



**PATIENT**

SASHA CIANCIARULO

**SPECIES**

Canine

**BREED**

Pit Bull Mix

**SEX**

Female Spayed

**AGE**

6

**WEIGHT**

69.4

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)

**IMAGING PERFORMED BY**

Dr. Sharkaway

**HOSPITAL NAME**

Kew Gardens Animal  
Hospital

**REFERRING VET**

Dr. Sharkaway

**INVOICE**

49755

**DATE**

1-22-22

**PRESENTING CLINICAL SIGNS**

ACL RUPTURE

Abnormal PE/Chem/CBC/UA Results: BW- ELEVATED ALT, ALPK BILE ACIDS TEST - BEFORE AND POST - WNL

ALP 660, ALT 153, WBC 21 w/ neutrophilia and mild monocytosis.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths, calculi, or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

No evidence of pathology in the area of the aortic trifurcation.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 7.4 cm in length. The right kidney measured 7.4 cm in length.

*Adrenal Glands*

The left and right adrenal glands were not definitively visualized.

*Spleen*

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

*Liver / Gallbladder*

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with mild to moderate congealed hyperechoic yet nonmineralized gallbladder debris. The cystic and common bile ducts were normal.

*Gastrointestinal*

The stomach presented intact wall layering with a normal wall layer ratio. The stomach contained a mild amount of retained fluid/chyme; this is nonspecific. Some degree of gastric hypomotility may be possible if gastrointestinal signs such as inappetence or vomiting have been recently noted. No evidence of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.



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**Pancreas**

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

**Primary**

- Hepatopathy - subjectively benign.
- Mild to moderate inspissated nonmineralized gallbladder debris - nonmucocele.

**Secondary**

- Mild retained gastric fluid/chyme.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The overall appearance of the liver was nonspecific yet consistent with benign hepatopathy and likely chronic. Considerations may include vacuolar hepatopathy and cholestasis given the primary ALP elevation with potential for primary or concurrent inflammatory hepatopathy or hepatobiliary process such as nonspecific cholangiohepatitis (infectious, immune mediated, etc.). Assuming normal clotting status and if accessible, hepatic FNA could be considered for screening cytology and potential assessment of inflammatory cell type if present.

No overt anesthetic contraindications given the normal albumen, glucose, BUN, cholesterol levels, and normal bile acids.

Hepatic core or surgical biopsy would be required for a definitive diagnosis.

Hepatosupportive medications including denamarin and ursodiol recommended and may prove beneficial.



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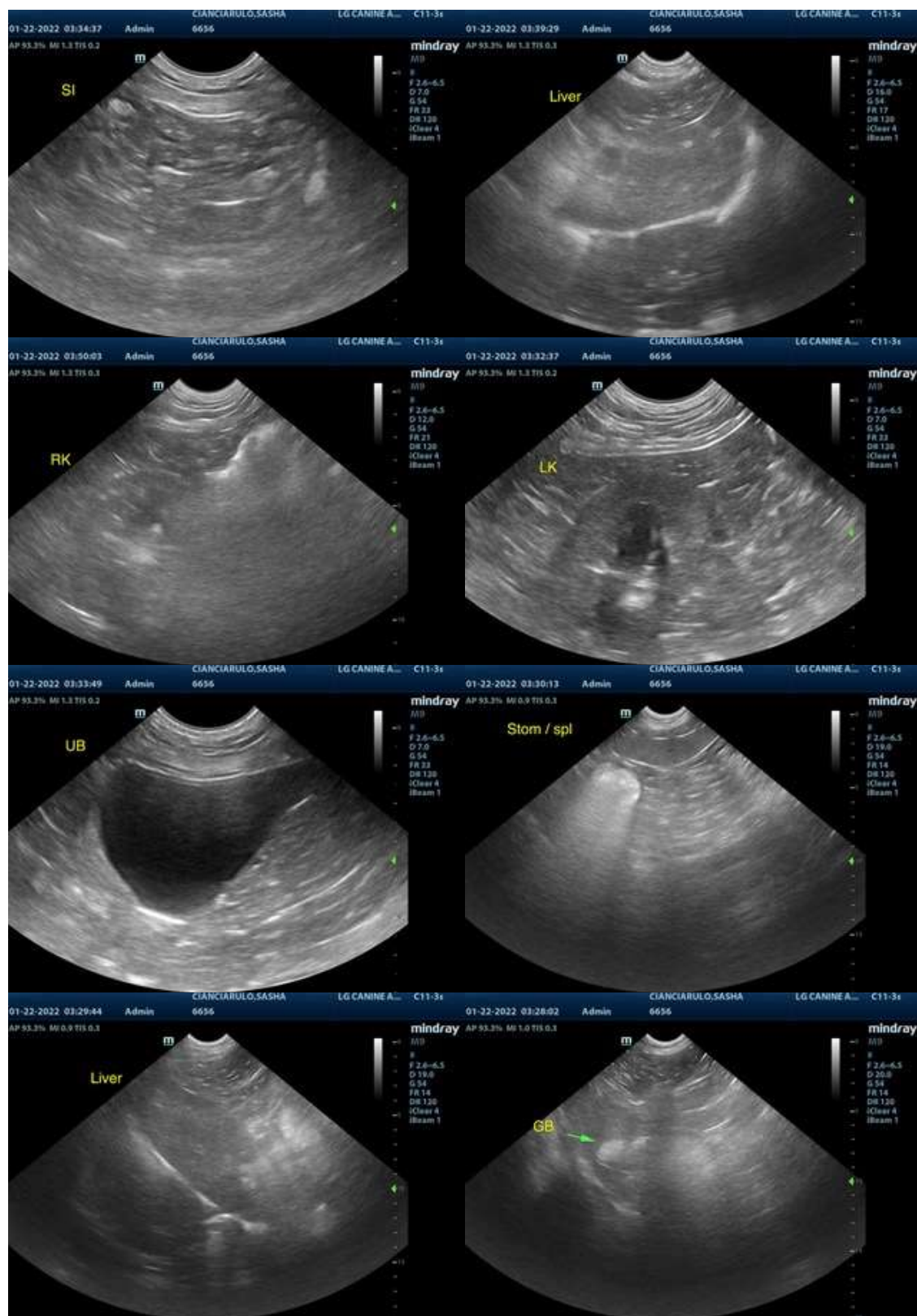
Dr. Sharkaway

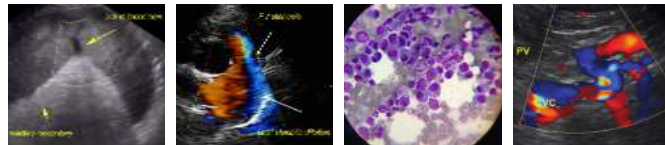
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)  
info@SonoPath.com