Charleston Mobile Veterinary Services
IN PARTNERSHIP WITH SONOPATH VETERINARY ULTRASOUND

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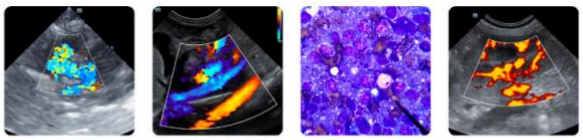

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Bruce Grosso

SPECIES

Canine

BREED

Lab Mix

SEX

Male Neutered

AGE

06/22/2012

WEIGHT

58.9

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Saddleback Mobile VC

REFERRING VET

Dr Kelli Klein

INVOICE

22216

DATE

11-6-25

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Decreased appetite, weight loss, elevated ALT
Abnormal lab-work values: Elevated ALT (in 400s)
Current Medications: None

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 prostate is normal in size (1.03 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal to slightly small in size (6.00 cm in length) with an irregular shape. The cortex is variably thickened, with moderate to severe loss of corticomedullary distinction. A 1.9 x 1.8 cm hypoechoic expansile nodule/swelling is observed at the lateral aspect. Moderate to severe pyelectasia is present (0.74 cm in the longitudinal plane). Hyperechoic shadowing diverticular foci are visualized. There is no evidence of hydroureter. Renal vasculature is normal.

The right kidney is normal in size (6.74 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. At least one cortical cyst is seen. Moderate pyelectasia is present (0.36 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is subjectively normal in length with a slightly flattened contour (0.40 cm at cranial pole) (0.44 cm at caudal pole) with a normal shape and 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 in size (0.60 cm at cranial pole) (0.49 cm at caudal pole) with a normal shape and 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 (1.73 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. Ill-defined hyperechoic nodules/areas observecd at the mid- to caudal aspect. A few, small, hyperechoic nodules are also seen throughout the parenchyma. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal peripheral contours. The parenchyma is hypoechoic relative to the spleen and subtly mottled in appearance. On the right side, a 1.51 cm ill-defined hypoechoic nodule is seen. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

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

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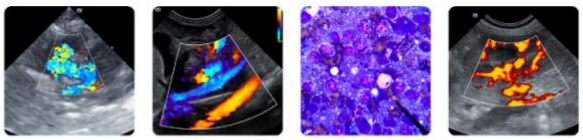

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Gastrointestinal
The gastric lumen is mildly distended with ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecocolic junction and colonic wall are 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.

Other
A brief echocardiogram reveals no obvious evidence of right atrial or auricular mass. There is no obvious evidence of pericardial 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. The right hypoechoic hepatic nodule could be consistent with a regenerative nodule, inflammatory focus, emerging tumor (i.e., adenoma, adenocarcinoma), other.

- Bilateral chronic renal changes. The pyelectasia may be secondary to pyelonephritis, parenchymal remodeling, PU/PD (if applicable) or some combination thereof. The swelling/nodule in the left renal cortex could be a result of hyperplastic change, an inflammatory focus, emerging tumor (i.e., adenoma, adenocarcinoma, round cell tumor, other).

Secondary Findings

- The slightly flattened left adrenal gland may be a normal variant for this patient or may be secondary to atrophy (i.e., resulting form hypoadrenocorticism). Correlation with the patient's clinical history is recommended.

- The hyperechoic splenic nodules likely represent a benign process (i.e., myelolipomas) with a low possibility of more insidious splenic pathology.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If an aggressive approach is desired, consider laparoscopic or surgical liver biopsies with aerobic and anaerobic bile cultures and hepatic copper quantitation. Biopsy of the left renal lesion can also be obtained at the time of surgery. If surgery is not pursued, palliative care with monitoring of the patient's liver values is recommended. Consider a recheck ultrasound of the left kidney in 1-2 months to assess for growth of the lesion.

