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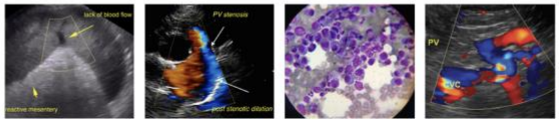


Charleston Mobile Veterinary Services
IMAGING PERFORMED BY
CharlestonMobile.Net 800.403.5408

PATIENT

Kenai Deluca

SPECIES

Canine

BREED

Portuguese Water Dog

SEX

Neutered Male

AGE

10/25/13

WEIGHT

66.8 Lbs.

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

IMAGING PERFORMED BY

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal*

HOSPITAL NAME

Brighton AH

REFERRING VET

Dr. Elizabeth Wetzel

INVOICE

13301

DATE

1/7/22

PRESENTING CLINICAL SIGNS

History: 10/15/21 mild ALP elevation, O noted PU/PD. We suggested LDDS-WNL

11/24/21 ALT decreased, ALKP higher

12/15/21 ALT/ALKP elevation-continuing to increase

Abnormal lab work values: No other symptoms noted by O. Initial findings with routine labwork.

10/14/21 ALP 294, ALT 89

11/1/21 ALT 137, ALKP 203 U/L, ALB 4.0 g/dL, BUN 29 mg/dL

11/24/21 ALKP 242 U/L, ALT 97 U/L, BUN 32 mg/dL

12/15/21 ALT 156 U/L, ALKP 1106 U/L

Current Medications: Simparica Trio

ULTRASONOGRAPHIC EXAMINATION OF THE

Urinary System

The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. Two tiny cystic calculi are visualized, the largest measuring 0.28 cm in diameter. Luminal contents are otherwise anechoic. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

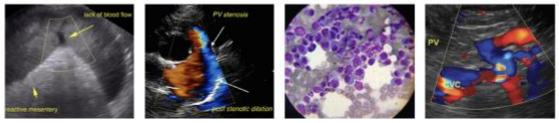
The prostate is normal in size (1.12 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney presented normal size (6.75 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney presented normal size (7.20 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.46 cm at cranial pole) (0.54 cm at caudal pole) (2.49 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.



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The right adrenal gland is normal size (1.12 cm at cranial pole) (0.63 cm at caudal pole) (2.20 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 normal in size (2.17 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. No pathological hepatic lymphadenopathy observed.

The gall bladder is of normal contours and contains some gravity dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. 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

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.

Free Abdomen

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

Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

- Cystic calculi
- The abdomen is otherwise unremarkable. An obvious cause for the patient's elevated liver enzymes is not identified in the study. However, a benign hepatopathy (i.e., regenerative nodular hyperplasia), age-related remodeling and/or vacuolar hepatopathy is suspected.

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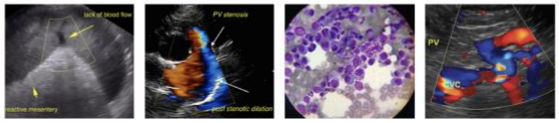

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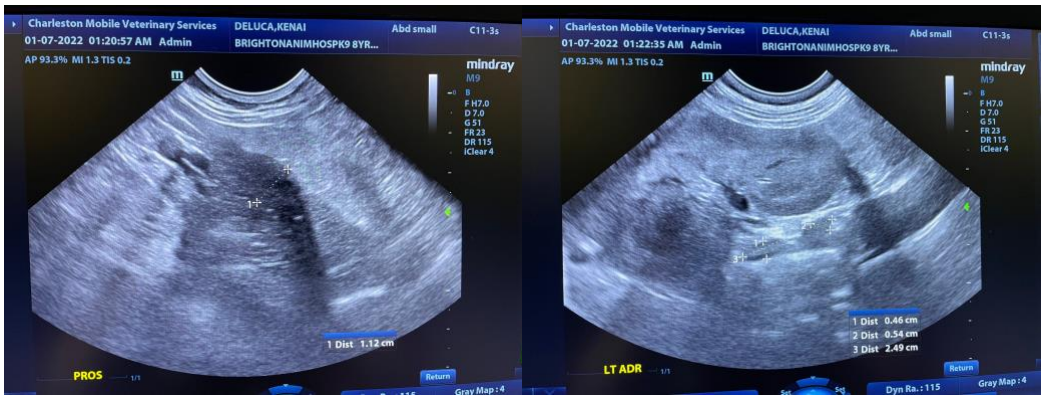
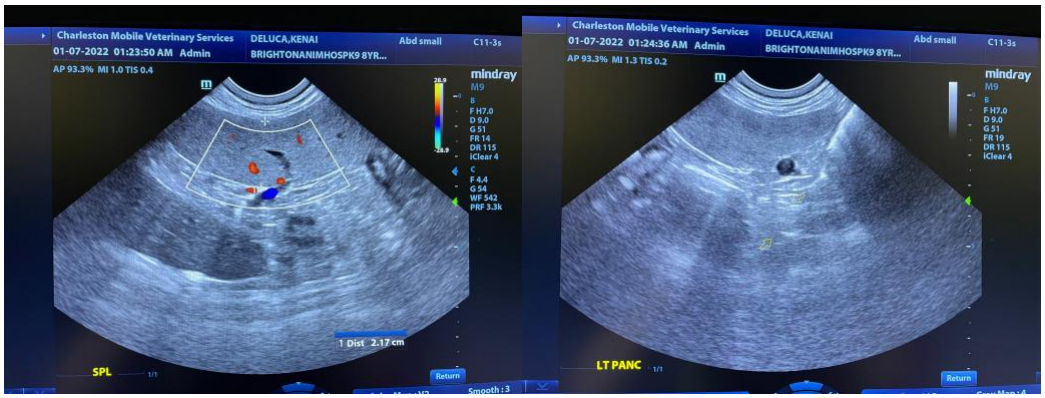
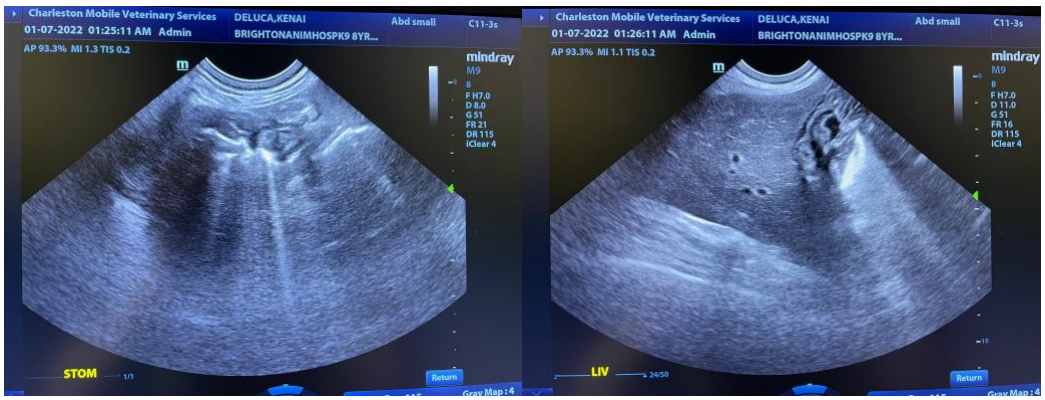
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A cystotomy with stone removal, analysis and culture is recommended. Alternatively, medical dissolution of the stones can be considered with a prescription renal diet and broad-spectrum antibiotic therapy. If there is no improvement in stone size after 4 weeks of therapy, a cystotomy should be reconsidered. If the stone size is reduced, continue therapy until complete dissolution has been achieved.
- Regarding the liver enzyme elevations, serial monitoring (i.e., every 3-4 months) is recommended. If values continue to increase, a recheck abdominal ultrasound +/- hepatic tissue sampling may be warranted.
- Consider repeat testing for Cushing's disease if clinical signs become more pronounced.







