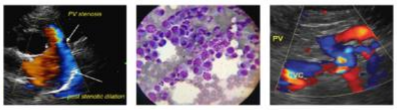


PATIENT

Sophie Farrow

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Spayed Female

AGE

14 years 8 mo

WEIGHT

14.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Potomac Mobile Veterinary Ultrasound

HOSPITAL NAME

Banfield PH-Leesburg Village

REFERRING VET

Dr. Cathy Jarrett

INVOICE

10309

DATE

2/10/22

PRESENTING CLINICAL SIGNS

History: Inappetence. Started having diarrhea with blood yesterday; today there was small amounts of diarrhea with spots of blood. Currently on Ursiodiol, Denamarin, Vitamin B12, Propectalin, Metronidazole, Entyce, and Cerenia.

Abnormal PE/Chem/CBC/UA Results: SDMA - 28, CREA 1.7, BUN 83, ALKP 1659, ALT 204, GGT 13

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 is moderately distended. A small amount of suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 1 cm, are normal.

The left kidney is normal in size (4.90 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is poor corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. The cortex is hyperechoic. Several cortical cysts are visualized, the largest measuring 0.73 cm in diameter. A few tiny nephroliths are suspected. Trace pyelectasia is present. There is no evidence of hydroureter. Renal vasculature is normal.

The right kidney is normal in size (5.49 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is poor corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. The cortex is hyperechoic. Several cortical cysts are visualized, the largest measuring 0.56 cm in diameter. A few tiny nephroliths are visualized. Trace pyelectasia is present. There is no evidence of hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is enlarged (1.55 cm at cranial pole) (0.80 cm at caudal pole) (2.16 cm in length); with an irregular shape. The parenchyma is heterogenous with loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.61 cm at cranial pole) (0.68 cm at caudal pole); with an irregular shape; The parenchyma is heterogenous with loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.

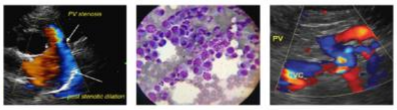
Spleen

The spleen is normal in size (1.25 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 enlarged with normal swollen to slightly irregular peripheral contours. The parenchyma is isoechoic relative to the spleen. A 2.30 x 1.99 cm slightly hypoechoic nodule/mass is observed on the left side. The remaining parenchyma is slightly heterogenous in appearance. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder I over-distended. The wall is normal in thickness. An excessive amount of echogenic debris/sludge is observed within the lumen, some of which is partially dependent and some of which is



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suspended. The cystic and common bile ducts are normal. The common bile duct is visualized at its entry point into the duodenal papilla.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly distended with ingesta. 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 mesentery adjacent to the gall bladder is hyperechoic/reactive. No free fluid is observed. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The excessive gall bladder sludge could be secondary to cholestasis or a developing mucocele. Regional peritonitis is present, suggestive of cholecystitis.
- The left hepatic nodule/mass could be consistent with a benign process (i.e., regenerative nodule). Alternatively, emerging neoplasia (i.e., adenoma, adenocarcinoma) is possible. The diffuse hepatic parenchymal changes are most consistent with benign hepatopathy (i.e., regenerative nodular hyperplasia and/or vacuolar hepatopathy).
- Bilateral nephropathy with nonobstructive nephrolithiasis

Secondary Findings

- Bilateral adrenomegaly, most consistent with hyperplastic change

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the bloody diarrhea, continued supportive care for acute colitis is recommended along with a fecal evaluation for ova and Giardia +/- prophylactic deworming with fenbendazole.
- Regarding the gall bladder changes, empirical treatment for cholecystitis (i.e., broad-spectrum antibiotic therapy) is recommended. A cholecystectomy can be considered due to the potential for gall bladder rupture/septic peritonitis. However, the patient's age and concurrent diseases must be taken into account with regard to anesthetic risk. If surgery is pursued, biopsy/removal of the hepatic nodule is also recommended.
- If a conservative approach is pursued, serial sonographic monitoring (i.e., every 3-4 weeks) of the gall bladder is recommended to assess for progression.
- Regarding the renal disease, a urine culture and sensitivity, UPC (if proteinuria is present) and baseline blood pressure measurement are also recommended.

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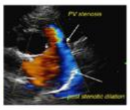
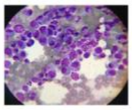
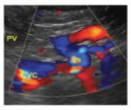