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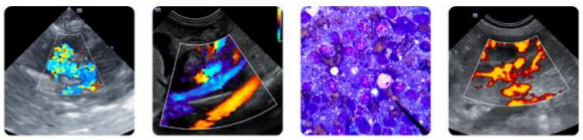

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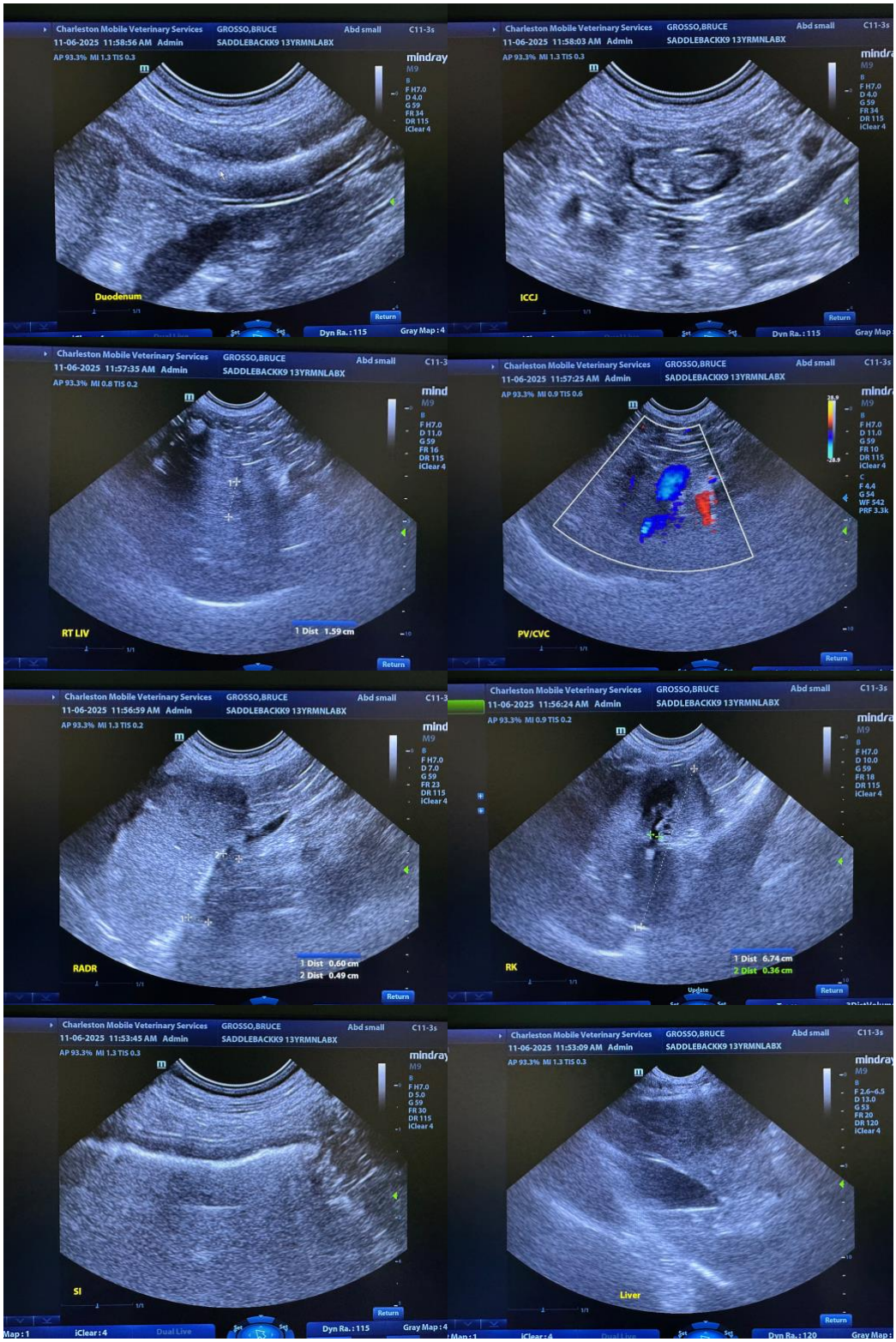

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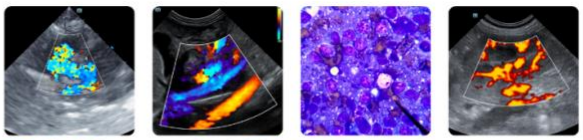

