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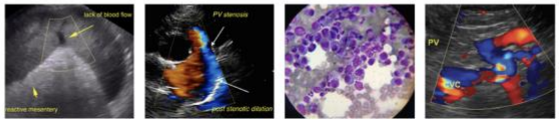

Charleston Mobile Veterinary Services
IMAGING PERFORMED BY
CharlestonMobile.Net 800.403.5408

PATIENT

Bruce Kiser-Hasty

SPECIES

Canine

BREED

Dachshund Mix

SEX

Neutered Male

AGE

10/12/08

WEIGHT

22.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Brighton AH

REFERRING VET

Dr. Elizabeth Wetzel

INVOICE

10591

DATE

3/21/22

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: P presented 2/16/22 for inappropriate urination:
Discussed exam and findings with owner. Inappropriate urination for the past 3 weeks inside.
Recommend screening his urine today. No signs of preputial infection and rectal was wnl.
Recommend yearly screening blood work to evaluate overall health, internal organ function and screen for any abnormalities. Evaluating yearly allows us to monitor for any early changes.

Abnormal Labwork Values
2/16/22: UA WNL except protein 2+
ALT 409, ALP 833, GGT 73, Cholesterol 448, Na:K 27, Platelets 714, Total T4 0.8
P started Denamarin and chemistry rechecked on 3/17. ALT 560, ALKP 943
Most-recent liver values: ALT 560. ALP 943. These values have increased since last month.

Current Medications: Denamarin
Fine Needle Aspirates: Client did not approve sedation nor FNA

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. A scant amount of echogenic debris is observed within the lumen. 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 (0.75 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 (5.19 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. Renal vasculature is normal.

The right kidney is normal size (5.17 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. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is upper limits of normal size (0.67 cm at cranial pole) (0.66 cm at caudal pole) (2.47 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 (0.92 cm at cranial pole) (0.62 cm at caudal pole) (2.84 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.

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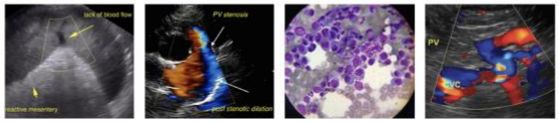

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Spleen

The spleen is normal in size (0.95 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 prominent in size with swollen curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

The gall bladder lumen is moderately distended. The wall is normal in thickness. A few polypoid-like lesions are arising from the luminal surface. A small amount of mostly gravity dependent, echogenic debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is moderately distended with ingesta. 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 segmentally dilated with gas and chyme (mild). 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 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.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

Other

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

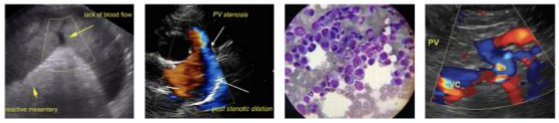
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Nonspecific diffuse hepatopathy. Top differentials include inflammatory disease (i.e., chronic active hepatitis, bacterial cholangiohepatitis), hepatotoxicosis (i.e., copper), +/- benign age-related change (i.e., vacuolar hepatopathy, regenerative nodular hyperplasia). Infiltrative neoplasia (i.e., lymphoma) is possible, but considered less likely based on the patient's asymptomatic state and sonographic findings.
- Gall bladder debris/sludge, non-mucocele.

Secondary Findings

- Minor age-related pancreatic remodeling
- Minor nonspecific chronic age-related renal changes with dystrophic mineralization



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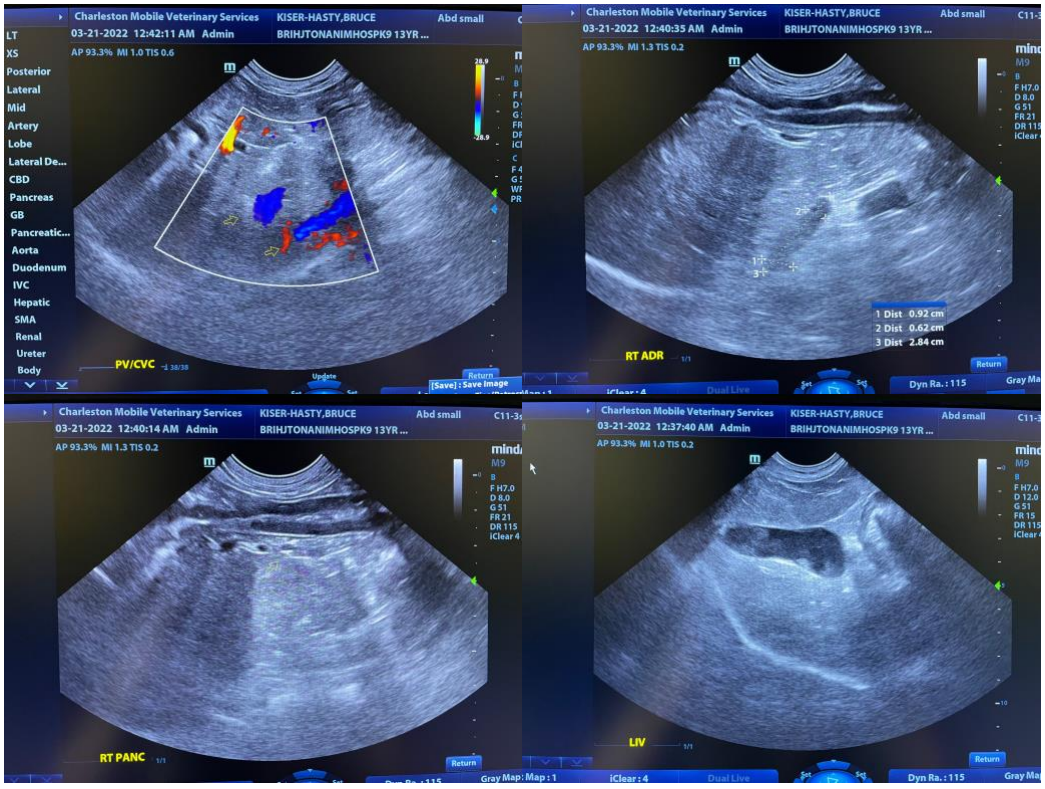
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Pre-and postprandial serum bile acids are recommended to assess hepatic function. Also consider Leptospirosis testing (i.e., blood and urine PCR, serology), particularly if the patient's exposure risk is high.

