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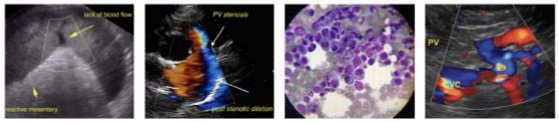

Charleston Mobile Veterinary Services
IMAGING PERFORMED BY
CharlestonMobile.Net 800.403.5408

PATIENT

Mr. Darcy Premselaar

SPECIES

Canine

BREED

Shetland Sheepdog

SEX

Neutered Male

AGE

02-06-2014

WEIGHT

60 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

10654

DATE

4/4/22

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: elevated liver.

General health screen revealed an ALP of 806. ALT 180. BUN 31. Creatinine 1.6. SDMA 16. CBC unremarkable. Urinalysis pending

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 prostate is not definitively visualized due to its pelvic location.

The left kidney is normal in size (6.86 cm in length); with a normal shape and smooth peripheral contours. The cortex is mildly thickened and hyperechoic. Several cortical cysts are visualized. There is poor corticomedullary distinction. Hyperechoic shadowing diverticular foci are seen. There is no evidence of pyelectasia or hydroureter. Renal vasculature is normal.

The right kidney is normal size (7.43 cm in length); normal shape and architecture with 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.70 cm at cranial pole) (0.62 cm at caudal pole); 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 (1.02 cm at cranial pole) (0.67 cm at caudal pole) (2.65 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 (2.94 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 slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated echogenic partially dependent debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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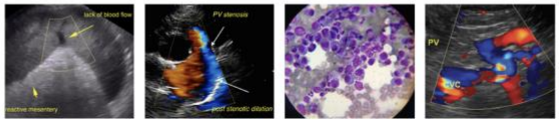

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The gall bladder lumen is moderately distended. The wall is thin and smooth. A scant amount of aggregated, echogenic to mineralized, partially dependent to suspended sludge is observed within the lumen. There is a questionable, partially-stellate pattern. The cystic and common bile ducts are normal.

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 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.

Lymph nodes

A 2.49 x 1.39 cm irregular, multi-septate cystic nodule/lesion is observed in the midabdomen, just caudal to the left adrenal gland.

Other

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

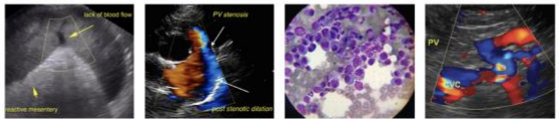
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Gall bladder changes could be consistent with early mucocele formation, cholestasis, or less likely, fasting.
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.

Secondary Findings

- Bilateral nonspecific age-related renal changes with left cortical cysts and dystrophic mineralization.
- The significance of the cystic lymph nodes in the left mid-abdominal region is unclear but is likely a benign incidental finding.



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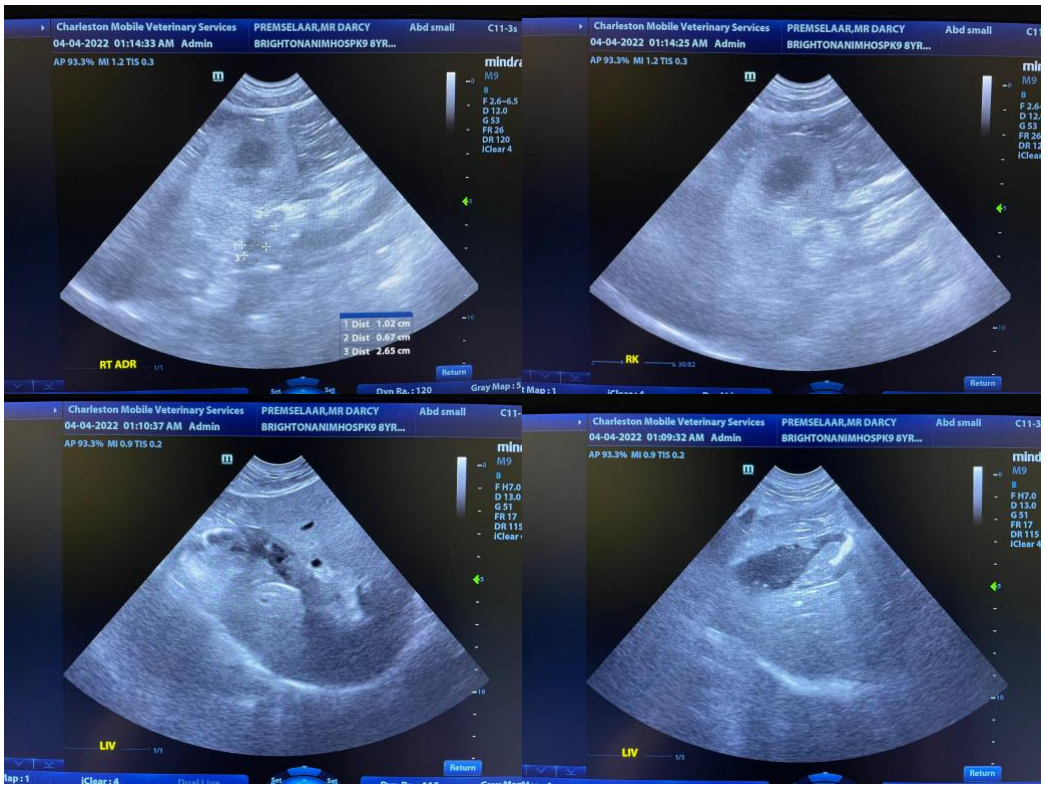
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the gall bladder changes, Ursodeoxycholic acid (Ursodiol) at 10-15 mg/kg once a day is recommended. Serial sonographic monitoring (e.g., every 6-8 weeks) of the gall bladder is recommended to assess for progression to a fully-formed mucocele.