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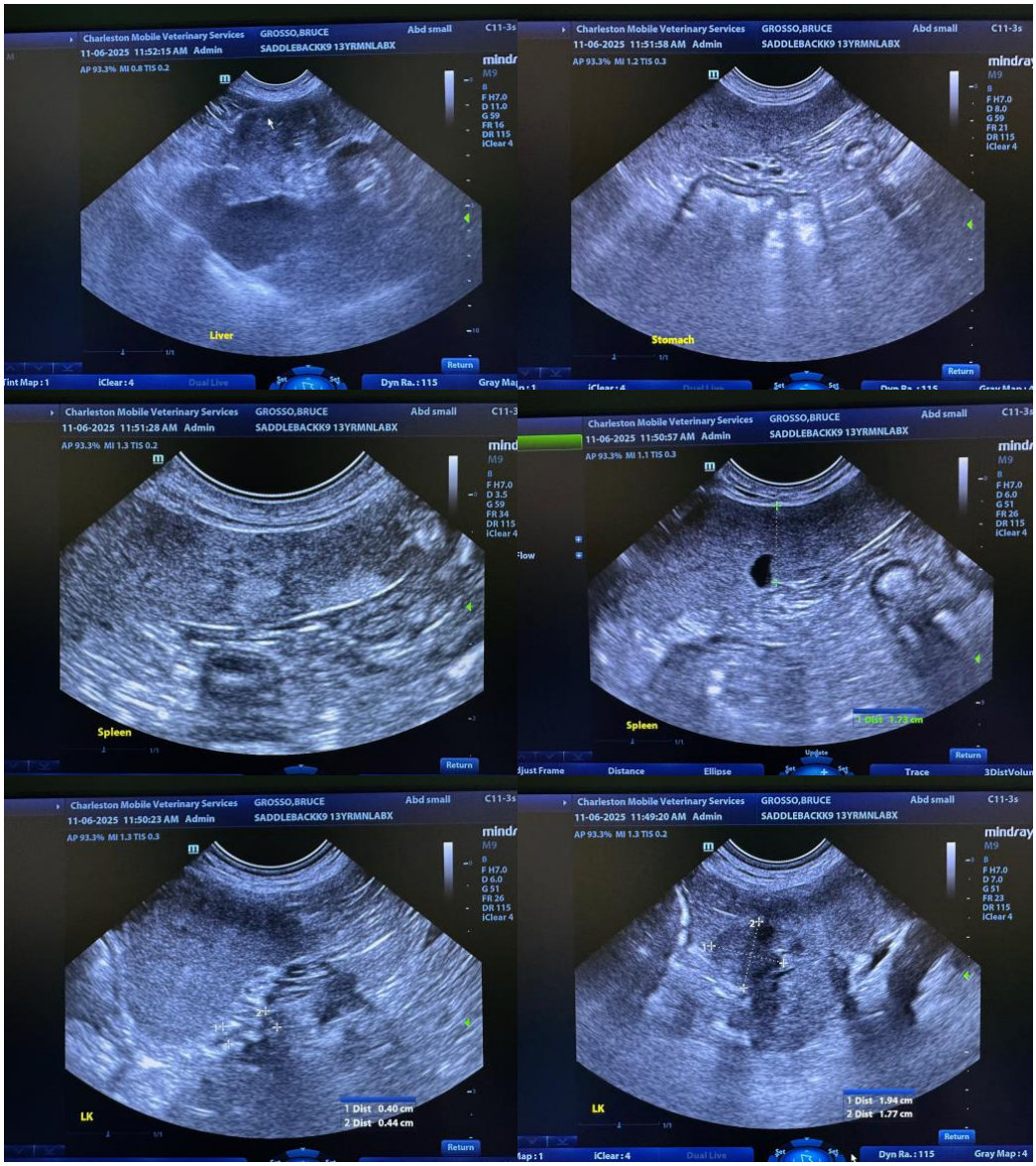

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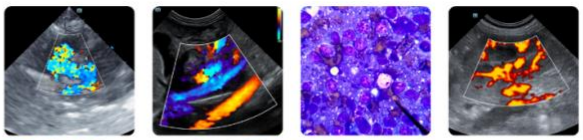

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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