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Clinical Sonography & Telecytology
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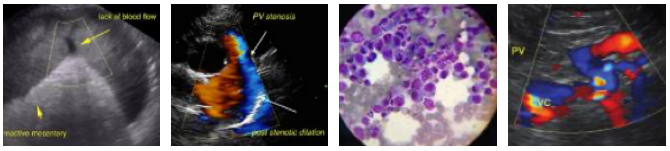


PATIENT
Mowgli Pak

SPECIES
Canine

BREED
Pomeranian mix

SEX
Male, neutered

AGE
14 Yrs.

WEIGHT
19.7 lbs.

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

IMAGING PERFORMED BY
Dr. Saum Hadi

HOSPITAL NAME
Bethany Family PC

REFERRING VET
Dr. Saum Hadi

INVOICE
14735

DATE
3/14/23

PRESENTING CLINICAL SIGNS

History: P presents for an increase in ALT and ALKP. Lab work attached. P doing great otherwise at home. Weight gain from 17.5 to 19.7 lbs. O does not note overt PU/PD. Stable mitral valve disease (MMVD stage B2) managed on Pimobendan. ALT 236, ALP 1305, BUN 33, mild thrombocytosis, USG 1.037 with 2+ proteinuria. Inactive sediment.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. A small amount of suspended echogenic debris is observed within the lumen. The region of the trigone is normal.

The prostate is not definitively visualized due to its pelvic location.

The left kidney is normal size (4.48 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is isoechoic relative to the spleen. Hyperechoic shadowing diverticular foci are visualized.1-2 small cortical cysts are seen. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (4.84 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is isoechoic relative to the spleen. Hyperechoic shadowing diverticular foci are visualized. Pinpoint hyperechoic foci are also observed in the cortex. A few small cortical cysts are seen. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The caudal pole of the left adrenal gland is well visualized and is normal size (0.40 cm in width) with normal glandular echogenicity and detail. There is a questionable 1.27 cm hyperechoic nodule at the cranial aspect, although not well visualized due to imaging artifact. Surrounding vasculature appears normal.

The right adrenal gland is not definitively visualized in the available images.

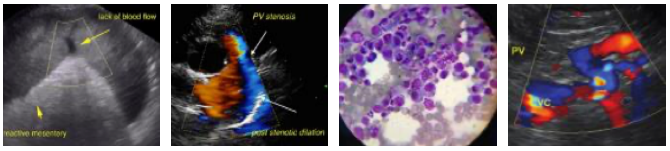
Spleen

The spleen is subjectively normal in size (1.06 cm in width at the level of the hilus) with slightly irregular peripheral contours at the cranial aspect. The parenchyma is subtly mottled in appearance. A few small ill-defined hyperechoic nodules/areas are observed throughout the organ. Splenic vasculature is normal.

Liver

The liver is subjectively enlarged with swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and subtly mottled in appearance. No distinct focal lesions are observed. Vascular and 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 small amount of aggregated, echogenic partially dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal



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The gastric lumen is moderately distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. 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 obvious obstructive disease is noted.

Pancreas

A portion of the pancreas is obscured by the gastric distention. In the visualized portions, no obvious abnormalities are seen.

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 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.
- Gallbladder debris/sludge, non-mucocele.
- Questionable left adrenal nodule at the cranial pole. The right adrenal gland is not visualized.

Secondary Findings:

- Bilateral, chronic renal changes with dystrophic mineralization and cortical cysts.
- The diffuse splenic parenchymal changes trend toward the benign (i.e., lymphoid hyperplasia or similar) with a lower possibility of emerging neoplasia. The hyperechoic nodules also trend toward the benign (i.e., myelolipomas) with a low possibility of an early neoplastic process.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider obtaining additional sonographic images of the adrenal glands.
- 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.
- 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.
- Given the presence of proteinuria, a UPC is recommended.

