Charleston Mobile Veterinary Services
IN PARTNERSHIP WITH SONOPATH VETERINARY ULTRASOUND

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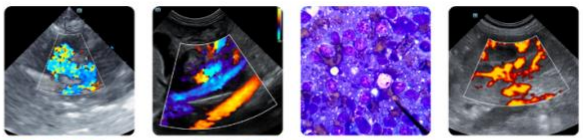


Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Bojangles Saunders
All Abt Animals Rescue

SPECIES

Canine

BREED

Lhasa Apso

SEX

Male Neutered

AGE

8/28/2017

WEIGHT

28

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

AH of South Carolina

REFERRING VET

Dr Matthew Stone

INVOICE

22587

DATE

2-20-26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Very bloated abdomen. Liver enlarged, potentially related to Cushing's but cannot r/o neoplasia. Patient is polyphagic and overweight.

Abnormal lab-work values: mild anemia with elevated WBC. Liver values elevated (ALP 1876. ALT 638). T4 normal. Hematocrit 35%. Nonregenerative anemia. Mild leukocytosis with a mild neutrophilia. Thrombocytosis. BUN 30.

Radiographic Findings: X-rays - large fecal balls present

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 (0.67 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 (5.61 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. A few, small, cortical cyst are seen. Trace pyelectasia is present. A few, small, nonobstructive mineralized foci are visualized. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (6.07 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. A few 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 (0.85 cm at cranial pole) (0.81 cm at caudal pole) with swollen peripheral contours. A 0.59 x 0.55 cm hyperechoic-to-heterogenous nodule is observed at the cranial pole. Glandular echogenicity and detail at the caudal pole are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

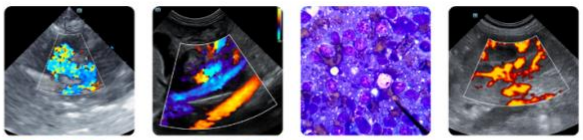
The right adrenal gland is normal in size (0.66 cm at cranial pole) (0.65 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.73 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 slightly swollen peripheral contours. The parenchyma is hyperechoic relative to the spleen and diffusely homogeneous in appearance. A 0.60 cm cyst is observed approximately mid-liver. Vascular and biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.



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The gallbladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of mobile, echogenic- to mineralized debris/sand is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal
The gastric lumen is mildly to moderately-distended with ingesta. The gastric wall is normal to mildly-thickened (up to 0.65 cm) with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is segmentally dilated with chyme. 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 right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic 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 evidence of pericardial effusion or obvious right atrial/auricular mass.

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.
- Gallbladder debris/sand, non-mucocele
- Mild left adrenomegaly. The left adrenal nodule could be consistent with focal nodular hyperplasia, adenoma, or less likely, emerging adenocarcinoma, pheochromocytoma, other.

Secondary Findings

- Bilateral nonspecific age-related renal changes with cortical cysts and left nonobstructive nephrolithiasis
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The mild gastric wall thickening could be consistent with gastritis, or may be a normal variant for this patient. Correlation with the patient's clinical history is recommended.

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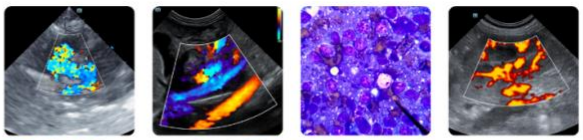

