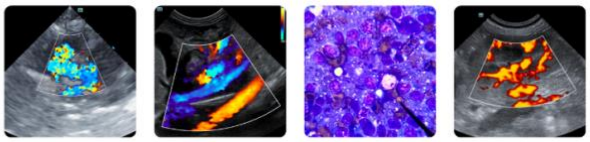


PATIENT

Maya Kirby

SPECIES

Canine

BREED

Siberian Husky

SEX

Female Spayed

AGE

12

WEIGHT

21 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Gira

HOSPITAL NAME

Southwest VH

REFERRING VET

Dr. Randhawa

INVOICE

22944

DATE

4-29-26

PRESENTING CLINICAL SIGNS

History: Significant elevation of liver values compared to last year (scan and BW). Currently she has gained weight and is constantly hungry

Abnormal PE/Chem/CBC/UA Results: ALT 1139. ALP 768. GGT 83. Tbili normal at 2.6. Lipase 1174. SDMA 15 with a normal BUN and creatinine. T4 normal. Liver values last year were all within normal range. BW for this year is attached.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal in size (5.38 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (6.04 cm in length) with a normal shape, architecture and 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 (0.74 cm at cranial pole) (0.93 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 normal in size (0.70 cm at cranial pole) (0.67 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 (1.51 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.

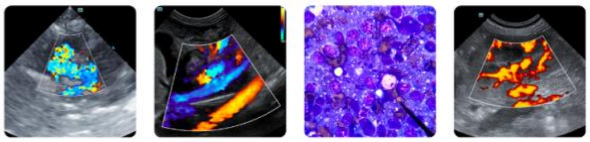
Liver

The liver is subjectively normal in size with normal peripheral contours. The parenchyma is isoechoic relative to the spleen. A 1.33 x 0.92 cm heterogenous nodule is observed on the left side. The remaining parenchyma is homogenous. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gallbladder is moderately distended. The wall is variably thickened and hyperechoic/irregular. A small amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is mildly fluid-distended. The gastric wall is normal- to moderately thickened (up to 0.74



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cm) with retention of the normal layering pattern. The mesentery effacing the serosal surface in the region of the fundus is hyperechoic. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. The colonic wall is normal. There is no evidence of an obstructive pattern.

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.

Lymph Nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- 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 left hepatic nodule could be consistent with an emerging tumor (i.e., adenoma, adenocarcinoma, other) or a benign focus (i.e., regenerative nodule, inflammatory lesion, other). Histopathology would be necessary to get a definitive diagnosis.
- The gallbladder wall changes could be consistent with cholecystitis.
- The gastric wall changes are suggestive of gastritis. Mild adjacent peritonitis is present.

Secondary Findings

- Left adrenomegaly
- Minor bilateral age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Leptospirosis testing (i.e., blood and urine PCR, serology) is recommended.
- Ultimately, hepatic tissue sampling may be necessary to get a definitive diagnosis. Consider laparoscopic or surgical biopsies with aerobic and anaerobic bile cultures and hepatic copper quantitation. If biopsies are pursued, excisional biopsy of the left hepatic nodule is also recommended. Clotting times and thoracic radiographs should be performed prior to surgery.
- If a conservative approach is desired, consider empirical treatment for bacterial cholangiohepatitis/ Leptospirosis (amoxicillin-clavulanic acid, 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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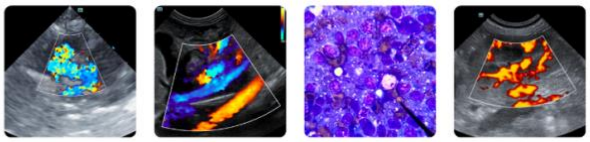