- Ultimately hepatic tissue sampling (fine-needle aspirate or surgical biopsy), would be necessary to get a definitive diagnosis. Surgical biopsies would be ideal in that they are more representative of global organ pathology, compared to cytology. While awaiting test results, consider empirical treatment for bacterial cholangiohepatitis (i.e., amoxicillin-clavulanic acid, +/- Metronidazole, Denamarin). Recheck of liver values is recommended 5-7 days after initiating therapy. If the liver values are not showing signs of improvement within that time frame, antibiotics should be discontinued, and hepatic tissue sampling revisited. If the patient is to undergo anesthesia at any point, thoracic radiographs are recommended to evaluate cardiopulmonary status.



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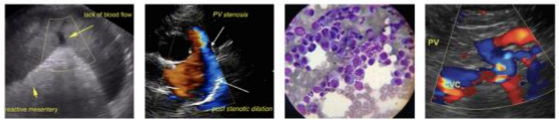

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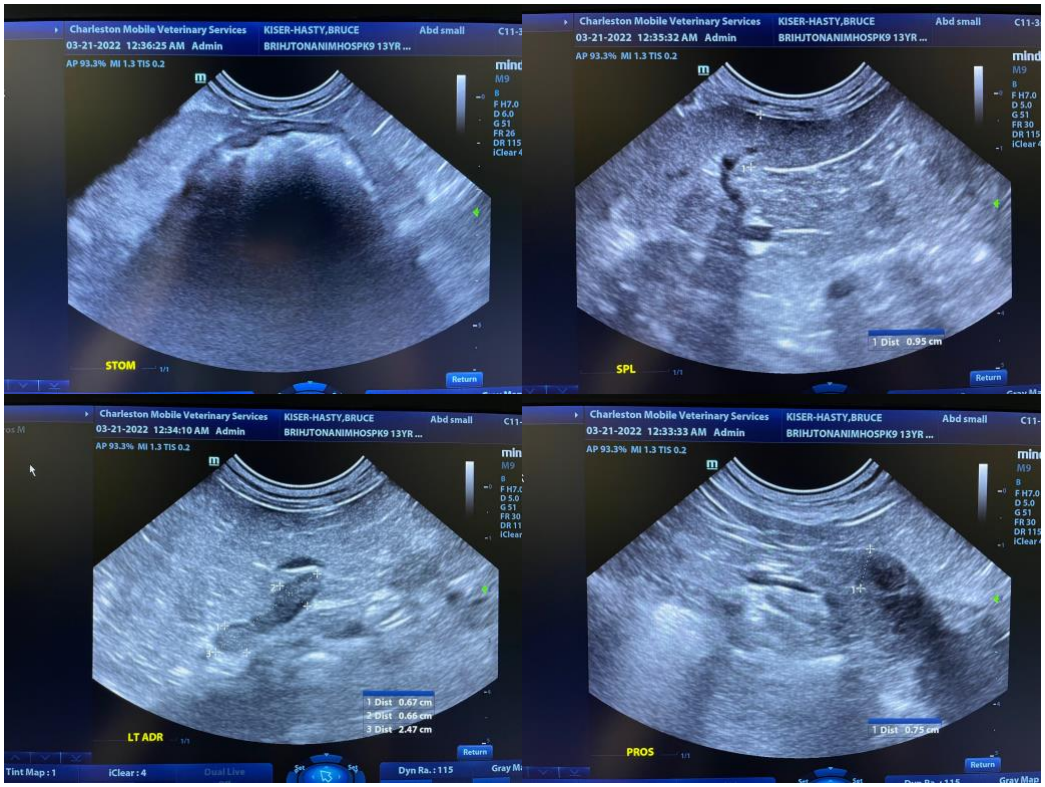

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com