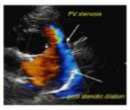
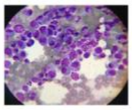
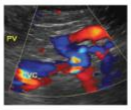




PATIENT

Sophie Moore

SPECIES

Canine

BREED

Maltese

SEX

Intact Female

AGE

15 years, 3 mos

WEIGHT

11.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Potomac Mobile Veterinary Ultrasound

HOSPITAL NAME

Banfield PH-Leesburg Village

REFERRING VET

Dr. Cathy Jarrett

INVOICE

10576

DATE

3/17/22

PRESENTING CLINICAL SIGNS

History: Repeat aus. U/A was more dilute than expected.
Abnormal PE/Chem/CBC/UA Results: (03/13/2022) T4: 3.3. (01/26/2022) T4: 0.7. TSH: 1.98. CHEM: SDMA 17, ALKP 1668, ALT 558, BUN 54, CHOL 443.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. A few tiny, cystic calculi are observed within the lumen, one of which is in the region of the cystourethral junction. The region of the trigone and the visible portion of the proximal urethra are otherwise normal

The left kidney is normal size (3.78 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Several nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (3.76 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. A small cortical cyst is observed at the caudal aspect. Trace pyelectasia is present. Several nonobstructive nephroliths are visualized. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.43 cm at cranial pole) (0.44 cm at caudal pole) (1.59 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 (0.86 cm at cranial pole) (0.51 cm at caudal pole) (1.65 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.

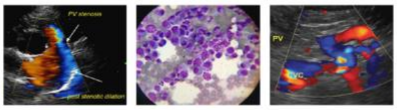
Spleen

The spleen is normal in size with a normal capsular contour. There is appropriate echogenicity and echotexture. Several irregular myelolipomas are observed along the medial aspect. Splenic vasculature is normal.

Liver

The liver is subjectively enlarged, with swollen peripheral contours. The parenchyma is isoechoic relative to the spleen. A 2.78 x 1.47 cm ill-defined hyperechoic to slightly heterogenous, vascular mass effect is observed deep on the left side. The remaining parenchyma is mildly heterogenous in appearance. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder is moderately distended. The wall is normal in thickness. A polypoid-like lesion is arising from the luminal surface, near the gall bladder neck. A moderate amount of echogenic to mineralized debris is observed within the lumen, most of which is gravity dependent, and some of



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which is suspended. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The stomach and intestines 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 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 or overt infiltrative disease is noted.

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

- Left hepatic mass effect. Considerations include a benign process (i.e., regenerative nodular hyperplasia) versus neoplasia (i.e., adenoma, adenocarcinoma). The diffuse hepatic parenchymal changes are nonspecific and could be secondary to a benign age-related process (i.e., regenerative nodular hyperplasia and/or vacuolar hepatopathy), inflammatory hepatopathy, hepatotoxicosis (less likely), infiltrative neoplasia, or other hepatopathy.
- Gall bladder sludge, non-mucocele

Secondary Findings

- Splenic myelolipomas
- Bilateral chronic nonspecific age-related renal changes with nonobstructive nephrolithiasis
- Tiny cystic calculi

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the hepatic mass effect, consider chest x-rays (three-view), to assess for pulmonary metastatic disease. A fine-needle aspirate of the lesion can be considered if clotting status is appropriate. However, cytology results may be of low yield, as it can be difficult to differentiate hyperplasia form adenoma and adenocarcinoma cytologically. Therefore, surgical biopsies may be necessary to get a definitive diagnosis.
- Regarding the urinary bladder stones, these may pass on their own, given that this is a female dog and that the stones are tiny. However, serial sonographic monitoring (i.e., every 1-3 months) should be considered to assess for progression. Urine culture and sensitivity should also be considered, as cystic calculi can predispose to infection.

