Charleston Mobile Veterinary Services
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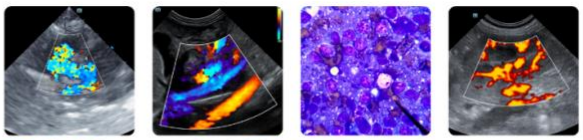

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Piper Dicenso

SPECIES

Canine

BREED

Mini Schnauzer

SEX

Female Spayed

AGE

13

WEIGHT

Not Provided

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

Ashley Pines AH

REFERRING VET

Dr Andrea Winney

INVOICE

22507

DATE

2-5-26

PRESENTING CLINICAL SIGNS

Patient has had recurring UTIs, but otherwise, feeling well at home. Bloodwork reveals a calcium of 12.0. BUN 139. ALT 164. 164 ALP 669. 1.051. 2+ proteinuria with pyuria. Patient is hypothyroid and currently on thyroid tablets.

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 2 cm, are normal.

The left kidney is normal in size (4.18 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. Several, small, nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (5.27 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. A 1.71 x 1.24 cm cortical cyst is observed at the caudomedial aspect. Several, small, nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.40 cm at cranial pole) (0.40 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 (0.62 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.

Spleen

The spleen is subjectively normal-in-width (1.17 cm in width at the level of the hilus) with an elongated contour. There is appropriate echogenicity and echotexture. A 1.12 x 0.54 cm ill-defined, hypoechoic nodule is observed near the lateral aspect, approximately mid-body. Splenic vasculature is normal.

Liver

The liver is subjectively enlarged, with swollen peripheral contours. The parenchyma is isoechoic relative to the spleen, and diffusely heterogenous in appearance. A 1.96 x 1.47 cm cyst is observed on the left side. Within the cystic structure, echogenic debris is observed. 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 distended. The wall is normal in thickness. A large amount of aggregated, echogenic, partially dependent to suspended sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

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 is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet

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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
There is no obvious evidence of free fluid.

Other
A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The gallbladder changes are consistent with an emerging mucocele.
- 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. Left hepatic cyst, likely a benign incidental finding, with a lower possibility of an emerging abscess or other pathology.
- Bilateral nonspecific age-related renal changes with nonobstructive nephrolithiasis and a right cortical cyst

Secondary Findings

- Minor pancreatic parenchymal remodeling in the right limb
- The hypoechoic splenic nodule trends toward the benign (i.e., focus of lymphoid hyperplasia or similar). However, an emerging tumor cannot be completely excluded.

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.
- Regarding the azotemia, consider the following:

  1. Urine culture and sensitivity
  2. UPC if proteinuria persists in the absence of infection
  3. Baseline blood pressure measurement
  4. A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended.

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5. Serial monitoring of the patient's renal values to assess progression of the azotemia

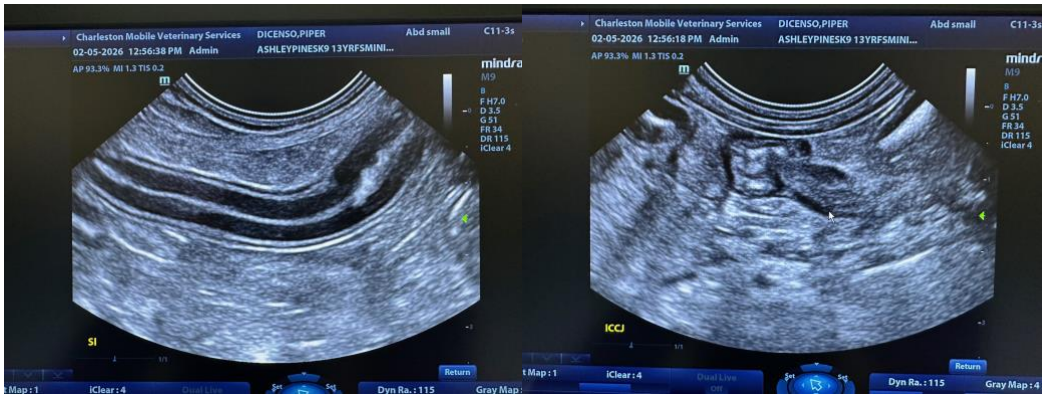
- Regarding the hypercalcemia, consider the following:

1. Rectal examination to assess for anal gland tumors (if not already performed)
2. Three-view thoracic radiographs to assess for occult pathology in the chest
3. PTH/PTHrP/ionized calcium
4. Depending on the results of the above diagnostics, further work-up may be indicated.