- Serial monitoring (i.e., every 3-4 months) of the patient's liver values is also recommended to assess for progressive elevation in the liver values.

- Given the mild azotemia, consider the following:

  1. Urinalysis
  2. Urine culture and sensitivity
  3. UPC (if proteinuria is present)
  4. Baseline blood pressure measurement
  5. Transition to a prescription renal diet, if the patient will tolerate it
  6. Serial monitoring of the patient's renal values to assess for progression of disease.



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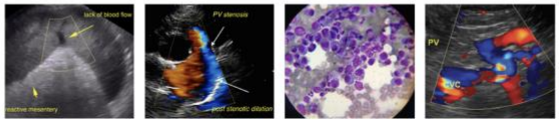

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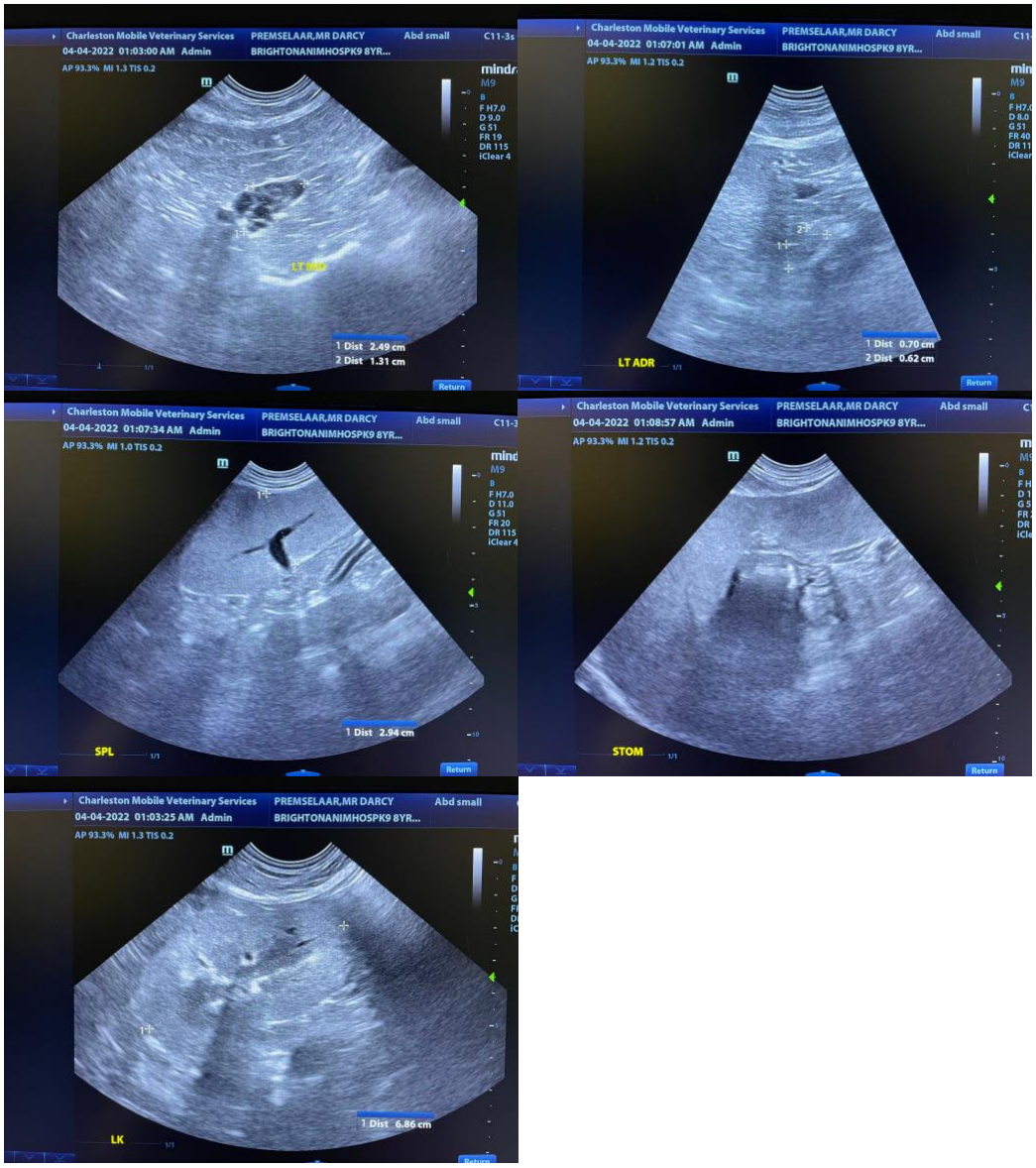

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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