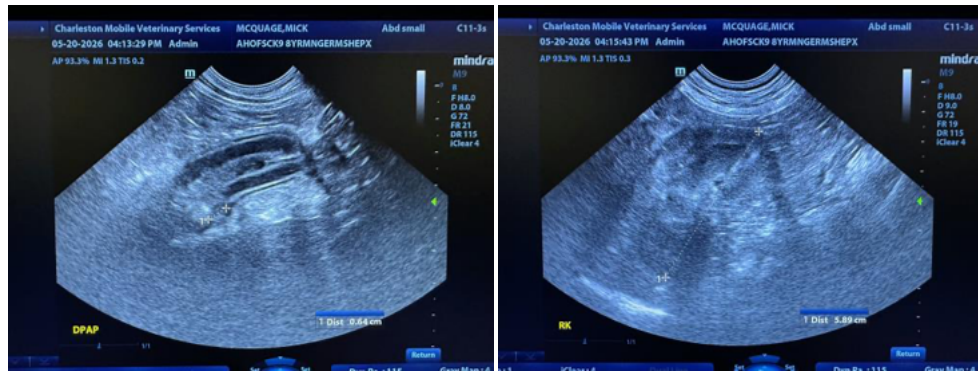
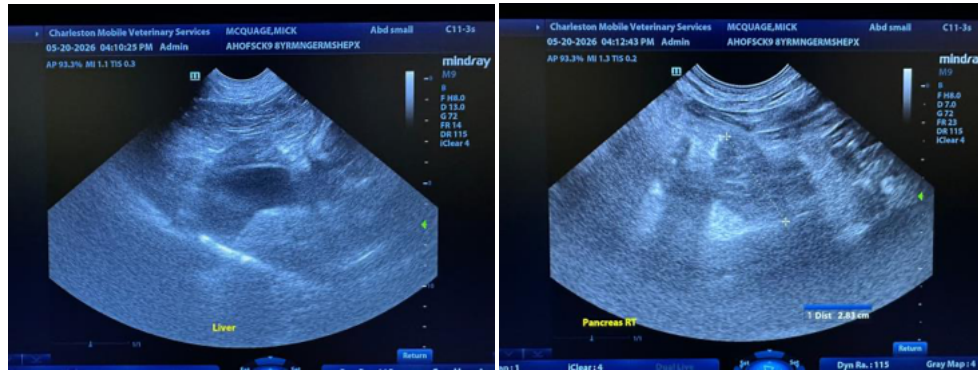
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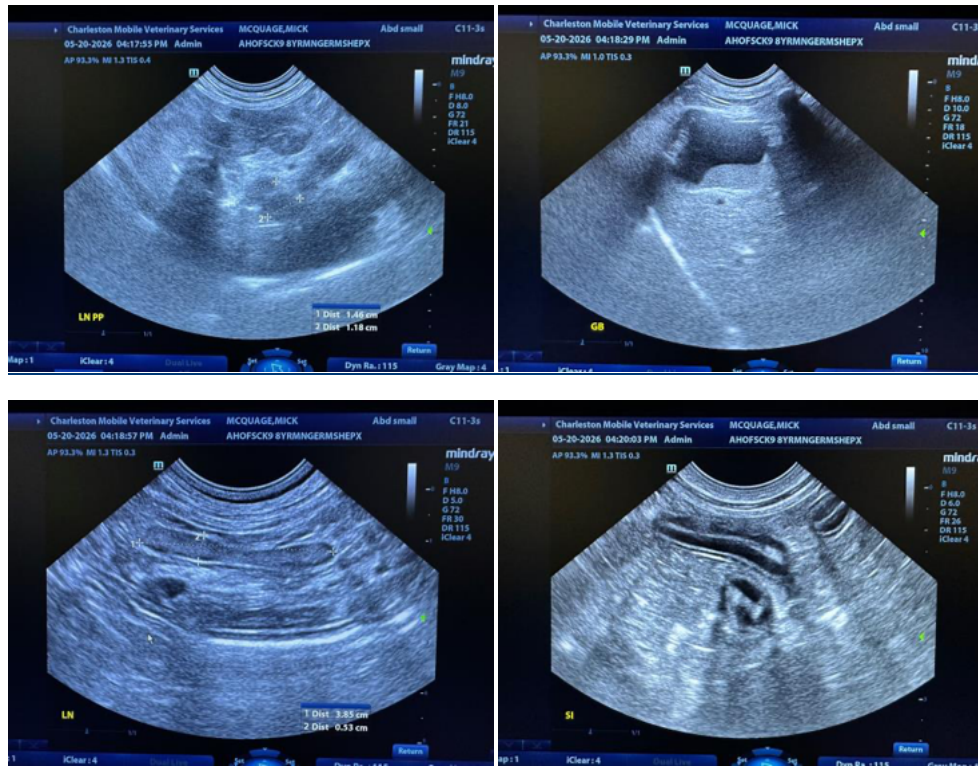
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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