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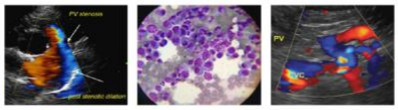

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Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

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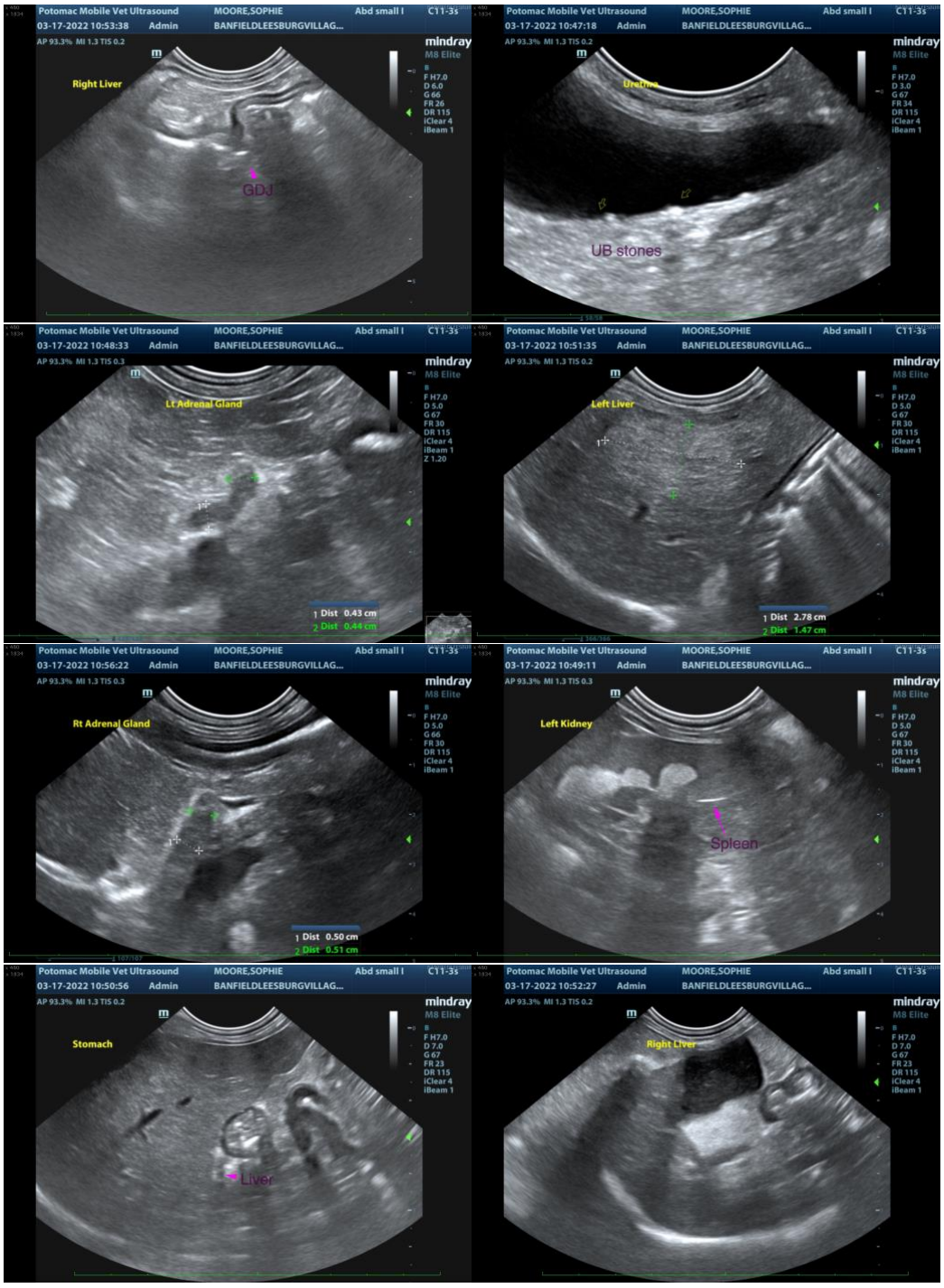
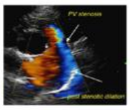
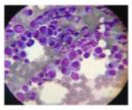
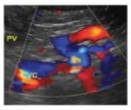


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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