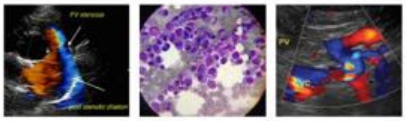

PATIENT

Sandy Blow

SPECIES

Canine

BREED

Austr Shepherd Mix

SEX

Female Spayed

AGE

13 years

WEIGHT

68.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging Michigan

REFERRING VET

Dr. Neil Coleman

INVOICE

12221

DATE

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PRESENTING CLINICAL SIGNS

History: Patient is clinically doing well overall. She is on long term prescription renal diet due to chronic renal concerns. She is on gabapentin for joint related discomfort.

Bloodwork from September 2022 reveals and ALP of 2367. Normal Alt.

Abnormal PE/Chem/CBC/UA Results/Physical Exam from 09/21/2022:
Alertness - BAR
Pain Level (0-4): 0
Hydration - wnl, euhydrated
MM=pk, moist
CRT=<2sec
EENT - E - clear OU, 10mm ulcerated lower eyelid mass central lid OS, 3mm lower eyelid mass near lateral canthus OS, 3mm upper eyelid mass near lateral canthus OD, 8mm upper eyelid mass near medial canthus OD, E - clean AU, N - nsf, T - nsf
ORAL - 1/4 calc.
CV/RESP - nsf, no murmur auscultated, pulses wnl, lungs clear.
GI/GU - nsf, no organomegaly. Soft, nonpainful abdomen.
Integ - 1cm epithelial tag in left lateral facial cheek, 4mm raised hairless dermal mass on rostral mandibular lip, 4mm raised hairless dermal mass ventral to OD, 4mm raised hairless dermal mass ventral to OS, 1.5cm soft, slippery subcutaneous mass on ventral abdomen, no fleas or flea dirt, no dander. Ms/Neuro - Ambulatory x 4. Mentation wnl.
LN - nsf, no enlargement.

History of concern for chronic renal disease. Most recent BW results on 09/21/2022 revealed SDMA, BUN and Creatinine all WNL. Patient has been on Royal Canin Prescription renal diet since 11/2020.

Chronic, progressive severe elevation of Alkaline Phosphatase. Low Dose Dexamethasone Suppression Test on 04/26/2022 was not consistent with hyperadrenocorticism.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

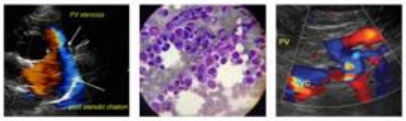
The left kidney is normal in size (6.51 cm in length) with a normal shape and smooth peripheral margins. The cortex is isoechoic relative to the spleen and variably thickened. There is mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal in size (6.40 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is isoechoic relative to the spleen. 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.

Adrenal Glands

The left adrenal gland is normal in size (0.60 cm at cranial pole) (0.48 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 in normal size (0.44 cm at cranial pole) (0.53 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable.



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Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is subtly mottled in appearance, with a few small, Ill-defined hypoechoic nodules near the hilus. Splenic vasculature is normal with no evidence of thrombosis.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely heterogenous in appearance, with several small, ill-defined hyperechoic nodules/areas throughout the organ (the largest measuring 0.93 cm in diameter). Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate to large amount of aggregated, echogenic to mineralized suspended sludge in a partially stellate pattern, is observed within the lumen. 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 pyloric outflow tract is patent. 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. 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.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The gall bladder changes are most consistent with a developing mucocele.
- The hepatic parenchymal changes are most consistent with a benign process (i.e., regenerative nodular hyperplasia). In light of the normal ALT, inflammatory disease is considered less likely. Infiltrative neoplasia is possible but also considered unlikely in this patient.
- Bilateral nonspecific age-related renal changes

Secondary Findings

- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

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1-800-838-4268 info@sonopath.com SonoPath.com

