



PATIENT PRESENTING CLINICAL SIGNS

Daisy Ligaj History: vomiting, lethargic with acute onset, mildly decreased RR with mildly harsh lung sounds. Abd soft non painful meds: cefazolin
Abnormal PE/Chem/CBC/UA Results: WBC 19.6, NEU 17.6, LYM 0.9, UREA 10.7, ALT 572, LIPA 2058,

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

German shepherd

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with mostly anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

SEX

Female, spayed

The left kidney is normal size (7.57 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

AGE

8 Yrs.

The right kidney is normal size (7.19 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

36.6 lbs.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.80 cm at cranial pole) (1.00cm at caudal pole) (3.00 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 borderline enlarged (1.75 cm at cranial pole) (0.84 cm at caudal pole) (2.18 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.

IMAGING PERFORMED BY

Kelly Reschny

Spleen

The spleen is subjectively normal in size (2.08 cm in width at the level of the hilus) with rounding of the caudal pole. The parenchyma is mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

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Beattie Pet Hospital
Stoney Creek

Liver

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

REFERRING VET

Dr. Baskin

Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a

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normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

Pancreas

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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.

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German shepherd

Free Abdomen

The mesentery throughout the abdomen is mildly hyperechoic. Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

SEX

Female, spayed

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

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- Non-specific diffuse hepatopathy. Differentials include inflammatory disease (i.e., bacterial cholangiohepatitis, chronic active hepatitis), Leptospirosis, hepatotoxicosis, infiltrative neoplasia (i.e., lymphoma) other hepatopathy +/- benign age-related change (i.e., regenerative nodular hyperplasia and/or vacuolar hepatopathy).

WEIGHT

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- Diffuse mild peritonitis is present, which may be secondary to hepatic disease or other etiology.

Secondary Findings:

- Minor bilateral, age-related degenerative renal changes.
- Mild bilateral adrenomegaly. This finding may be a normal variant for this patient or may represent early hyperplastic change.

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Medicine)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Pre- and post-prandial serum bile acids and Leptospirosis testing (i.e., blood and urine PCR, serology) are recommended. Also consider hepatic tissue sampling (i.e., fine needle aspirate or surgical biopsy). Hepatic cytology is useful in diagnosing round cell neoplasia and vacuolar hepatopathy but may be less beneficial in assessing for other hepatopathies. Surgical biopsies are more likely to be representative of global organ pathology. If pursued, bile samples should be obtained for aerobic and anaerobic cultures and additional hepatic tissues samples should be obtained for potential copper quantitation.
- Given the harsh lung sounds, three-view thoracic radiographs are recommended to assess cardiopulmonary status.

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**IMAGING
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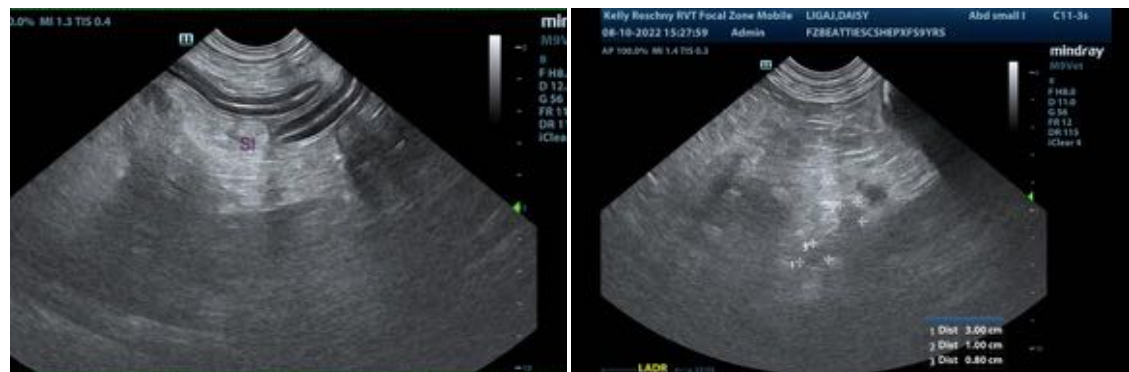
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The information and recommendations provided are based on the images presented by the referring



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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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