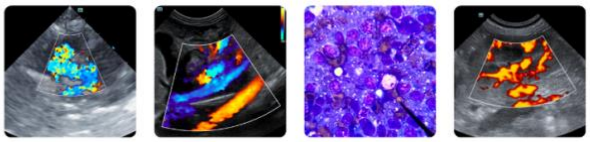


PATIENT

Ben Ehrenfreund

SPECIES

Canine

BREED

Beagle

SEX

Neutered Male

AGE

15

WEIGHT

38 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Jagger DVM

HOSPITAL NAME

VCA Parkway AH

REFERRING VET

Amy Jagger DVM

INVOICE

22744

DATE

3-25-26

PRESENTING CLINICAL SIGNS

History: Senior wellness screening revealed elevated liver values (had been normal last year)

Abnormal PE/Chem/CBC/UA Results: AST (SGOT) 99 (15 - 66 IU/L) ALT (SGPT) 215 (12 - 118 IU/L) ALK PHOS 623 (5 - 131 IU/L) BUN 38 (6 - 31 mg/dL) CREATININE 1.8 (0.5 - 1.6 mg/dL) USG 1.008 with 2+ proteinuria

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is distended. A scant amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2.5 cm, are normal.

The prostate is normal in size (0.94 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (6.26 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild- to moderate loss of corticomedullary distinction. The cortex is hyperechoic relative to the spleen. Trace pyelectasia is present (0.19 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter.

The right kidney is normal in size (5.83 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild- to moderate loss of corticomedullary distinction. The cortex is hyperechoic relative to the spleen. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal in size (0.60 cm at cranial pole) (0.61 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 mildly enlarged (1.39 cm at cranial pole) (1.81 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.

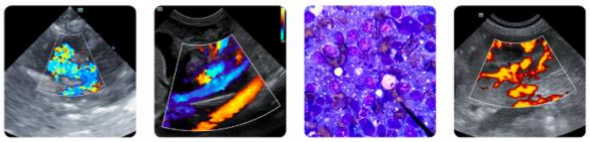
Spleen

The spleen is normal in size (1.44 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 enlarged, with swollen peripheral contours. The pare is isoechoic relative to the spleen and subtly heterogenous in appearance. A 2.0 x 1.3 cm hypoechoic, slightly expansile nodule is observed on the right side. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gallbladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.



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Gastrointestinal

The gastric lumen is mildly 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 not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. The colonic lumen contains some shadowing material and fecal material. There is no obvious evidence of an obstructive pattern.

Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely hyperechoic relative to surrounding omental fat and slightly heterogenous 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.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bilateral nonspecific age-related renal changes with left pyelectasia. The pyelectasia may be secondary to pyelonephritis, parenchymal remodeling, PU/PD (if applicable), fluid therapy (if applicable) or some combination thereof.
- 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. The right hepatic nodule could be consistent with a benign focus (i.e., regenerative nodule, inflammatory lesion) or emerging tumor (i.e., adenoma, adenocarcinoma, other).

Secondary Findings

- Mild right adrenomegaly
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Minor retained gastric ingesta

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the azotemia, consider the following:

1. Urinalysis with culture and sensitivity
2. UPC if proteinuria is present in the absence of infection
3. Baseline blood pressure measurement
4. Leptospirosis testing (i.e., blood and urine PCR, serology) particularly if the clinical suspicion for disease is high
5. Transition to a prescription renal diet if the patient will tolerate it