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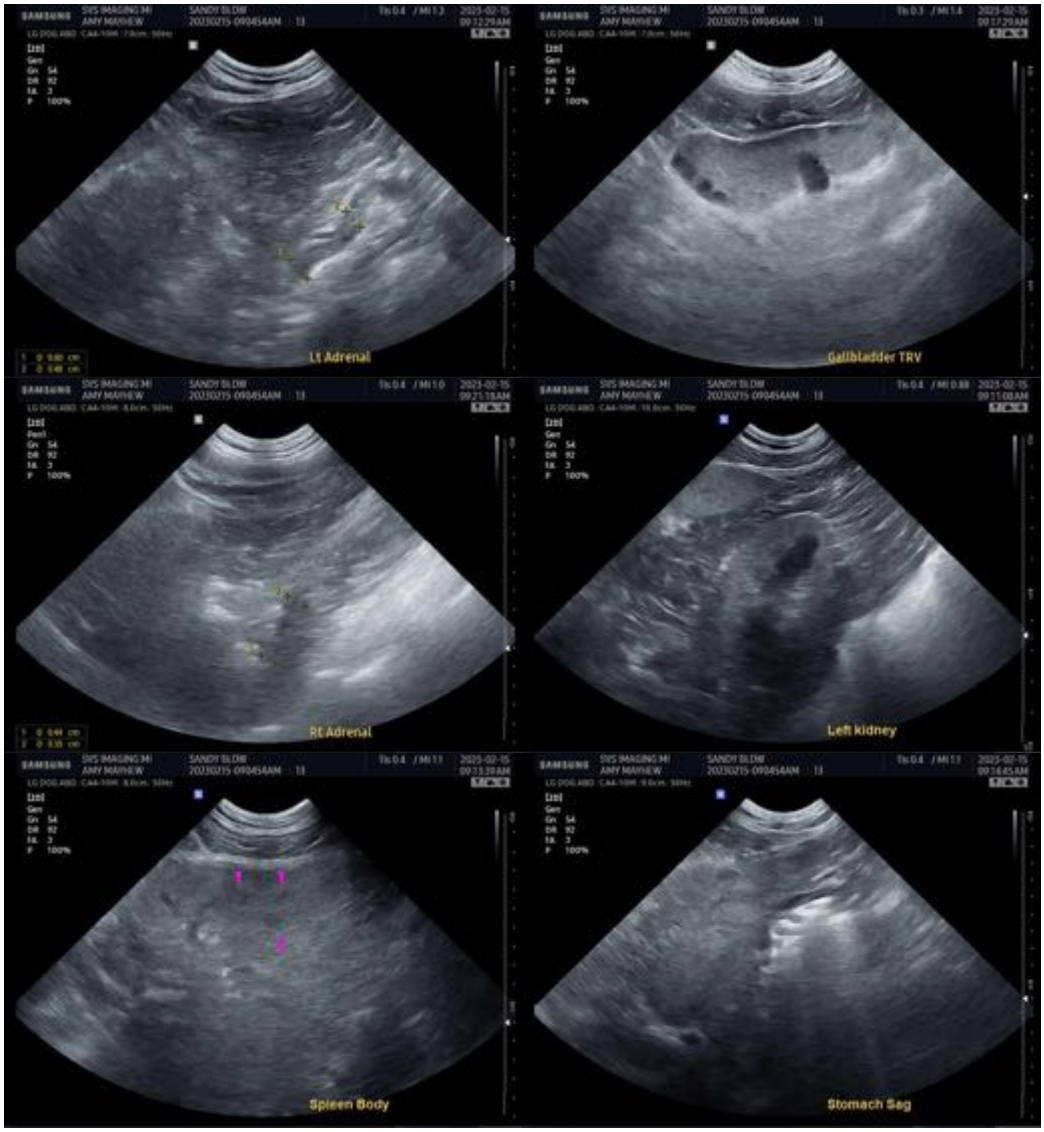
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the gall bladder changes, Ursodeoxycholic acid (Ursodiol) is recommended. Serial sonographic monitoring (e.g., every 4-6 weeks) of the gall bladder is recommended to assess for progression to a fully formed mucocele. If progression occurs, a cholecystectomy may be warranted.
- Serial monitoring (i.e., every 3-4 months) of the patient's liver values is recommended. If values continue to increase, a repeat abdomen ultrasound +/- a more advanced hepatic work-up (i.e., tissue sampling) may be warranted.
- Regarding the renal changes, serial monitoring (i.e., every 3 months) of the patient's kidney values is recommended to assess for the development of azotemia.



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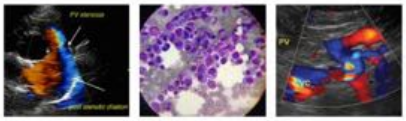

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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