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Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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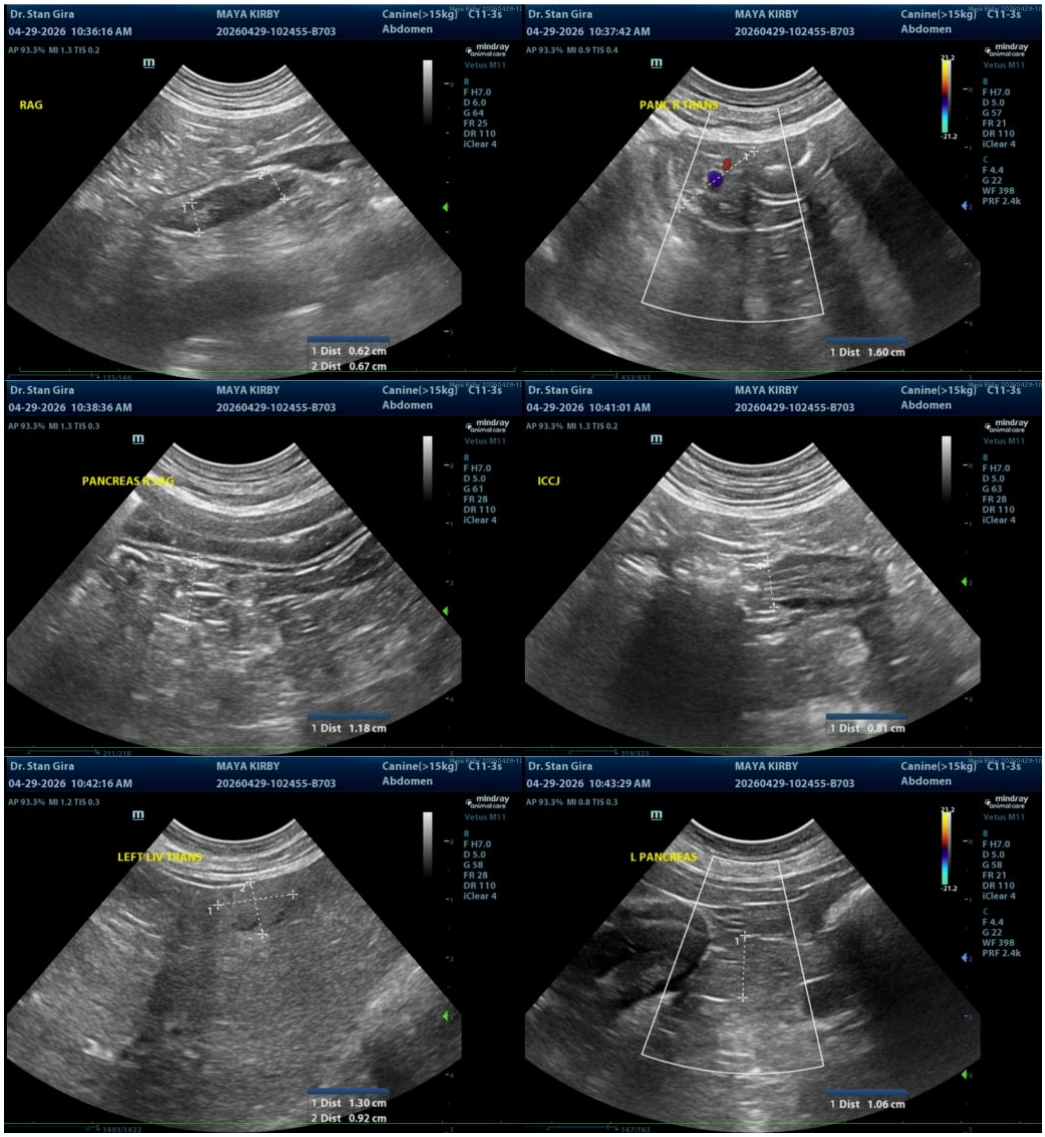

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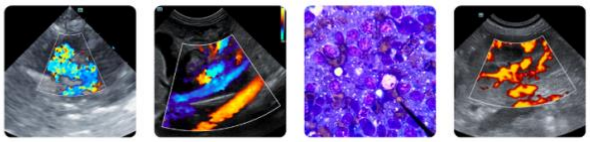

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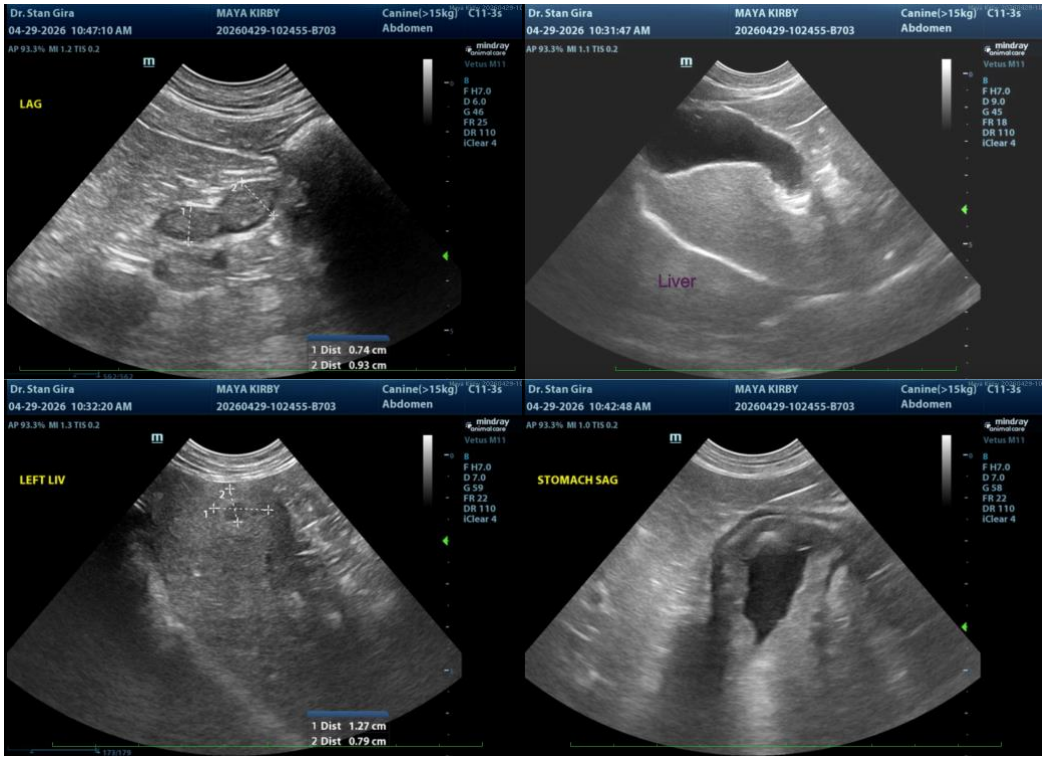

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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