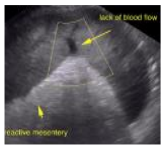
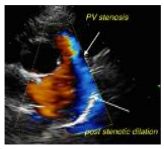
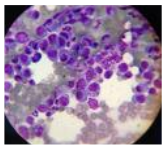
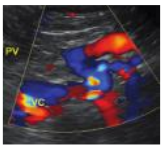

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PATIENT

Otto Faucher

SPECIES

Canine

BREED

Labradoodle

SEX

Neutered Male

AGE

13 Years

WEIGHT

39.6 Lbs.

INTERPRETED BY

Andrea Nicastro, DMV, Diplomate DACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Animal General on Husdon

REFERRING VET

Dr. Vivian Ng

INVOICE

13270

DATE

1/5/22

PRESENTING CLINICAL SIGNS

History: Elevated liver enzymes, no clinical signs.
Abnormal PE/Chem/CBC/UA Results: ALT 148, ALP 730, cholesterol 412.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is normal in size (0.80 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney presented normal size (6.28 cm in length); with a normal shape, smooth peripheral margins and normal internal architecture. There is minimal loss of corticomedullary distinction. 1-2 tiny cortical cysts are seen. Several hyperechoic shadowing diverticular foci are observed. Trace pyelectasia is present. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

The right kidney presented normal size (4.32 cm in length); with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is borderline enlarged (0.89 cm at cranial pole) (0.79 cm at caudal pole) (1.88 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.

The right adrenal gland is normal size (1.22 cm at cranial pole) (0.44 cm at caudal pole) (1.47 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.

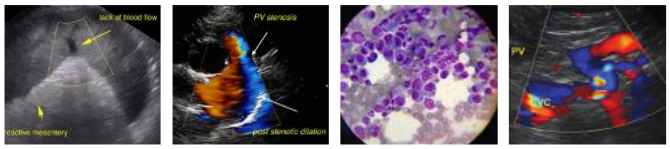
Spleen

The spleen is subjectively normal in size (1.72 cm in width at the level of the hilus) with normal curvilinear peripheral contours. The parenchyma is slightly mottled in appearance with a few ill-defined hypoechoic nodules/areas the largest measuring 1.34 cm in length. Splenic vasculature is normal with no evidence of thrombosis.

Liver

The liver is subjectively prominent in size with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely heterogeneous in appearance. A 1.90 cm hypoechoic to slightly heterogenous nodule is observed deep left to mid liver. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of



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aggregated echogenic mostly gravity dependent sludge is observed within the lumen. A small amount of debris is also adhered to the luminal surface. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is moderately distended wit 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 thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive or overt infiltrative disease is noted.

Pancreas

A portion of the pancreas is obscured by the gastric distention. However, some mild age-related remodeling is suspected.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Nonspecific diffuse hepatopathy. Benign change (i.e., vacuolar hepatopathy, regenerative nodule hyperplasia) is suspected with a lower possibility of underlying pathology (i.e., inflammatory disease or infiltrative neoplasia). The hypoechoic hepatic nodule could be consistent with a regenerative nodule or an emerging tumor.
- Gallbladder sludge, non-mucocele

Secondary Findings

- The splenic parenchymal changes trend toward the benign (i.e., lymphoid hyperplasia or extramedullary hematopoiesis) with a lower possibility of an emerging neoplasia.
- Bilateral age-related renal changes with dystrophic mineralization

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A fine needle aspirate of the liver can be considered, of clotting status is appropriate. However, results may be of low yield. Therefore, if a more conservative approach is desired, consider serial monitoring (i.e., every 3-4 months) of the patient's liver values. If they continue to increase, repeat abdominal ultrasound +/- hepatic tissue sampling can be considered.
- Consider a repeat ultrasound of the hepatic nodule in 4-6 weeks to assess for progression.
- Consider testing for hyperadrenocorticism with a low-dose dexamethasone suppression test or ACTH stimulation test if clinical signs (i.e., PU/PD) develop in the future.

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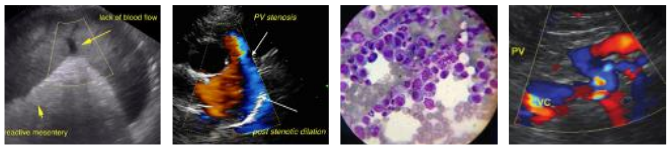

