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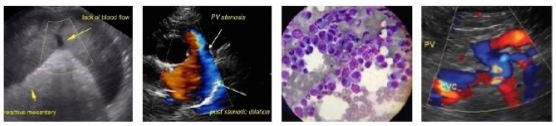


THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

**PATIENT**
Kuba Janik

**SPECIES**
Canine

**BREED**
Collie X

**SEX**
Neutered Male

**AGE**
13 years

**WEIGHT**
36.6 kg

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

**IMAGING PERFORMED BY**
Crystal Hill

**HOSPITAL NAME**
Haldimand AH

**REFERRING VET**
Dr. Rode

**INVOICE**
10781

**DATE**
4/20/22

## PRESENTING CLINICAL SIGNS

History: Moderate to signif periodontal dz Age changes Ab palp - poss liver or spleen enlargement Hx of hypothyroidism Hx of underlying atopy/food/seasonal allergies - dx'd by dermatologist Trazodone, Thyro-tabs, Dexamethasone Liver/gallbladder size/shape changes? > hx of long-term steroid use vs neoplasia??? Splenic size/shape changes?
Abnormal PE/Chem/CBC/UA Results: Please see attached lab results.
CBC shows a stress leukogram. ALP 662. ALT 323. tBili 0-5.2. 4dx negative.

## 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. The region of the trigone is normal.

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

The left kidney is normal size (8.03 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 (8.08 cm in length); with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths or hydroureter. Renal vasculature is normal.

### *Adrenal Glands*

The tip of the caudal pole is visualized and is normal in size (0.64 cm in width) with a normal shape, echogenicity and detail. Surrounding vasculature appears normal.

The right adrenal gland is normal size (0.99 cm at cranial pole) (0.74 cm at caudal pole) (3.45 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 (2.24 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.

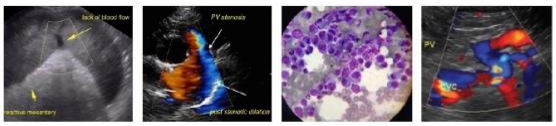
### *Liver*

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic to hyperechoic relative to the spleen and diffusely and severely mottled, bordering on a “moth-eaten” 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/not seen.

### *Gastrointestinal*

The stomach and intestine 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 pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small





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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 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.

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

## ULTRASONOGRAPHIC FINDINGS

### Primary Findings

- The hepatic parenchymal changes are nonspecific and could be associated with infiltrative neoplasia (i.e., round cell tumor), inflammatory disease (i.e., chronic active hepatitis, bacterial cholangiohepatitis), copper hepatotoxicosis, Leptospirosis, other hepatopathy +/- concurrent benign change (i.e., vacuolar hepatopathy, regenerative nodular hyperplasia)

### Secondary Findings

- Bilateral age-related renal changes

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider the further hepatic work-up, which could include the following:

1. Pre-and postprandial serum bile acids
2. Leptospirosis testing (i.e., blood and urine PCR, serology)
3. Hepatic tissue sampling (i.e., fine-needle aspirate or surgical biopsy). If surgical biopsies are pursued, aerobic and anaerobic bile cultures and acquisition of additional hepatic tissue samples for potential copper quantitation are recommended. Given the patient's age, thoracic radiographs are recommended prior to anesthesia. If a conservative approach is desired, consider empirical treatment for bacterial cholangiohepatitis (amoxicillin-clavulanic acid, +/-metronidazole, Denamarin). If no improvement in the liver values is seen within 7-10 days of initiating therapy, antibiotics should be discontinued, and hepatic tissue sampling reconsidered. If liver values improve, continue therapy for at least 4-6 weeks and 1 week beyond normalization of the liver values.

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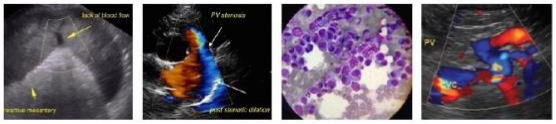

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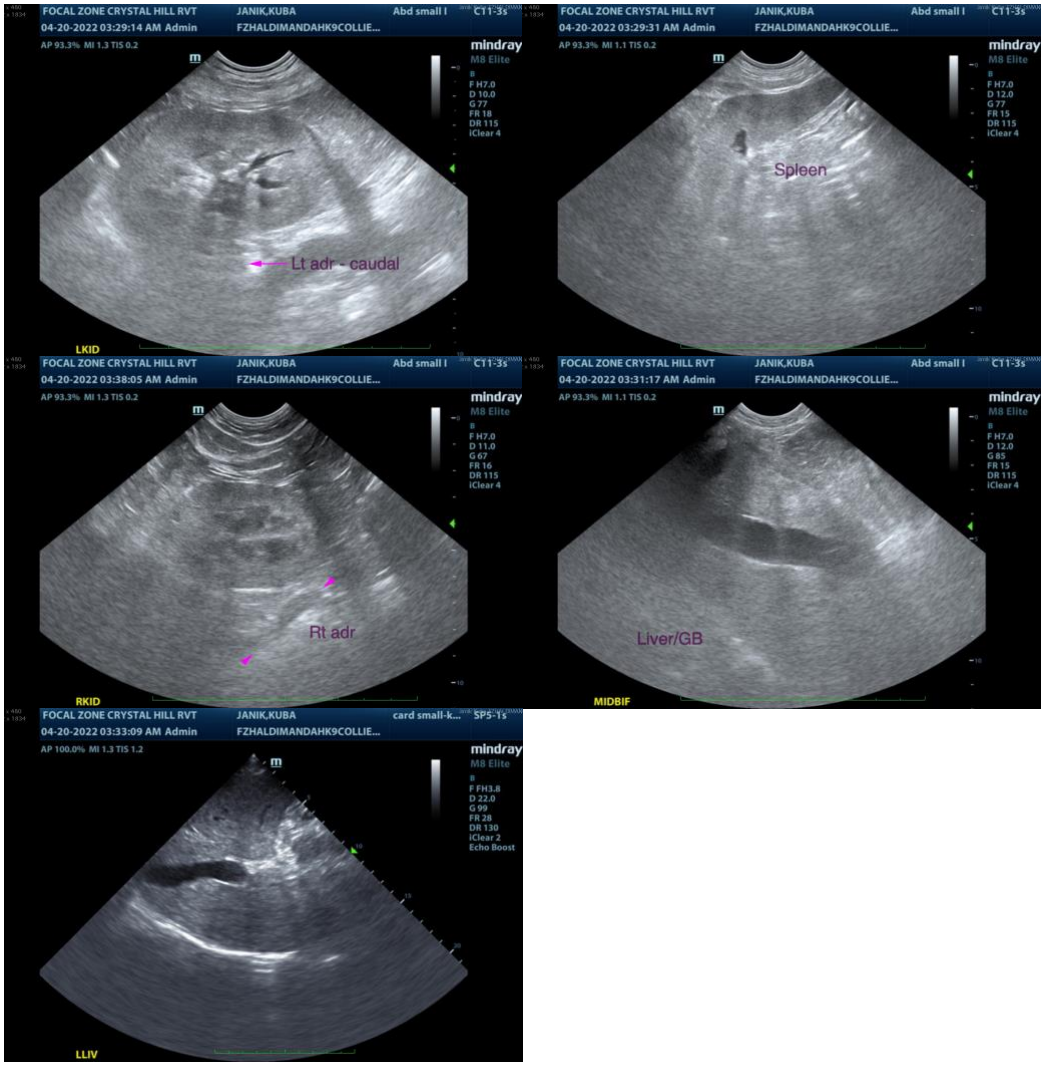


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

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