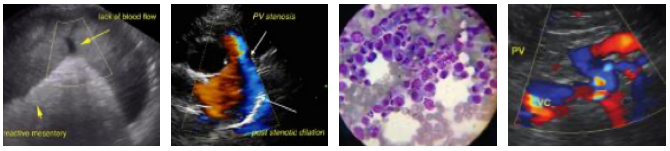
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Bengie Acevedo

SPECIES
Canine

BREED
Maltese

SEX
Male, neutered

AGE
13 Yrs.

WEIGHT
10.3 lbs.

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

IMAGING PERFORMED BY
Dr. Ferrer

HOSPITAL NAME
Paseos VC

REFERRING VET
Dr. Acevedo

INVOICE
13050

DATE
2/28/22

PRESENTING CLINICAL SIGNS

History: Presented as a referral for an abdominal ultrasound. Pt has a history of chronic liver enzyme elevation (ALP). Pt has a history of over 6 months of elevation and has been managed with Denamrin and Mature Diet.
Abnormal PE/Chem/CBC/UA Results: BW: Only abnormalities were noted 1-29-22 ALP: 351 (20-150) Glu: 119 (60-110) 11-03-21 ALP: 288 Glu: 125 5-24-21 ALP 399 Glu 114 5-5-21 ALP 235

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 lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is normal in size (0.98 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (4.02 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts, or hydroureter.

The right kidney is normal size (4.43 cm in length); normal shape and architecture with 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.

Adrenal Glands

The left adrenal gland is upper limits of normal size (0.42 cm at cranial pole) (0.55 cm at caudal pole) (1.60 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

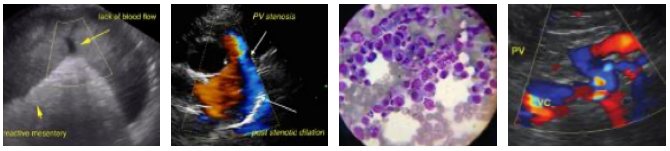
The right adrenal gland is normal size (0.88 cm at cranial pole) (0.46 cm at caudal pole) (1.65 cm in length) with a normal shape and smooth peripheral contours. A 1.91 x 0.49 cm ill-defined hyperechoic nodule is observed at the caudal pole. The remaining glandular echogenicity and detail are unremarkable. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.51 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. Several small irregular hyperechoic nodules/areas are observed throughout the organ. Splenic vasculature is normal.

Liver

The liver is subjectively prominent in size with slightly swollen peripheral contours. The parenchyma is hypoechoic relative to the spleen and subtly heterogeneous in appearance with a few, ill-defined hyperechoic nodules/areas. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is normal in thickness. A 1.19 cm



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cholelith is observed within the lumen along with a small amount of echogenic debris. 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 minimally fluid 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. No obstructive disease is noted.

Pancreas

The body of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is hyperechoic relative to surrounding omental fat and slightly mottled in appearance. No distinct focal lesions are observed. The remainder of the pancreas is isoechoic relative to surrounding omental fat. The pancreatic duct is not dilated. There is no evidence of peripancreatic effusion.

Free Abdomen

There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Cholelith, non-obstructive. This is likely an incidental finding.
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.

Secondary Findings:

- Age-related pancreatic remodeling/fibrosis. Mild pancreatitis may also be present, particularly if the patient is exhibiting a positive Murphy's sign.
- The hyperechoic splenic nodules are most consistent with a benign process (i.e., myelolipomas) with a lower possibility of emerging neoplasia.
- Bilateral, mild age-related renal changes.
- The hyperechoic right adrenal nodule trends toward the benign (i.e., nodular hyperplasia) with a lower possibility of emerging neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If the patient is asymptomatic, serial monitoring (i.e., every 3-4 months) of the patient's liver values is recommended. If the liver enzymes continue to increase, repeat abdominal ultrasound +/- hepatic tissue sampling may be warranted.
- Consider testing for hyperadrenocorticism with a low-dose dexamethasone suppression test or ACTH stimulation test if clinical signs (i.e., PU/PD) develop in the future.

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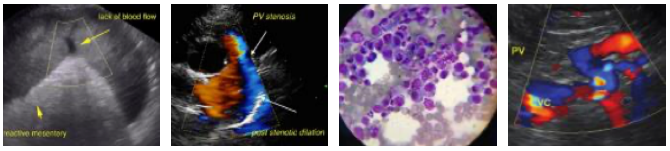