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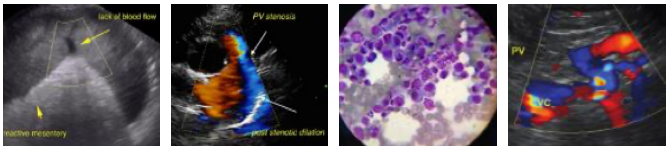

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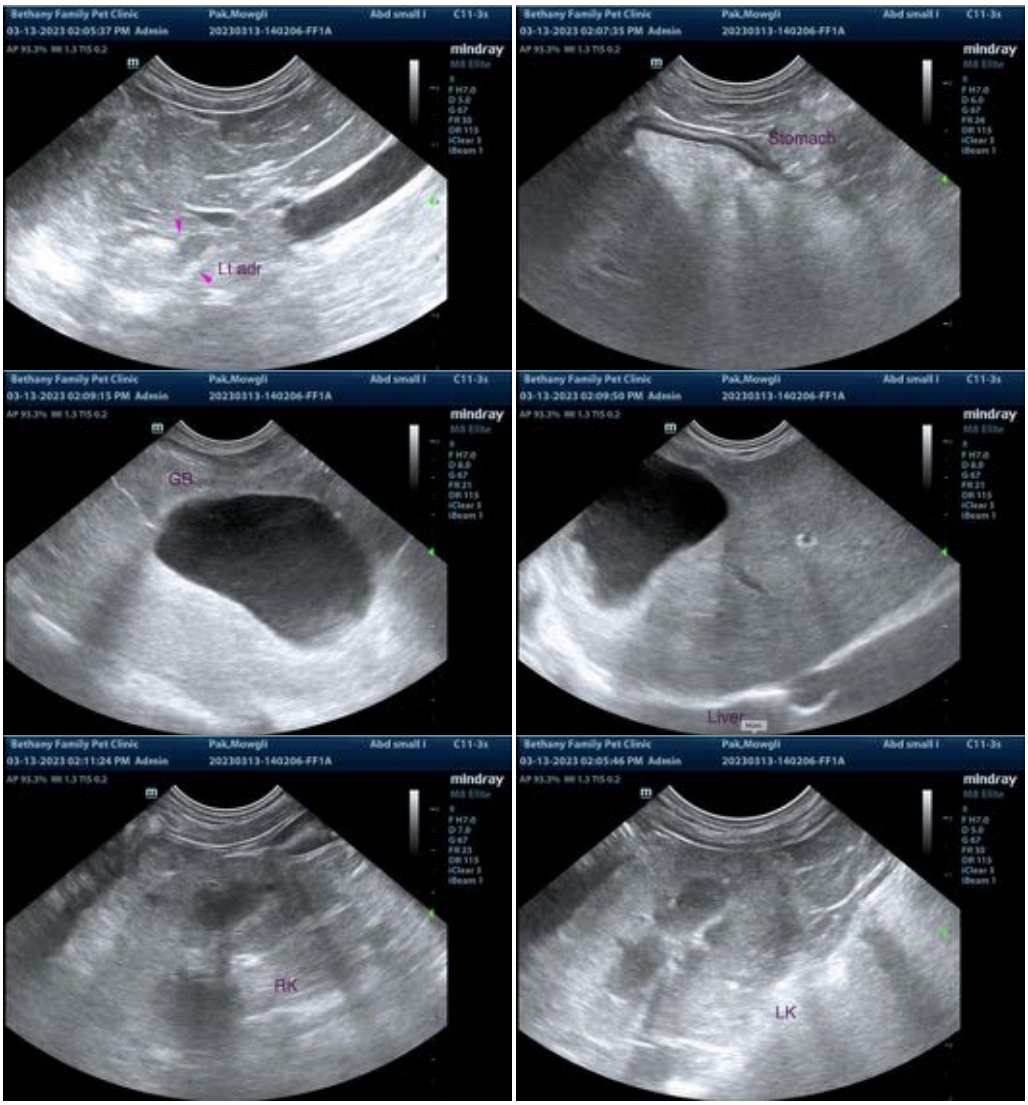

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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