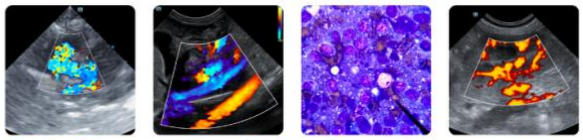

PATIENT

Cuddles Keffer

SPECIES

Canine

BREED

Bichon Frise

SEX

Female Spayed

AGE

13

WEIGHT

18.6 lbs

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

VCA Northside AH

REFERRING VET

Dr. Russell

INVOICE

22437

DATE

1-22-26

PRESENTING CLINICAL SIGNS

- BCS 5/9
- Decreased appetite
- Elevated liver enzymes
- Heart murmur V/VI L side
- PPDZ grade 2
- Shoulder & coxofemoral OA

Current Meds: Gabapentin, Librela, recent course of Adequan
Lab Abnormalities: ALKP 1337. ALT 178. Chol 386. U/A: 2+ protein; USG 1.043

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. 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 (4.25 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate 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 (4.14 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate 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 enlarged at the cranial pole (1.40 cm at cranial pole) (0.41 cm at caudal pole) and normal-in-size at the caudal pole. A 1.49 x 1.40 cm hyperechoic-to-heterogenous nodule, with mineralized foci is observed at the cranial aspect. Glandular echogenicity and detail at the caudal aspect are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.60 cm at cranial pole) (0.30 cm at caudal pole) with a normal shape and smooth peripheral contours. A hyperechoic-to-heterogenous nodule (measuring 1.02 x 0.62 cm) with a hyperechoic-to-mineralized focus is observed at the cranial pole. Glandular echogenicity and detail are otherwise normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.02 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 enlarged with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion.

The gallbladder lumen is moderately distended. The wall is thin and smooth. A few, polypoid-like lesions are arising from the mucosal surface. A small-to-moderate amount of aggregated, echogenic, adhered

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debris/sludge is observed within the lumen. 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 intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas
The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and heterogenous in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Lymph Nodes
The abdominal lymph nodes are normal/not visible.

Free Abdomen
There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The diffuse hepatic changes are most consistent with vacuolar hepatopathy (i.e., endocrine, idiopathic) with a lower possibility of inflammatory disease, infiltrative neoplasia, or other hepatopathy.

- Gallbladder debris/sludge, non-mucocele

- The bilateral adrenal nodules could be consistent with focal nodular hyperplasia, adenomas, emerging adenocarcinomas, pheochromocytomas, other.

Secondary Findings

- Bilateral nonspecific age-related renal changes

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the bilateral adrenal nodules, consider further testing for functional tumors (i.e., low-dose dexamethasone suppression test, urine/blood metanephrine levels) if the patient is exhibiting appropriate clinical signs. Also consider a baseline blood pressure measurement to assess for systemic hypertension. Three-view thoracic radiographs are also recommended to assess cardiopulmonary status.

- Regarding the proteinuria, a UPC is recommended if there is no evidence of a urinary tract infection.

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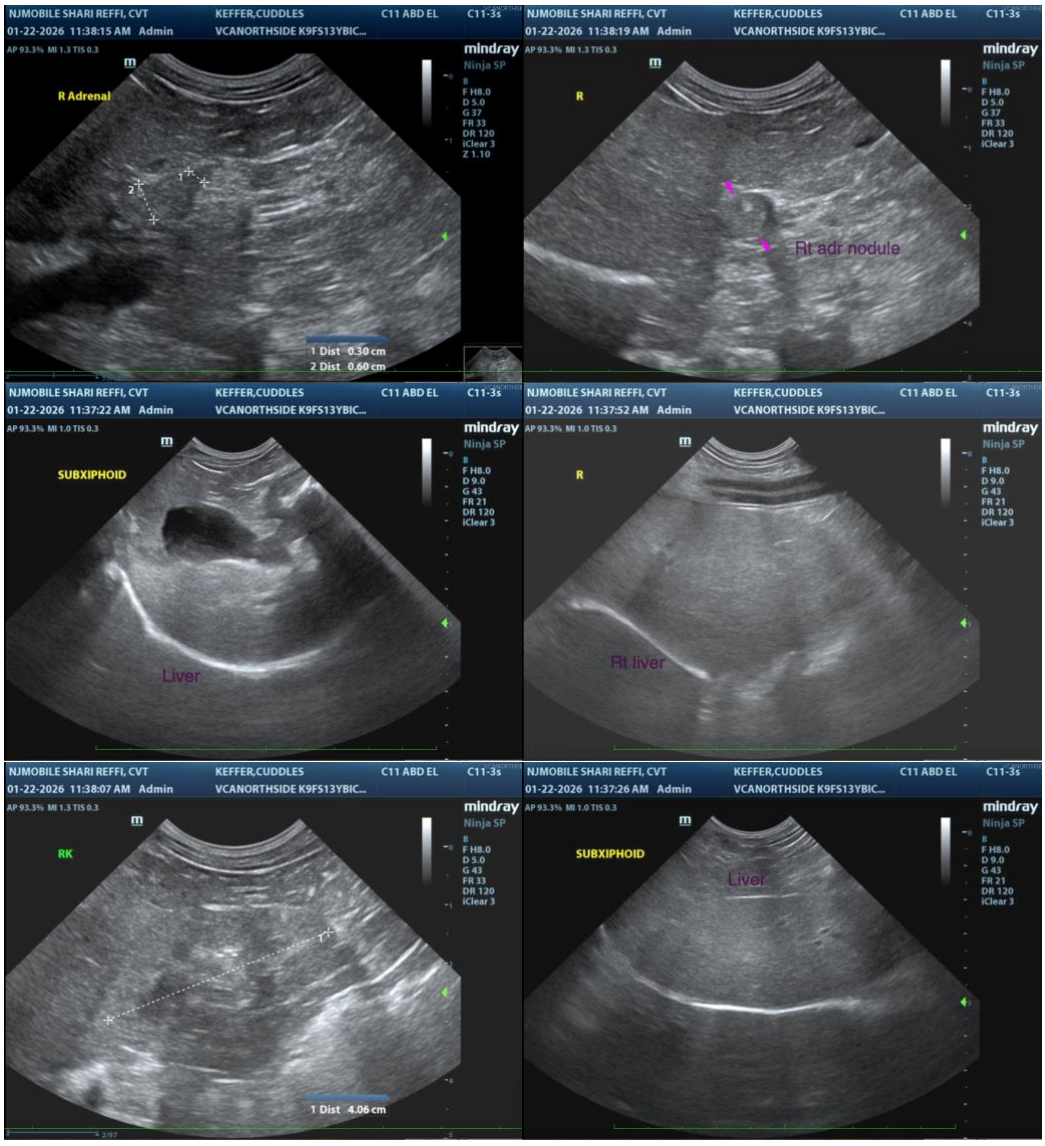
- Regarding the decreased appetite, consider the following:

