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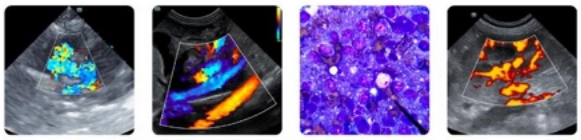

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Chance Urrego

SPECIES

Canine

BREED

Pitbull Terrier X

SEX

Neutered Male

AGE

14

WEIGHT

75 lbs

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Animal Health Associates

REFERRING VET

Dr Schroeder

INVOICE

22273

DATE

11-19-25

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Recurring urinary tract infections. Elevated liver enzymes.
Grade V/VI heart murmur.

Abnormal lab-work values: E. coli urinary tract infection. USG 1.008 ALT 123 U/l ALP 372 U/l
Current Medications Gabapentin 200 mg bid

Abnormal PE/Chem/CBC/UA Results: Hyperechoic nodules visualized in the spleen –
Findings are most consistent with benign. Recommend continued monitoring.

• Heterogeneous liver with occasional poorly defined hyper- and hypoechoic nodules – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other poorly defined nodules are most consistent with a benign process. Underlying neoplastic process cannot be definitively ruled out Borderline large adrenals These adrenals are on the upper end of normal for this individual and are likely normal, but could represent early pituitary dependent hyperadrenocorticism

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 mostly anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is normal in size (1.57 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (7.03 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to 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 (6.46 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild 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 prominent-in-size at the cranial pole and normal-in-size at the caudal pole (0.88 cm at cranial pole) (0.63 cm at caudal pole). A 1.51 x 0.81 cm ill-defined, hyperechoic-to-heterogenous nodule 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 (1.12 cm at cranial pole) (0.54 cm at caudal pole). Glandular echogenicity and detail at the caudal aspect are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (2.13 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. Several, small, hyperechoic nodules are observed throughout. Splenic vasculature is normal.

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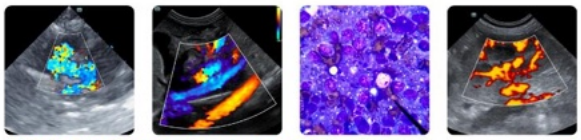

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Liver
The liver is subjectively normal-in-size with smooth peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

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

Gastrointestinal
The lumen is mildly distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme (mild). 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. 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

- The hepatic changes are nonspecific and could be secondary to inflammatory disease (i.e., cholangiohepatitis, chronic hepatitis), Leptospirosis, hepatotoxicosis, infiltrative neoplasia (i.e., lymphoma), vacuolar hepatopathy, regenerative nodular hyperplasia, other hepatopathy, or some combination thereof. Changes are similar to the previous sonogram.
- The left adrenal nodule could be consistent with focal nodular hyperplasia, adenoma, emerging adenocarcinoma, pheochromocytoma, other.

Secondary Findings

- Mild, bilateral age-related renal changes
- The hyperechoic splenic nodules trend toward the benign (i.e., myelolipomas) with a lower possibility of more insidious splenic pathology. Changes are similar to the previous sonogram.
- If the patient was fasted for this study, the presence of ingesta within the gastric lumen could suggest delayed gastric emptying.

*An obvious cause for the patient's recurring urinary tract infections is not definitively identified in this study. Considerations include structural abnormality (i.e., recessed vulva, if applicable), reduced patient immunity, other.

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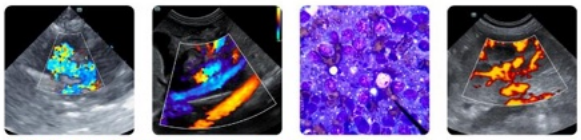

