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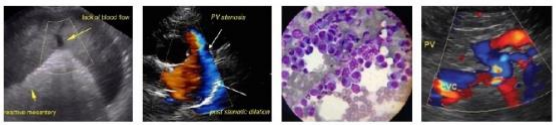

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Lucy Weeks

SPECIES

Canine

BREED

Cockapoo

SEX

Spayed Female

AGE

12 years

WEIGHT

18 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Maples AH

REFERRING VET

Dr. Kazienko

INVOICE

10630

DATE

3/29/22

PRESENTING CLINICAL SIGNS

History: vomiting
Abnormal PE/Chem/CBC/UA Results: please see attached BW

Globulins are elevated. ALT 1643. ALP 432. GGT 40. tbili 9. CBc shows mild thrombocytosis

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 with anechoic urine. 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 left kidney is normal size (4.36 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 (3.86 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 mildly enlarged (0.64 cm at cranial pole) (0.66 cm at caudal pole) (1.87 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 mildly enlarged (1.32 cm at cranial pole) (0.58 cm at caudal pole) (2.01 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 (1.43 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 normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen. A 1.22 cm hypoechoic nodule is observed on the left side. In addition, one to two small hyperechoic nodules are seen. The remaining parenchyma is slightly mottled in appearance. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

Gastrointestinal

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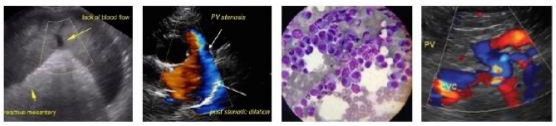

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The gastric lumen is mildly fluid distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern 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

- Based on the patient's clinical history, a diffuse hepatopathy is suspected. Differentials include inflammatory hepatopathy (i.e., bacterial cholangiohepatitis, chronic active hepatitis), hepatotoxicosis (i.e., copper) infiltrative neoplasia (less likely), +/- concurrent age-related regenerative nodular hyperplasia and/or vacuolar hepatopathy.

Secondary Findings

- Mild bilateral adrenomegaly
- Bilateral nonspecific, minor age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Leptospirosis testing (i.e., blood and urine PCR, serology) is recommended, particularly if the patient lives in an endemic area, and/or is not vaccinated for the disease.

Ideally, hepatic tissue sampling (i.e., fine-needle aspirate or surgical biopsy), would be performed. Surgical biopsies would be ideal in that they are more likely to provide a definitive diagnosis. If surgery is pursued, aerobic and anaerobic bile cultures and acquisition of additional hepatic tissue samples for potential copper quantitation should be obtained.

While awaiting test results, empirical treatment for bacterial cholangiohepatitis/Leptospirosis, is recommended, including fluid therapy and broad-spectrum antibiotics (i.e., amoxicillin-clavulanic acid), hepatic antioxidants (i.e., Denamarin, Ursodiol), and symptomatic care is recommended.

Given the patient's age, chest x-rays (i.e., three-view), are recommended prior to any anesthetic event

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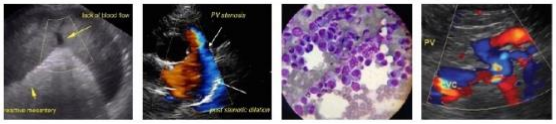

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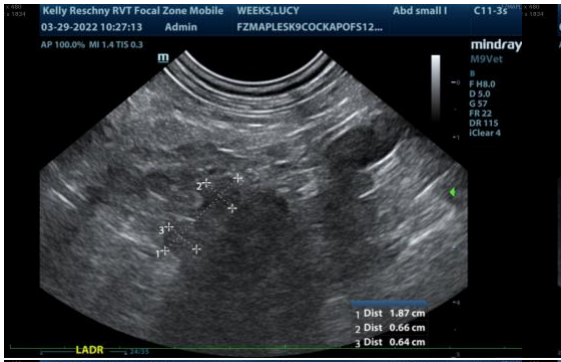

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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