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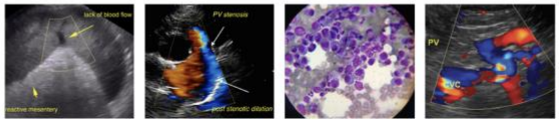

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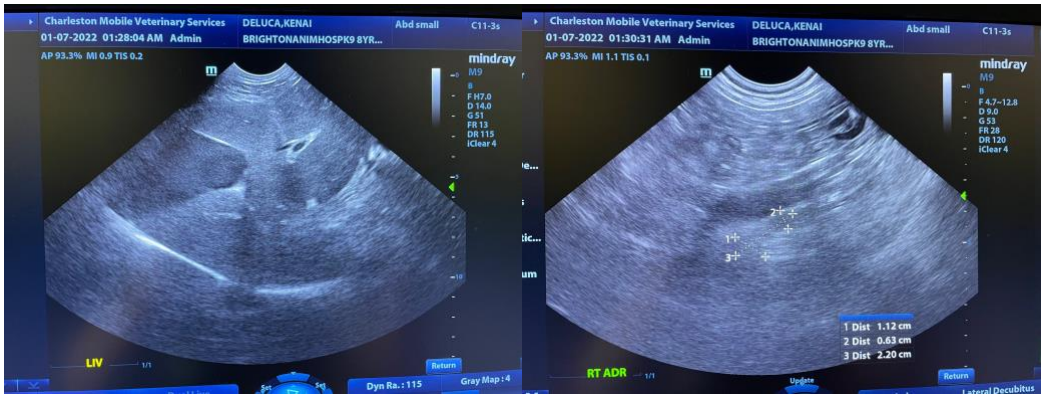

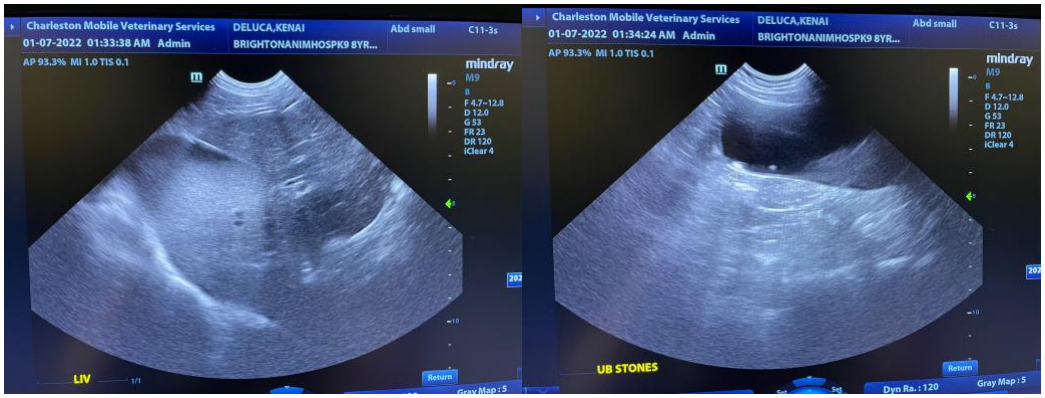

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 ACVIM (*Small Animal Internal Medicine*)

Andrea.Nicastro@CharlestonMobile.net