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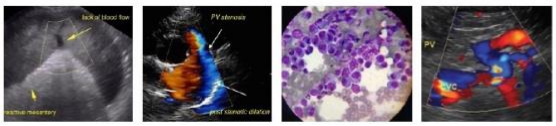

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Millie Wood

SPECIES

Canine

BREED

Lab

SEX

Spayed Female

AGE

13 years

WEIGHT

35 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Wellington VS

REFERRING VET

Dr. Kamatis

INVOICE

10874

DATE

5/5/22

PRESENTING CLINICAL SIGNS

History: persistent/recurrent hematuria and UTI clavaseptin, deramaxx. USG 1.015. Gross hematuria. Trace protein. ALP: 428. ALT:144. dx negative.
Abnormal PE/Chem/CBC/UA Results: please see attached BW/UA

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall in the region of the apex is slightly thickened (up to 0.50 cm) with an irregular mucosal surface. The wall tapers to a normal thickness as it extends toward the urinary bladder neck. No cystic calculi are observed. The region of the trigone and thickened proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal in size (5.91 cm in length); with a slightly irregular 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. A cortical infarct is observed at the lateral aspect. Trace pyelectasia is present. There is no evidence of nephroliths or hydroureter. Renal vasculature is normal.

The right kidney is normal size (6.24 cm in length); normal shape and architecture with 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.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.84 cm at cranial pole) (0.89 cm at caudal pole) (3.33 cm in length); with a slightly irregular shape. The parenchyma is mildly heterogenous with some loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is mildly enlarged (2.54 cm at cranial pole) (1.03 cm at caudal pole) (2.43 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 (1.93 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 normal to slightly prominent in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and mottled in appearance. In the region of the right medial lobe, a 2.12 cm round, hypoechoic nodule/structure is observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly fluid 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 disease is noted.

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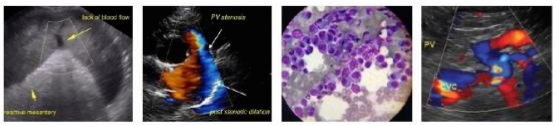

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Pancreas

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

Primary Findings

- The urinary bladder wall changes are suggestive of cystitis.
- Bilateral, chronic age-related renal changes with a left cortical infarct
- The diffuse hepatic parenchymal changes are nonspecific and likely secondary to a benign age-related process (i.e., age-related remodeling, regenerative nodular hyperplasia, or similar). However, a low-grade inflammatory process or copper hepatotoxicosis cannot be completely excluded. Diffuse infiltrative neoplasia is possible but considered less likely.
- The significance hypoechoic nodule in the right medial liver lobe is unclear. It may be artifactual (i.e., a portion of the gall bladder) or may represent a parenchymal lesion (i.e., regenerative nodular, emerging tumor, inflammatory focus, other).

Secondary Findings

- Mild, bilateral adrenomegaly
- The significance of the fluid in the gastric lumen is unclear. It may represent recent water ingestion or a mild gastric ileus. Correlation with the patient's clinical history is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A prolonged antibiotics course (i.e., 3-4 weeks) may be warranted. Ideally, a repeat urine culture would be performed midway through the antibiotic course, and again 5-7 days after the last antibiotic dose. Evaluation of the external genitalia is recommended to assess for factors that may predispose to infection. Consider initiation of cranberry supplementation (i.e., Crananidin).
- Regarding the liver nodule, consider a repeat ultrasound in 3-4 weeks to reassess the area.
- Serial monitoring (i.e., every 3-4 months) of the patient's liver values is recommended. If values continue to increase, a repeat abdomen ultrasound +/- a more advanced hepatic work-up (i.e., tissue sampling) may be warranted.