1. Orthopedic, neurologic, and oral examinations
2. Three-view thoracic radiographs to assess for occult pathology in the chest (as stated above)
3. +/- further GI work-up (i.e., GI panel, fecal evaluation, +/- GI biopsies)



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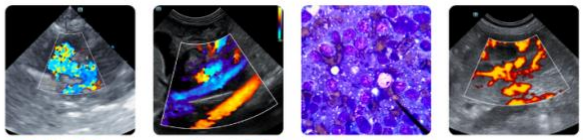

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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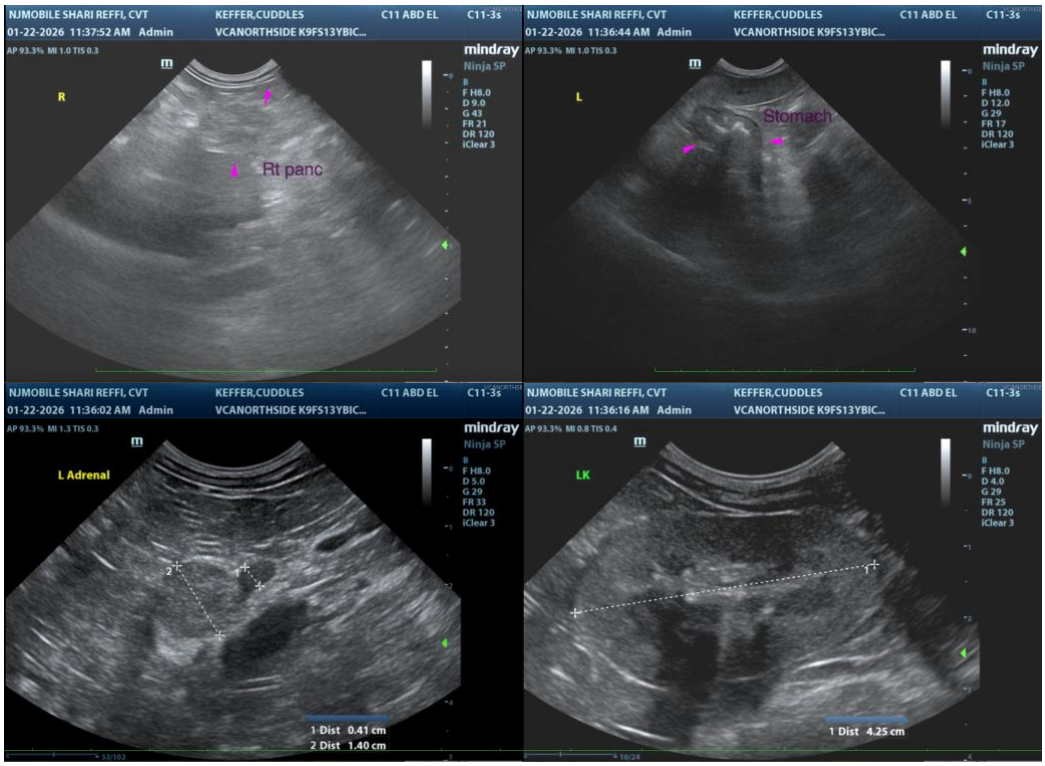

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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