- Serial monitoring (i.e., every 3-4 months) of the patient's liver values is recommended. If liver values continue to increase, a repeat abdominal ultrasound +/- hepatic tissue sampling may be warranted.

- Regarding the splenic nodule, consider the following:

1. Fine-needle aspiration (assuming normal clotting status). A 25-gauge needle should be used. If aspiration is not pursued at this time, consider a recheck ultrasound in 2-3 months to assess for growth of the lesion.



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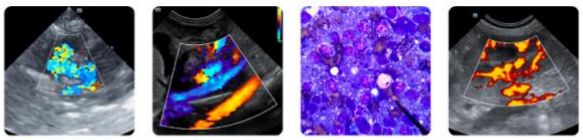

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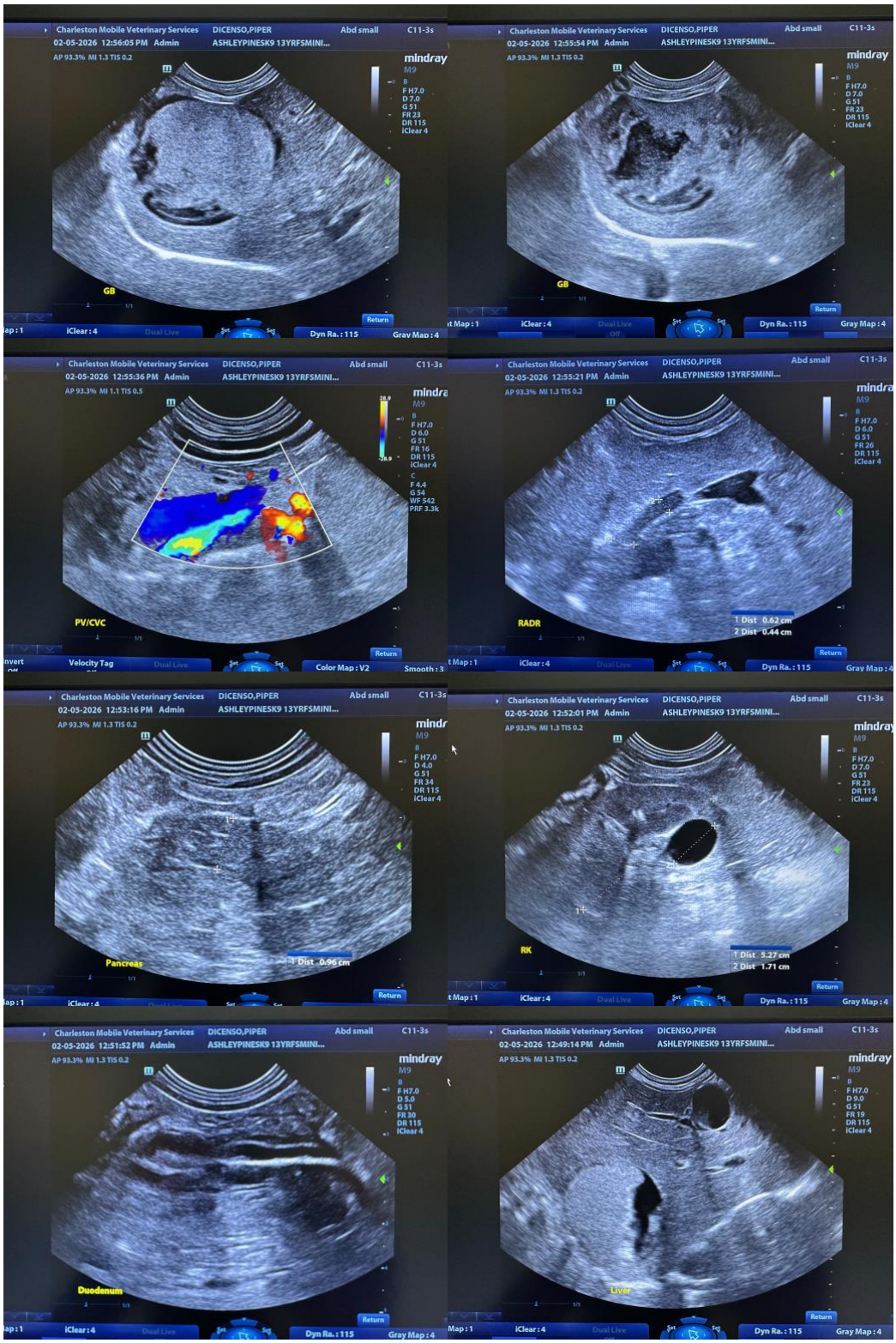