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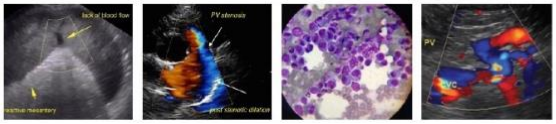

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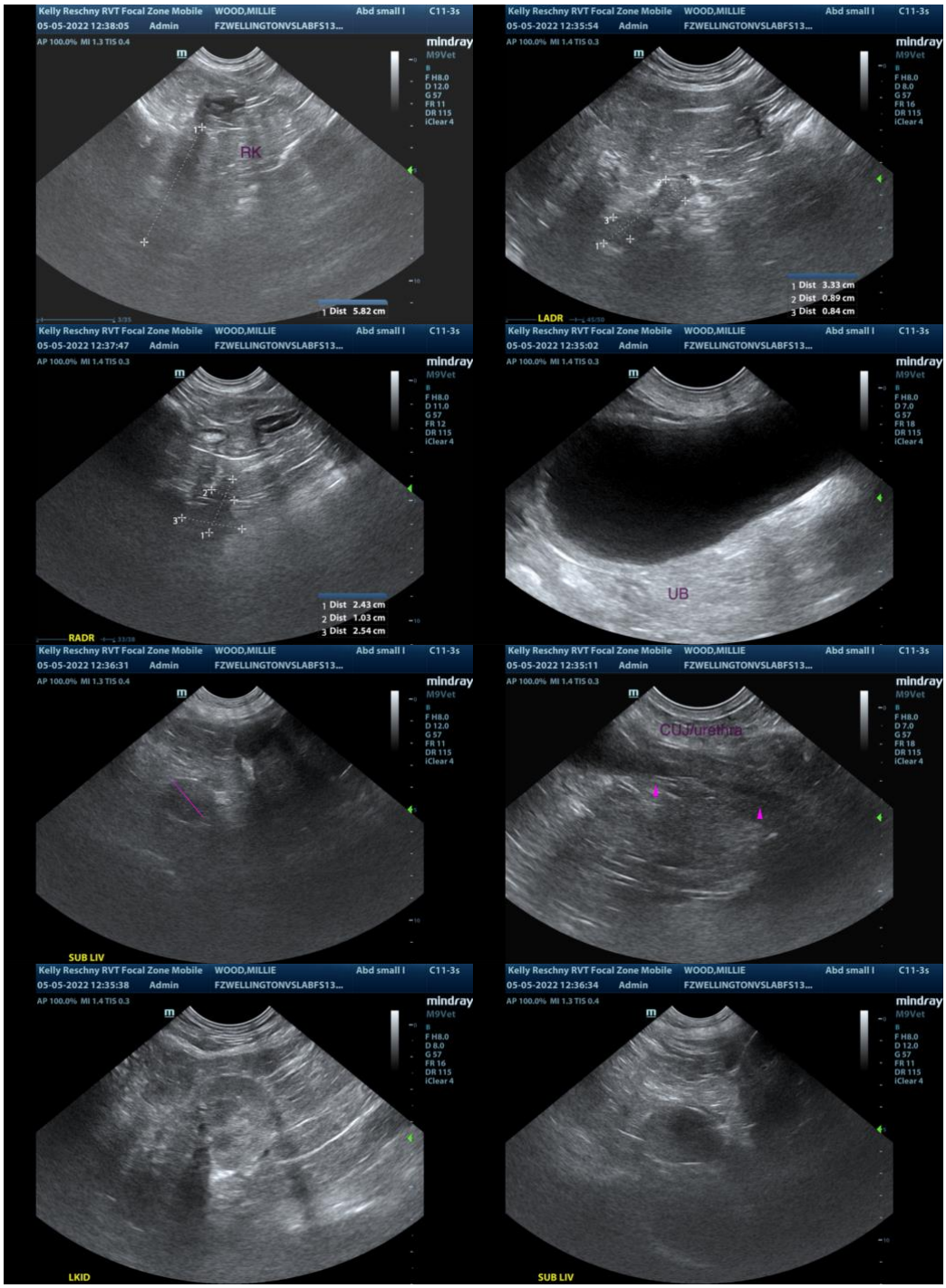

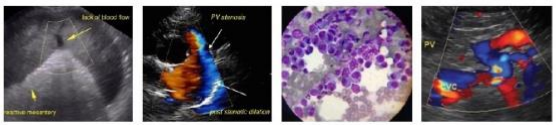

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com