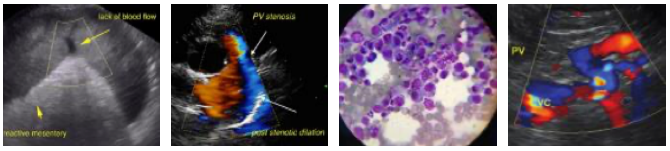
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Gonzo Valderrama Lopez

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

Male intact

AGE

12 Yrs.

WEIGHT

18.4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ferrer

HOSPITAL NAME

Paseos VC

REFERRING VET

Dr. Maria Martes

INVOICE

14923

DATE

5/9/23

PRESENTING CLINICAL SIGNS

History: The patient presented for an abdominal ultrasound referral due to changes in chemistry values especially increased liver enzymes.
Abnormal PE/Chem/CBC/UA Results: BW: CBC - lymphopenia 0.93 Chem - increased BUN 43, ALT 159 and ALP 1149 UA - RBC 10, NTR bacteria/crystals/cells; 1.035 USG

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are mostly anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is normal in size (0.72 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 (5.33 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is isoechoic relative to the spleen, mildly thickened and there is moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (5.35 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is isoechoic relative to the spleen, mildly thickened and there is moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.46 cm at cranial pole) (0.46 cm at caudal pole) (2.03 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.

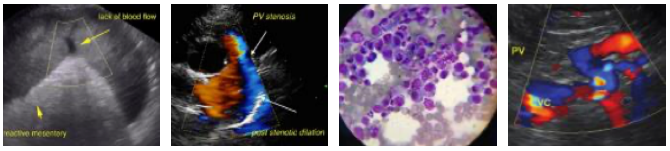
The right adrenal gland is normal size (0.89 cm at cranial pole) (0.45 cm at caudal pole); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.29 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 curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature 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 to moderate amount of echogenic to mineralized debris/sludge +/- tiny cholelithsare observed within the lumen, most of which is gravity-dependent and some of which is suspended. The cystic and common bile ducts are normal.



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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 ileocecocolic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

The base and limbs of the pancreas are visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

The peritoneal cavity is normal.

Lymph Nodes

There is no evidence of inflammation or effusion. 2-3 prominent mesenteric lymph nodes are visualized, the largest measuring 0.91 cm in length. See also *Other.*

Other

A 1.60 x 1.19 cm multi-septated cystic lesion is observed in the right cranial abdomen.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Given the patient's liver enzyme pattern and sonographic liver changes, a benign hepatopathy (i.e., regenerative nodular hyperplasia, vacuolar hepatopathy and/or age-related remodeling) is suspected with a lower possibility of infiltrative disease or an inflammatory process.
- Echogenic to mineralized gallbladder debris/sludge +/- tiny choleliths- non-obstructive.
- The bilateral renal changes are most consistent with chronic interstitial nephrosis/nephritis.

Secondary Findings:

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The mesenteric lymphadenopathy is most likely reactive with a lower possibility of infiltrative neoplasia.
- The multi-septated cystic lesion in the right cranial abdomen is likely a cystic lymph node with a lower possibility of an emerging vascular tumor arising from mesentery, other.

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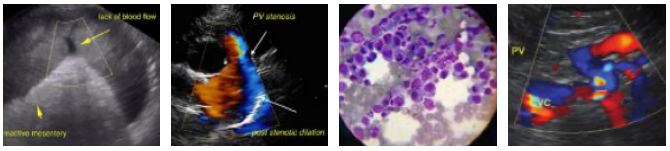

