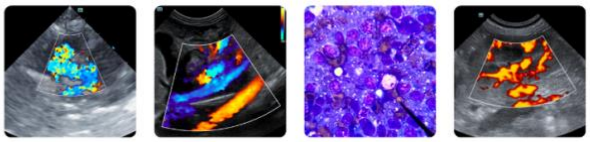


PATIENT

Sandy Ransom

SPECIES

Canine

BREED

Dachshund

SEX

Female Spayed

AGE

10

WEIGHT

20.7 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Harold Mike Beard

HOSPITAL NAME

Animal Care Veterinary Center

REFERRING VET

Dr Beard

INVOICE

22247

DATE

11-13-25

PRESENTING CLINICAL SIGNS

History: Big liver, something in bladder reported from RDVM.
Abnormal PE/Chem/CBC/UA Results: Big belly. Calcinosis cutis. RBC, HCT, HGB low, neutrophilia, platelets elevated.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder moderately distended. The wall in the region of the apex is normal to mildly thickened (up to 0.46 cm) with a slightly irregular mucosal surface. The wall tapers to a normal thickness as it extends towards the cystourethral junction. Numerous, varying-sized cystic calculi are observed within the lumen, along with mineralized sand and suspended echogenic debris. There is also suspected mineral deposition embedded within the ventral wall. In the visualized portion of the proximal urethra, some mineralized sand is observed within the lumen.

The left kidney is normal in size (5.75 cm in length) with a normal shape, architecture and 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.

The right kidney is normal in size (6.57 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. The cortex is hyperechoic relative to the spleen. Several, small, cortical cysts are seen. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is enlarged (0.87 cm at cranial pole) (1.21 cm at caudal pole) with an irregular shape. The parenchyma is hypoechoic with a loss of glandular detail. There is no obvious evidence of vascular invasion.

The right adrenal gland is enlarged (1.21 cm at cranial pole) (Ra1.13AN cm at caudal pole) with swollen peripheral contours. There is normal glandular echogenicity and detail. Surrounding vasculature appears normal.

Spleen

The spleen is normal in size (0.80 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.

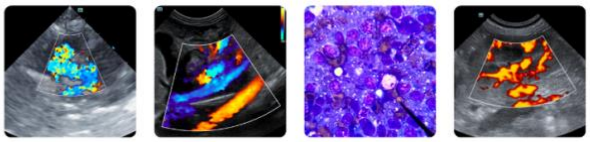
Liver

The liver is subjectively enlarged with swollen peripheral contours. The parenchyma is hyperechoic relative to the spleen, and diffusely heterogenous in appearance. A 1.31 x 0.64 cm hyperechoic nodule is observed on the right side. In addition, a 2.1 x 1.9 cm cyst is observed left- to mid-liver, near the caudal aspect. Hepatic vasculature and intrahepatic 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 moderate amount of aggregated, echogenic, partially dependent sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen contains a moderate amount of irregular shadowing material. The gastric wall is normal to borderline thickened (up to 0.39 cm) with retention of the normal layering pattern. The pyloric outflow



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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 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.

Lymph Nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bilateral adrenomegaly
- The diffuse hepatic changes are nonspecific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory disease, infiltrative neoplasia and other hepatopathies are considered less likely. However, correlation with the patient's liver values is recommended. The hyperechoic hepatic nodule trends toward the benign (i.e., regenerative nodule, myelolipoma) with a lower possibility of more insidious splenic pathology. A hepatic cyst is also present. This is likely a benign incidental finding.
- Gastric foreign material. It appears nonobstructive at the time of this study.
- Cystic calculi/urinary bladder sand. The urinary bladder wall changes in the region of the apex are most consistent with cystitis with a lower possibility of emerging neoplasia.
- The gallbladder changes are suggestive of an emerging mucocele.

Secondary Findings

- Bilateral age-related renal changes with right cortical cyst

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If the patient is exhibiting clinical signs of Cushing's disease, further testing (i.e., low-dose dexamethasone suppression test) is recommended, along with a baseline blood pressure measurement, urinalysis, +/- UPC (if proteinuria is present in the absence of infection).
- Regarding the cystic calculi, a cystotomy with stone removal, analysis and culture is recommended. If a cystotomy is not pursued at this time, an attempt at medical dissolution can be considered.
- Regarding the gastric foreign material, consider an upper GI endoscopy or gastrotomy. Alternatively, if the patient is not symptomatic, sonographic monitoring of the movement of the foreign material can be considered.