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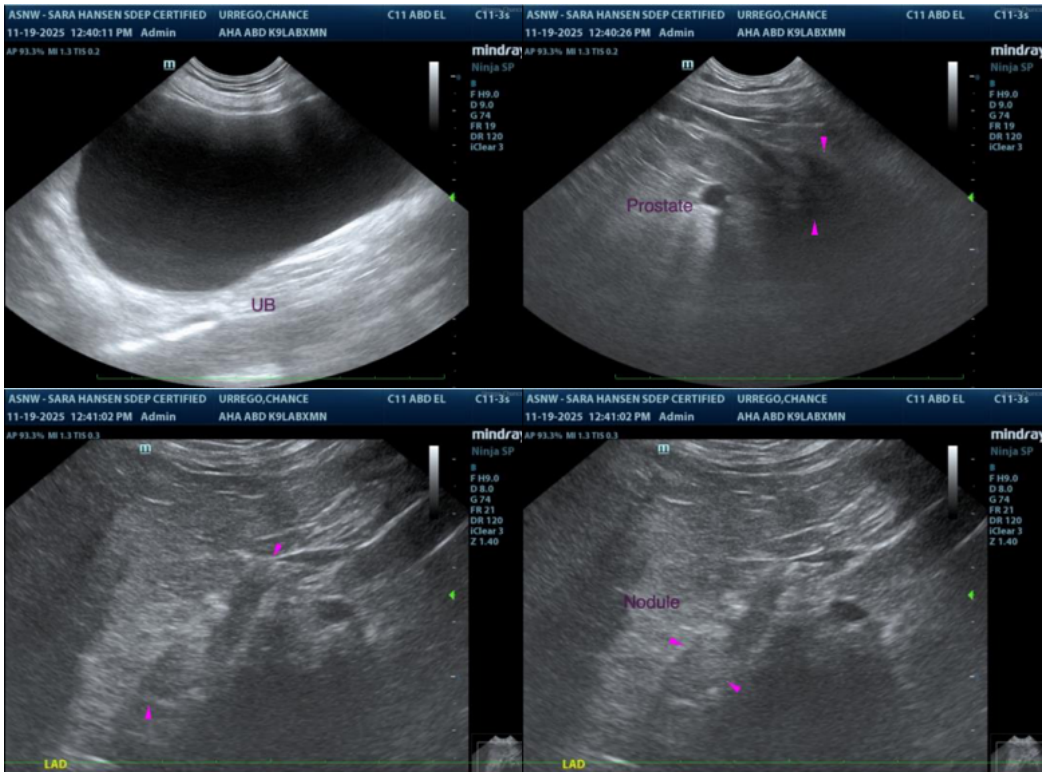
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Evaluation of the external genitalia is recommended to assess for predisposing factors.
- Consider a prolonged antibiotic course (i.e., 3-4 weeks) with a urine culture halfway through the treatment regimen, and in 5-7 days after the last dose of antibiotics.
- Other considerations include the following:
  1. Cranberry supplementation
  2. Use of baby wipes following bowel movements to reduce the risk of ascending bacterial infections
- Regarding the left adrenal nodule, consider the following:
  1. Baseline blood pressure measurement
  2. Further testing for a functional tumor (i.e., low-dose dexamethasone suppression test, urine/blood metanephrine levels), particularly if the patient is exhibiting appropriate clinical signs.
  3. Recheck ultrasound in 2-3 months to assess for growth



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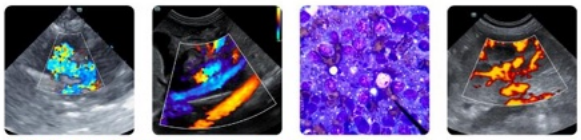

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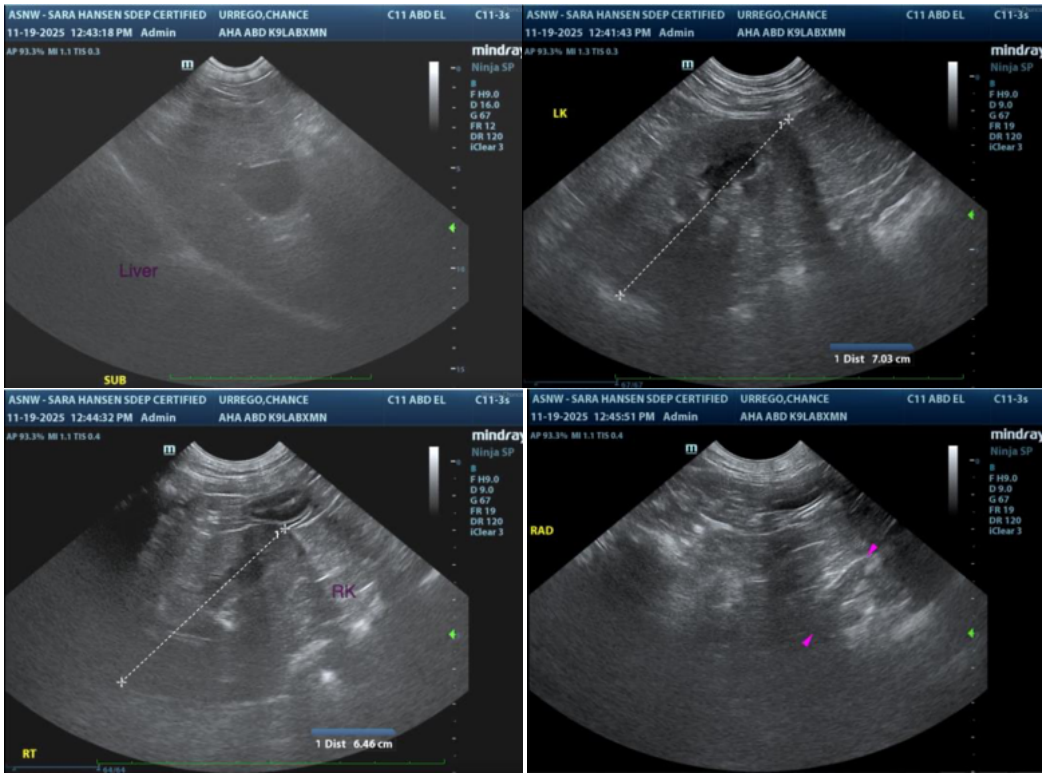

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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