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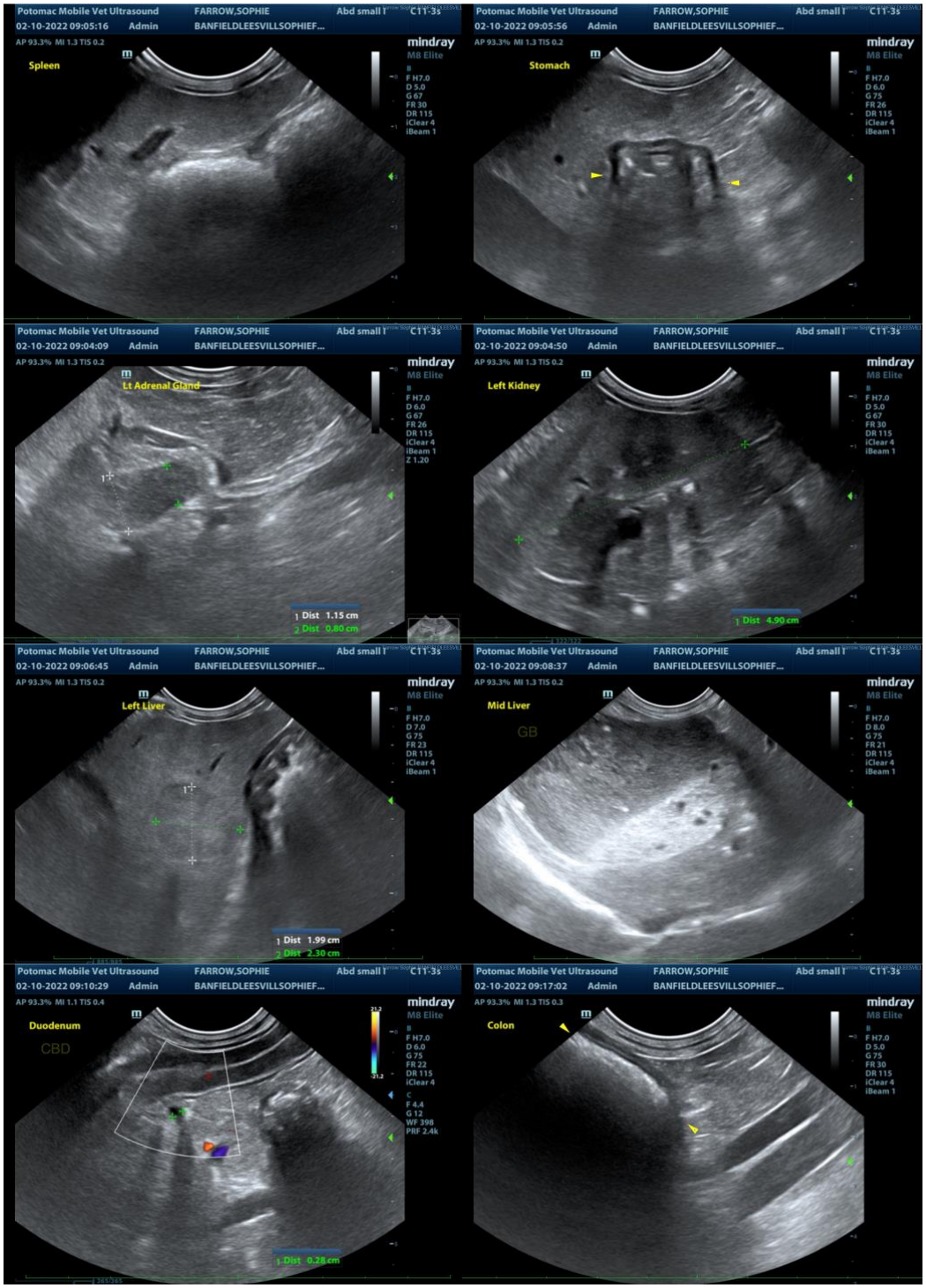

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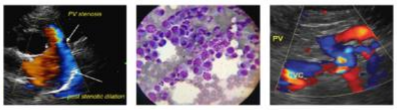

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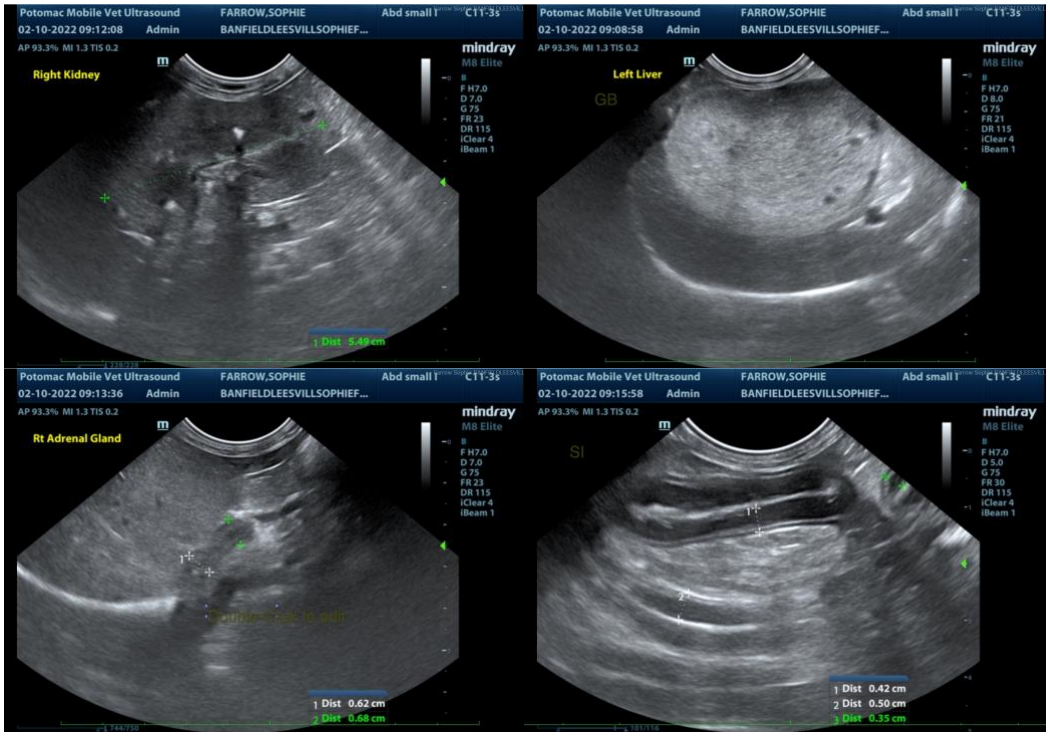

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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