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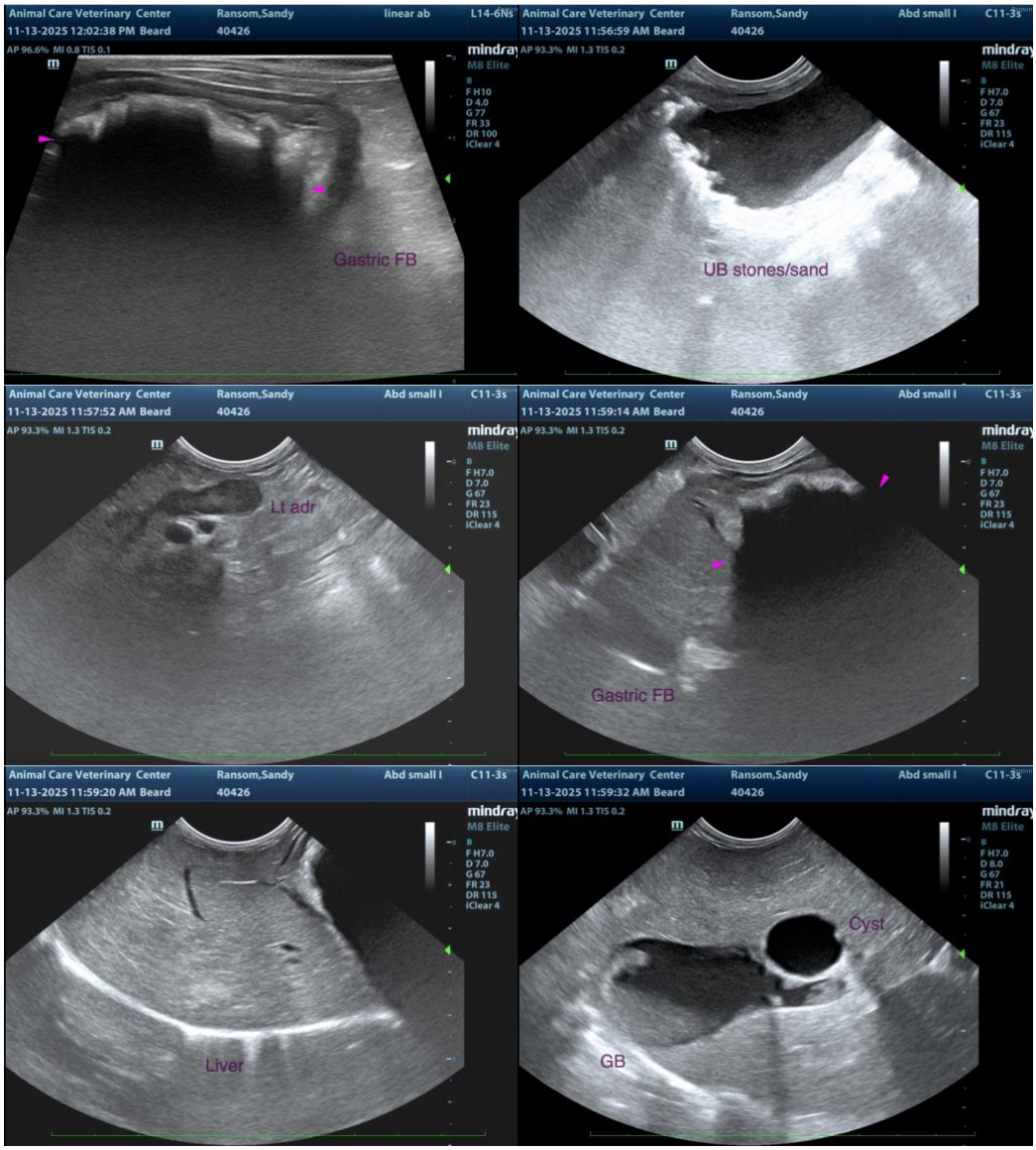
- Given the gall bladder changes, Ursodeoxycholic acid (Ursodiol) is recommended. Serial sonographic monitoring (e.g., every 6-8 weeks) of the gall bladder is recommended to assess for progression to a fully formed mucocele. If progression occurs, a cholecystectomy may be warranted.



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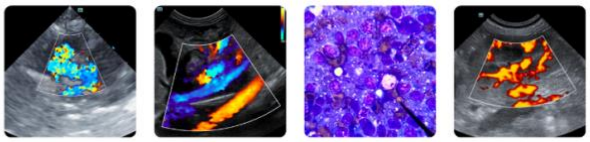

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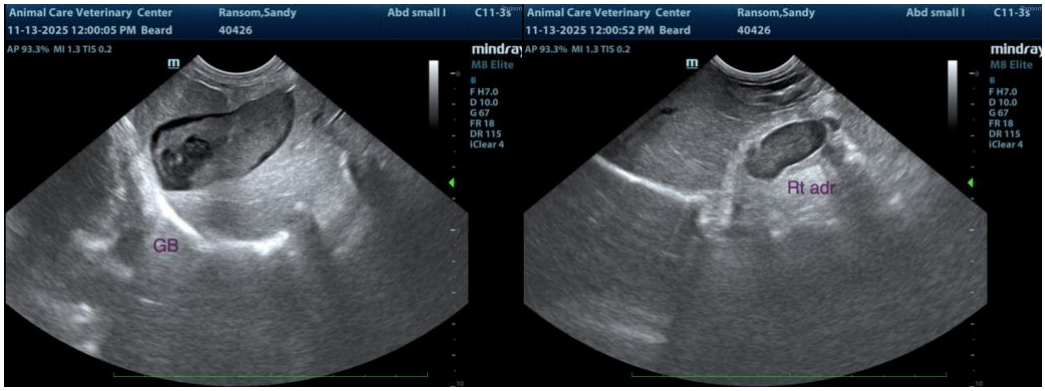

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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