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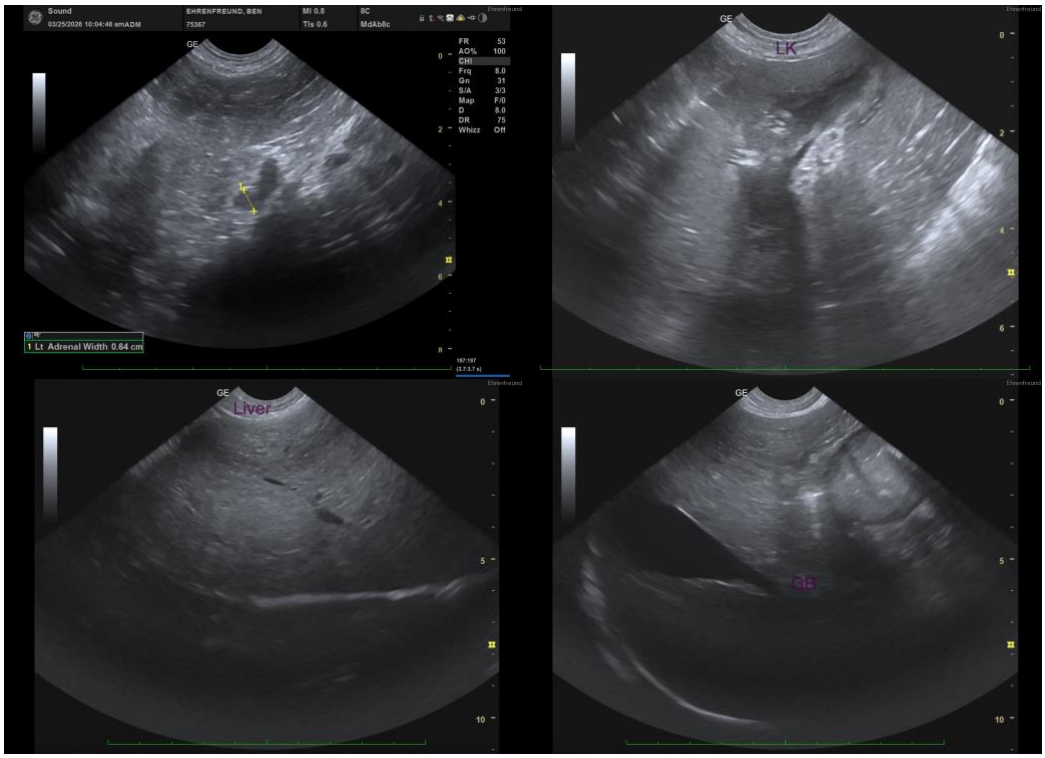
6. Serial monitoring of the patient's renal values to assess progression of the azotemia

- Regarding the elevated liver values, consider hepatic tissue sampling (i.e., aspirates or biopsies) assuming normal clotting status. If hepatic tissue sampling is not pursued at this time, 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 right hepatic nodule, consider a recheck ultrasound in 2-3 months to assess for growth of the lesion If biopsies are not pursued at this time.



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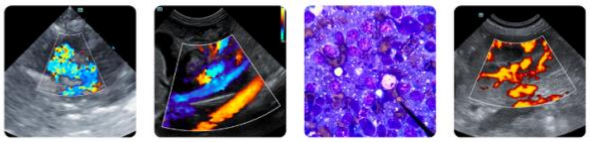

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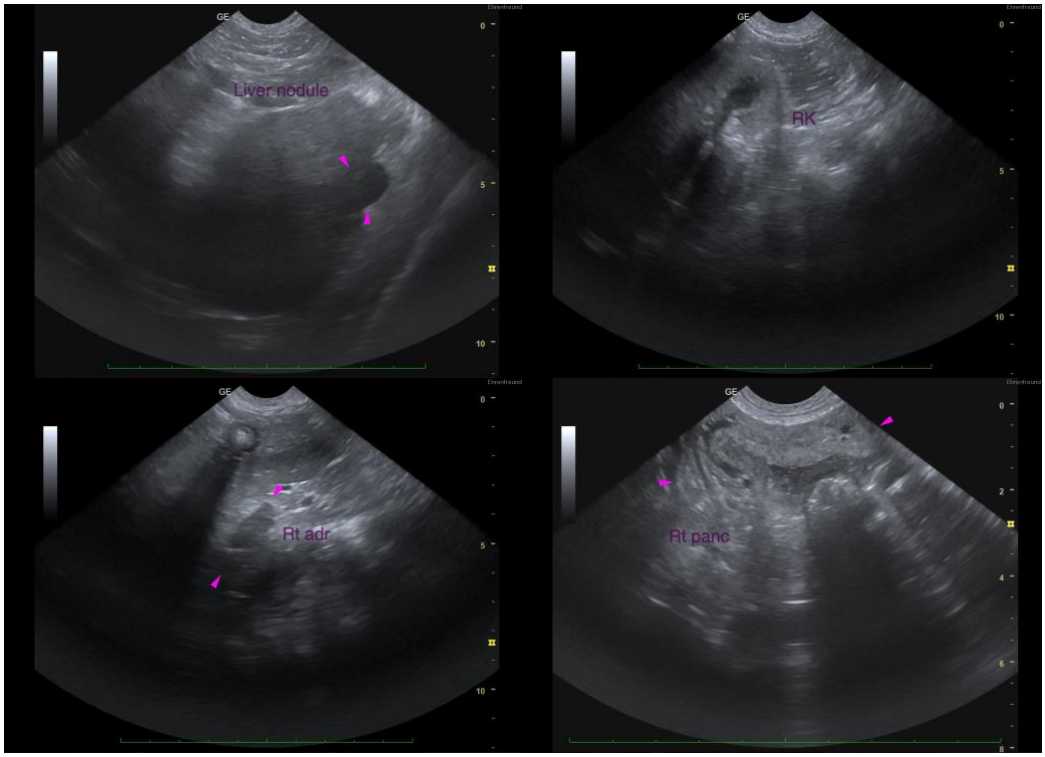

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com