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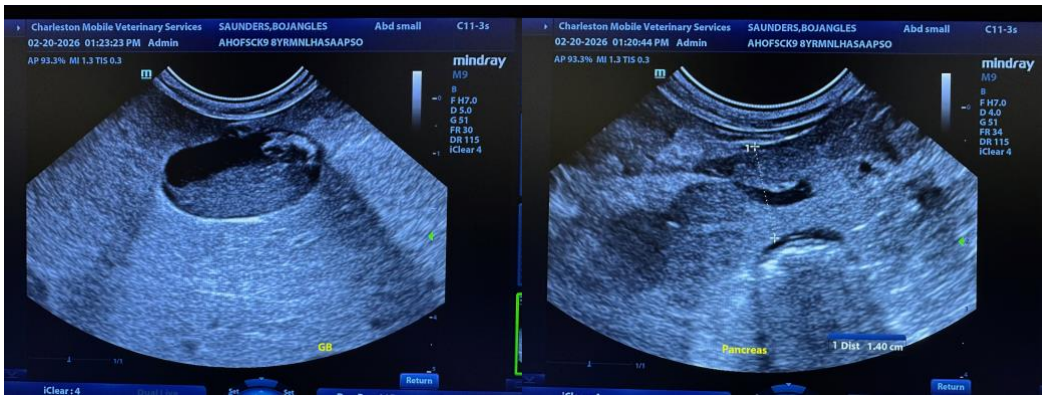
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Cytologic evaluation of the liver should be considered in this patient if clotting status is appropriate. A fine needle aspirate using a 25-gauge needle is recommended. If cytologic evaluation is inconclusive, consider a surgical liver biopsy with aerobic and anaerobic bile cultures and acquisition of additional hepatic tissue samples for copper quantitation.

- If a conservative approach is desired, consider empirical treatment for bacterial cholangiohepatitis (amoxicillin-clavulanic acid, +/-metronidazole, Denamarin). If no improvement in the liver values is seen within 7-10 days of initiating therapy, antibiotics should be discontinued, and hepatic tissue sampling reconsidered. If liver values improve, continue therapy for at least 4-6 weeks and 1 week beyond normalization of the liver values.

- Consider further testing for Cushing's disease, particularly if the patient is exhibiting appropriate clinical signs. Urinalysis would be helpful in determining of isosthenuria and proteinuria are present, both of which can be seen in patients with Cushing's disease.

- Leptospirosis testing (i.e., blood and urine PCR, serology) can also be considered, particularly if clinical suspicion for disease is high.



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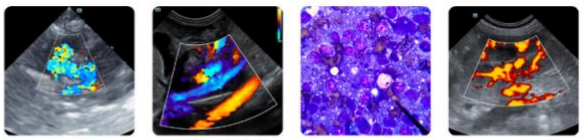

