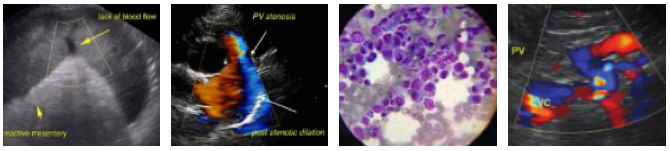

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1-800-838-4268 info@sonopath.com

PATIENT
Iggy Dietz

SPECIES
Canine

BREED
Labrador

SEX
Female, spayed

AGE
8 Yrs.

WEIGHT
113 lbs.

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

IMAGING PERFORMED BY
Ashley Fatzer

HOSPITAL NAME
Andover AH

REFERRING VET
SVB

INVOICE
13433

DATE
5/25/22

PRESENTING CLINICAL SIGNS

History: Recent flux in p appetite, p unable to move around well, prev hx of lyme dz
Abnormal PE/Chem/CBC/UA Results: PE: morbidly obese, bilateral pain in stifles/coxofemural joint. chronic arthritis CBC: WNL CHEM: ALP 786 (5-131), cholesterol 359 (92-324), trigly 706 (29-291) UA: protein 4+ , microalbuminuria >30, USG 1.034 (1.015-1.05) pH 7.5

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 cystourethral junction and the visible portion of the proximal urethra are normal.

The left kidney is normal size (7.12 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.

The right kidney is normal size (8.75 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 normal size (0.72 cm at cranial pole) (0.72 cm at caudal pole) (2.39 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 normal size (0.71 cm at cranial pole) (0.65 cm at caudal pole) (3.22 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.

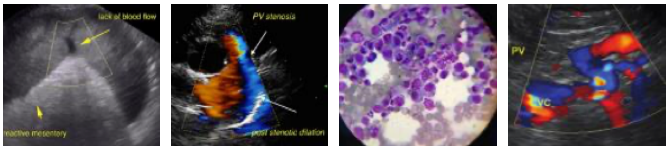
Spleen

The spleen is normal in size (1.90 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. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal



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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 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

- Suspected benign diffuse hepatopathy. Top differentials include idiopathic vacuolar hepatopathy, regenerative nodular hyperplasia and/or age-related remodeling. Inflammatory disease is considered less likely in light of the normal ALT. Infiltrative neoplasia is possible but considered less likely given the sonographic appearance.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Pre- and post-prandial serum bile acids can be considered to assess hepatic function.
- Given the proteinuria, a UPC is recommended. If significant proteinuria is present, consider the following:

  1 Angiotensin II receptor blocker (e.g., Telmisartan)
  2 Antithrombotic (e.g., Clopidogrel at 2.5 mg/kg PO q 24 hours)
  3 Omega-3 fatty acids (65 mg/kg of DHA and EPA combined daily)
  4 Prescription renal diet
  5 Baseline blood pressure measurement with serial monitoring thereafter
  Routine monitoring of UPC and bloodwork (CBC, chemistry panel) to assess for progressive disease

- Given the patient's clinical signs, consider joint radiographs +/- arthrocentesis to assess for immune mediated polyarthritis, which can sometimes occur secondary to Lyme disease. Also, given the patient's history, consider initiation of Doxycycline as empirical treatment for a Lyme disease flare up while awaiting test results.
- Also consider spinal radiographs to assess for evidence of discospondylitis and other bony abnormalities.
- Thoracic radiographs (three-view) can be considered to assess for occult disease in the chest.

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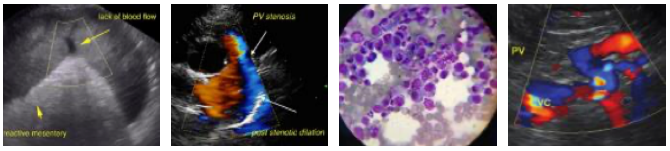

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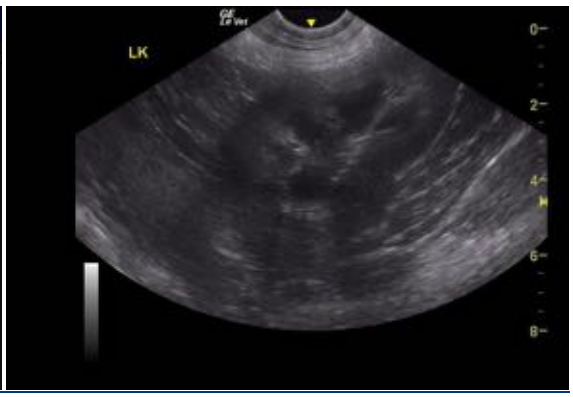

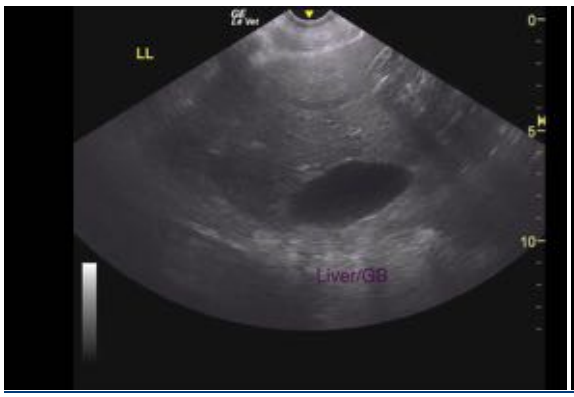

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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