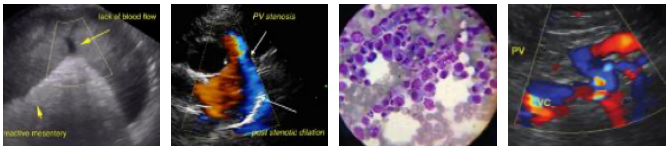

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1-800-838-4268 info@sonopath.com

PATIENT
Kirby Koleck

SPECIES
Canine

BREED
Beagle mix

SEX
Male, neutered

AGE
13 Yrs.

WEIGHT
46.5 lbs.

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

IMAGING PERFORMED BY
Dr. Bartus

HOSPITAL NAME
Valley VS

REFERRING VET
Dr. Bartus

INVOICE
13408

DATE
5/23/22

PRESENTING CLINICAL SIGNS

History: Elevated liver enzymes, needs dental cleaning. Cardiomegaly and Mitral Insufficiency. Abnormal PE/Chem/CBC/UA Results: ALT 267 (10-125), came down to 211 with antibiotics. ALKP 304 (23-212), came down to 215 with antibiotics. U/A Sp. Gr. 1.018 pH 7.0 Leuk 500, Bld 250, WBC>50/hpf, Rods +4, Cocci +1. Urine culture/sensitivity pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. A moderate to large amount of aggregated echogenic suspended debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is normal in size (0.88 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (5.70 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. A few small cortical cysts are seen. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (6.26 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal 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 upper limits of normal size (0.74 cm at cranial pole) (0.72 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.

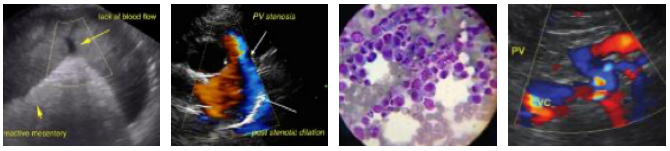
The right adrenal gland is mildly enlarged (1.50 cm at cranial pole) (0.75 cm at caudal pole) (2.60 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.49 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 swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and subtly heterogeneous in appearance. A 2.2 cm irregular, avascular multi-septated cystic lesion is observed in the region of the right medial lobe. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder is moderately distended. The



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wall is normal in thickness. A moderate amount of echogenic debris/sludge is observed within the lumen, some of which is partially dependent and some of which is suspended. 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 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 right limb of the pancreas is visible/prominent with minimal deviation from the normal peripheral contours. The parenchyma is hyperechoic relative to surrounding omental fat and slightly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

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:

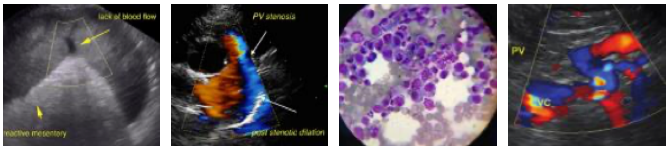
- The hepatic parenchymal changes are non-specific and could be associated with a benign process (i.e., regenerative nodular hyperplasia, age-related remodeling and/or idiopathic vacuolar hepatopathy). However, a more pathologic process (i.e., inflammatory disease such as chronic active hepatitis, bacterial cholangiohepatitis), copper hepatotoxicosis, other cannot be excluded.
- The cystic hepatic nodule may represent a benign cyst. However, a hematoma or emerging tumor (i.e., hemangioma, hemangiosarcoma) is also possible.

Secondary Findings:

- The urinary bladder debris could be consistent with cells, crystals, and/or exfoliated material.
- Minor chronic age-related renal changes.
- Borderline bilateral adrenomegaly.
- Gallbladder debris/sludge, non-mucocele.
- The pancreatic changes are most consistent with age-related remodeling and fibrosis. Low-grade chronic pancreatitis is also a possibility, particularly if the patient is painful on cranial abdominal palpation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If an aggressive approach is desired, consider hepatic tissue sampling (i.e., fine needle aspirate or surgical biopsy). Surgical biopsies are preferred in that they are more likely to be



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representative of global organ pathology. If pursued, aerobic and anaerobic bile cultures and acquisition of additional hepatic tissue samples for potential copper quantitation are recommended.

- If a more conservative approach is pursued at this time, serial monitoring (i.e., every 3-4 months) of the patient's liver values is recommended to assess for progression.
- Regarding the cystic hepatic nodule, a recheck ultrasound is recommended in 4-6 weeks to assess for progression.
- Consider testing for hyperadrenocorticism with a low-dose dexamethasone suppression test or ACTH stimulation test if clinical signs (i.e., PU/PD) develop in the future.
- If a dental procedure is to be pursued, Benzodiazepines should be avoided and opioids, if needed, should be used judiciously.

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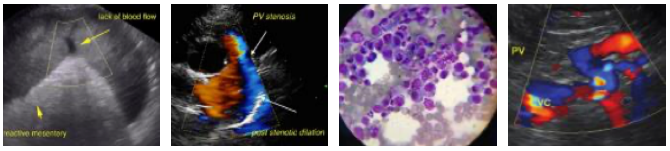

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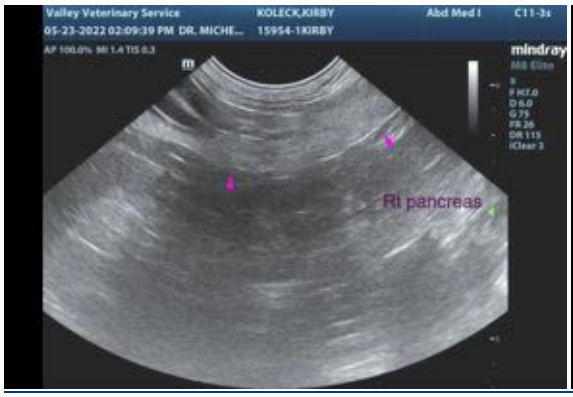

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 ACVIM (*Small Animal Internal Medicine*)

Andrea.nicastro@sonopath.com