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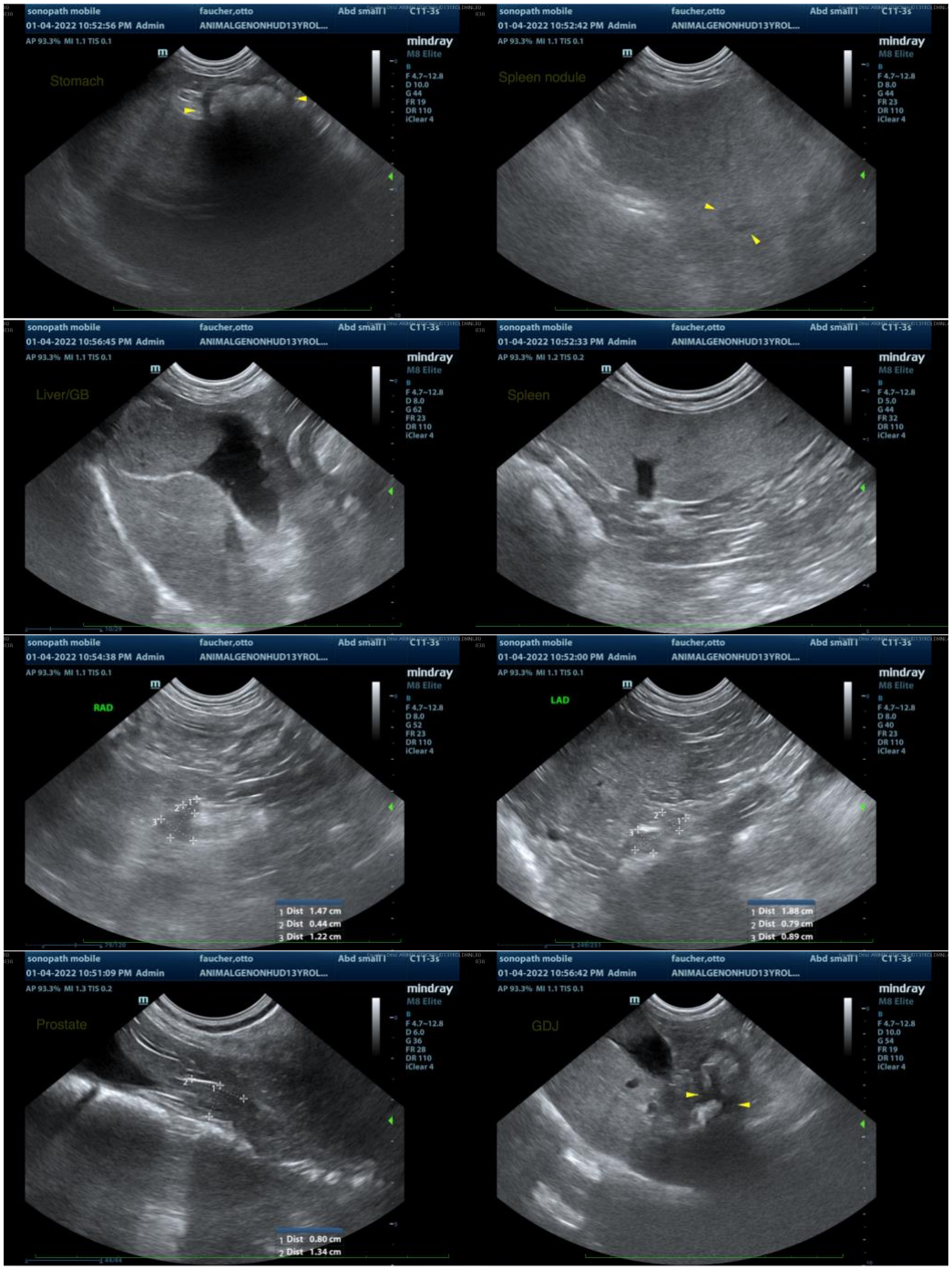

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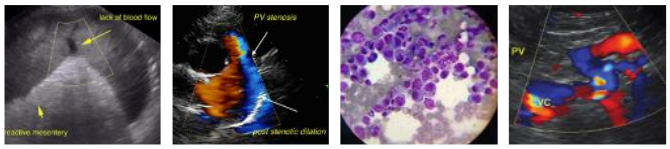

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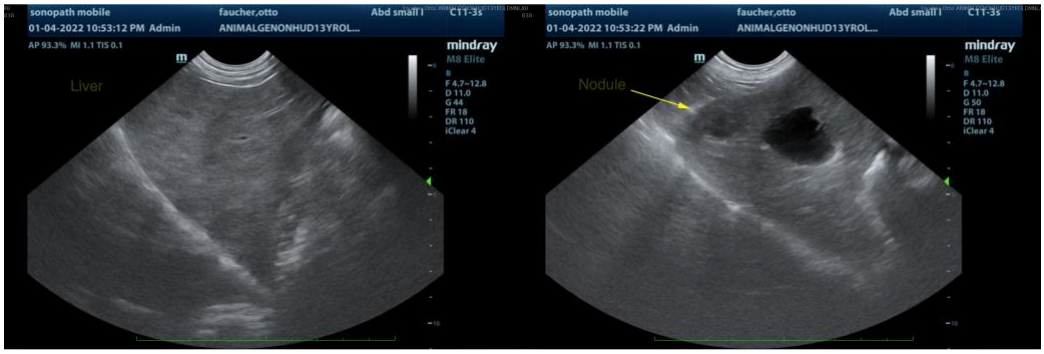

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com