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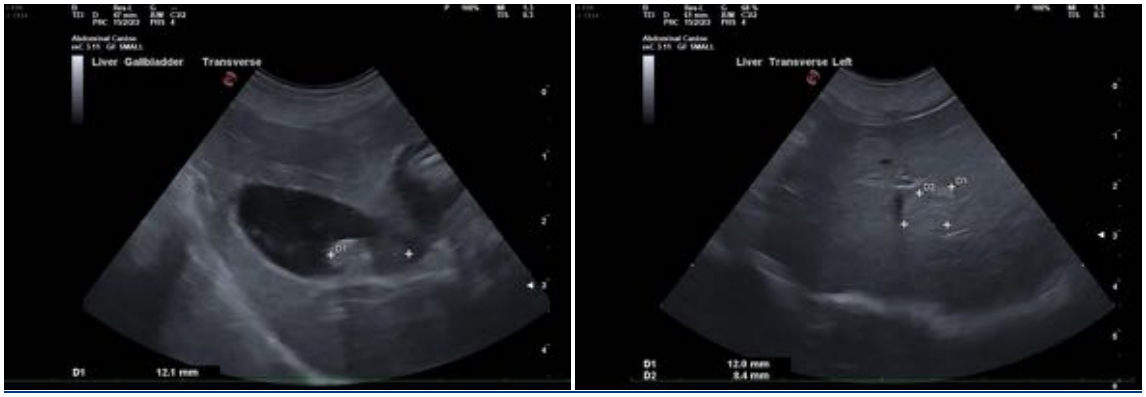
- Consider a recheck ultrasound of the right adrenal nodule in 1-2 months to assess for progression.



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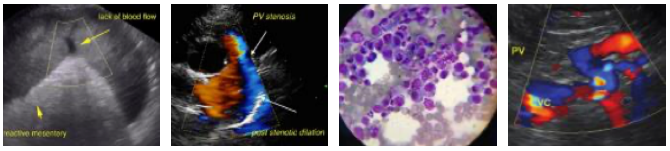

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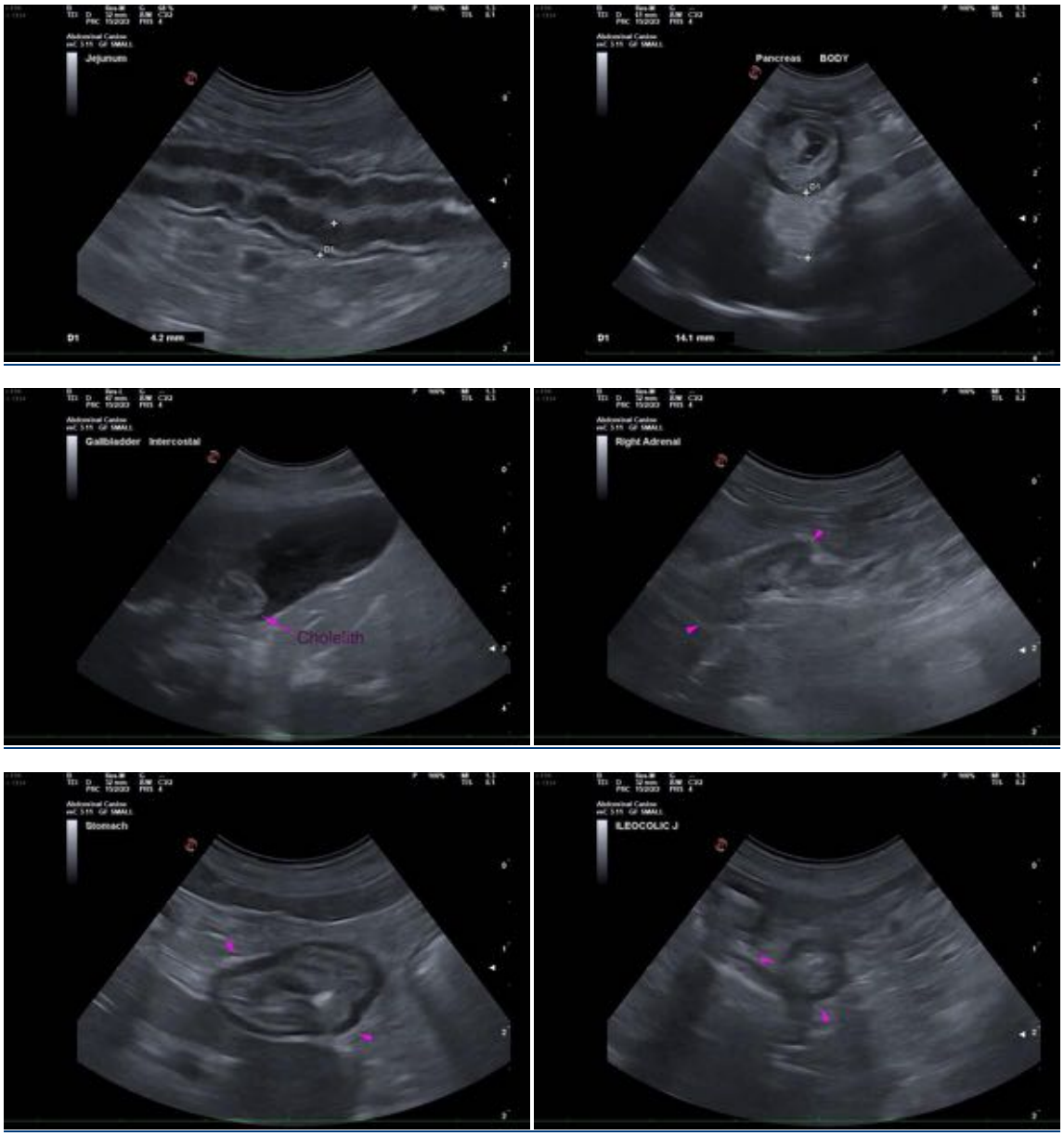

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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