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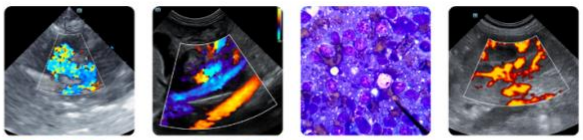

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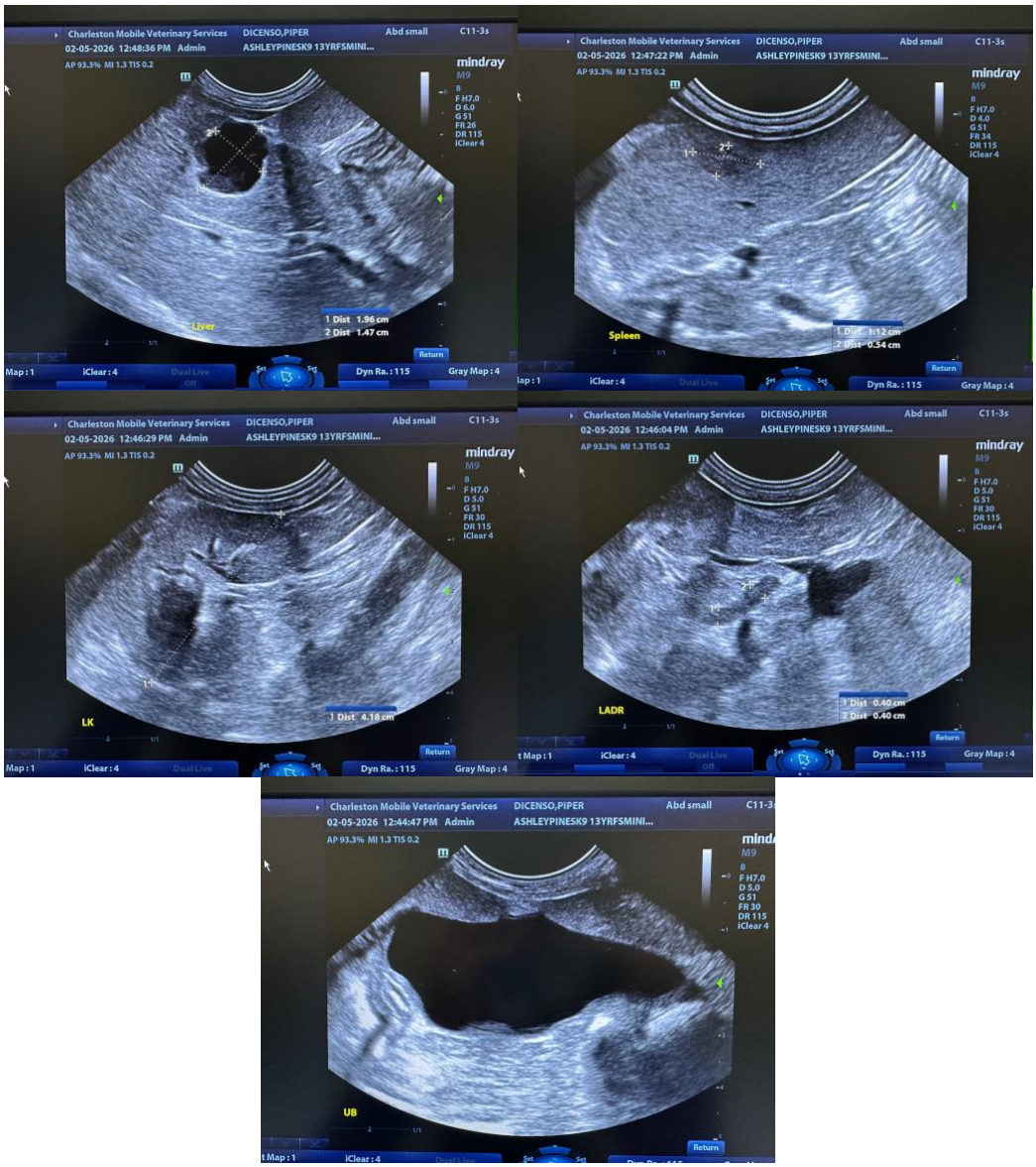

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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