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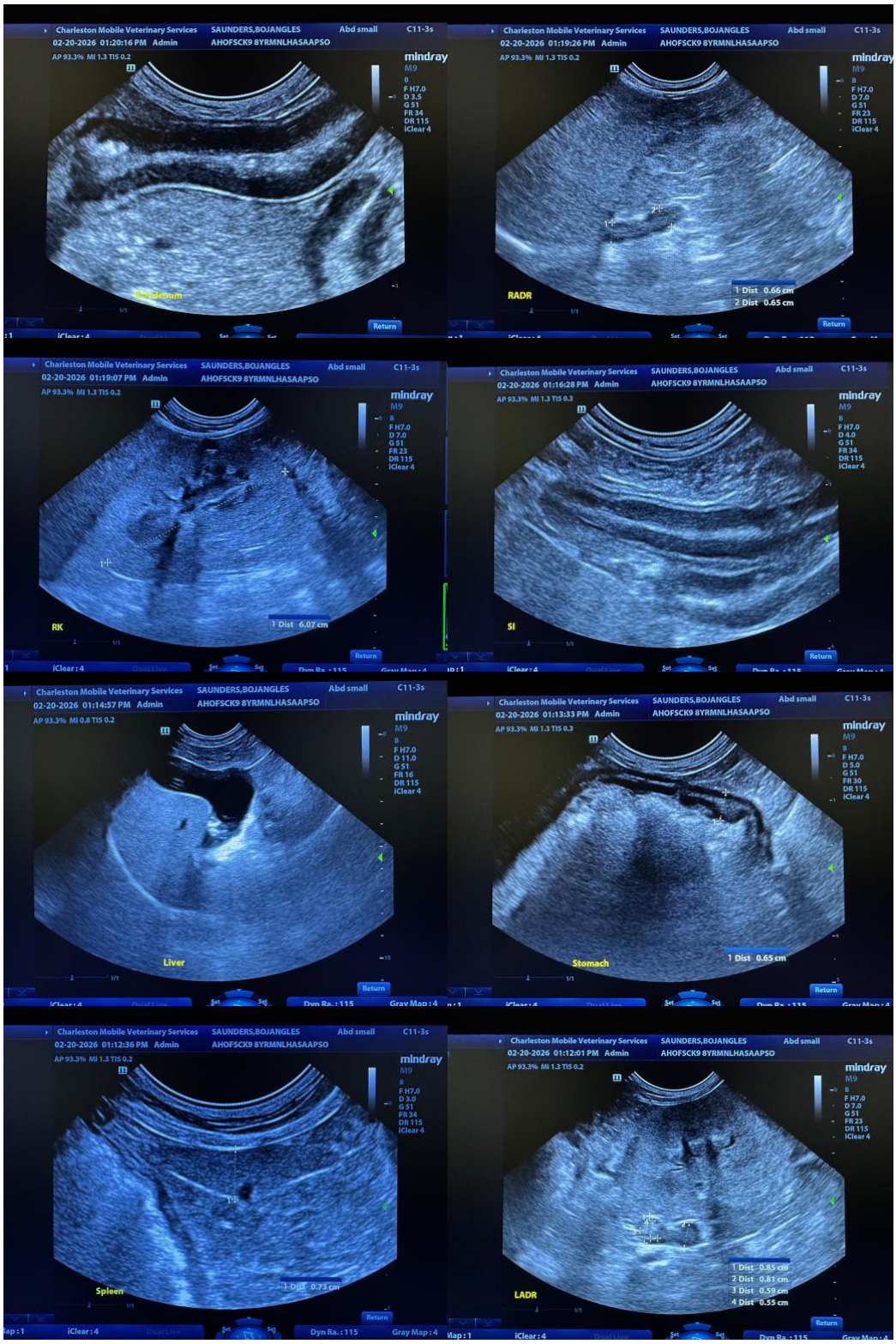

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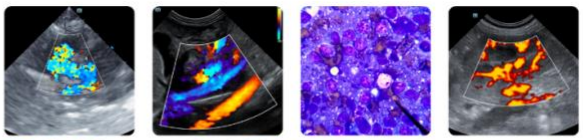

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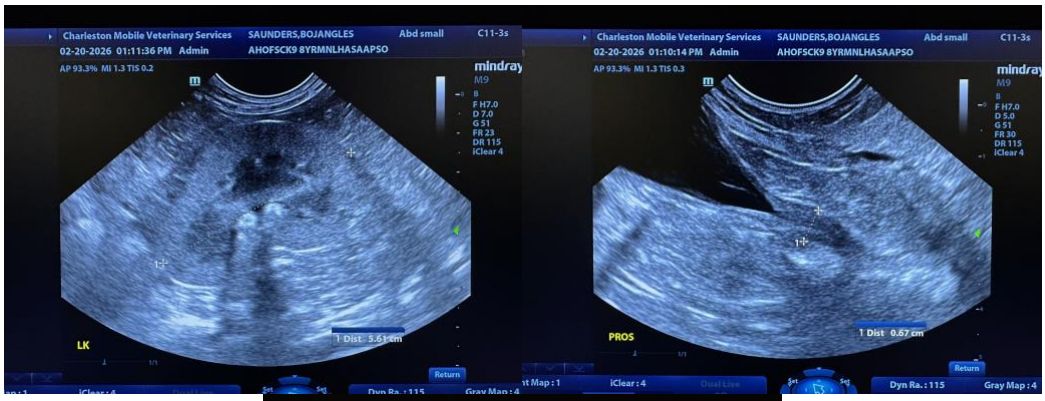

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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