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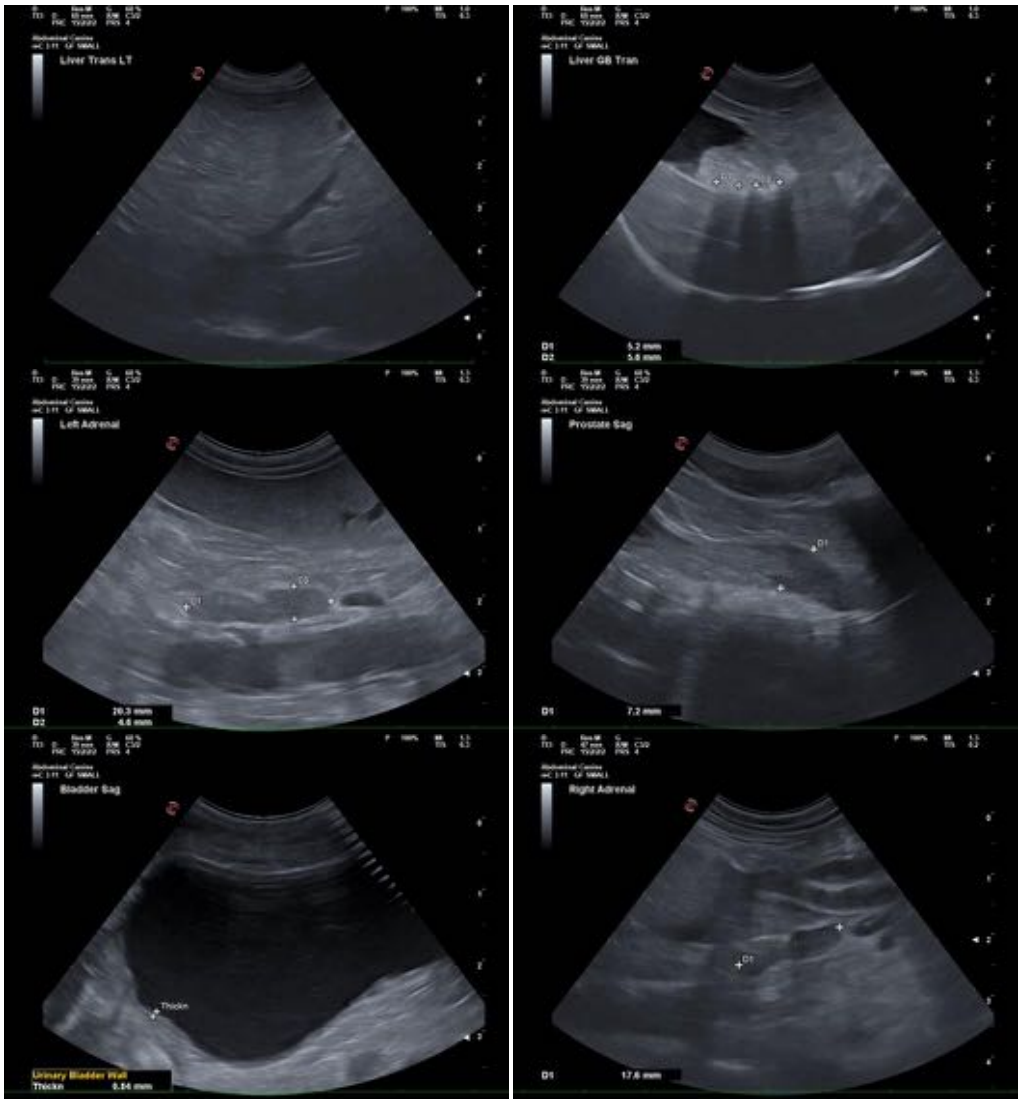
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- 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.
- Serial monitoring (i.e., every 3-4 months) of the patient's liver values is recommended. If liver values continue to increase, a repeat abdominal ultrasound +/- hepatic tissue sampling may be warranted.
- Given the mildly elevated BUN, serial monitoring (i.e., every 3-4 months) of the patient's renal values is recommended to assess for worsening azotemia. Also consider transitioning to a prescription renal diet.
- Regarding the cystic lesion in the right cranial abdomen, consider a recheck ultrasound in 1-2 months to assess for growth.



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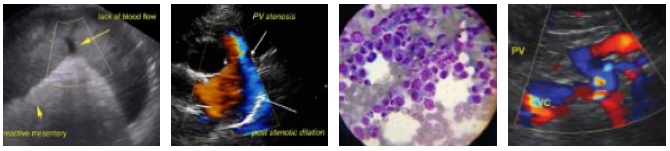

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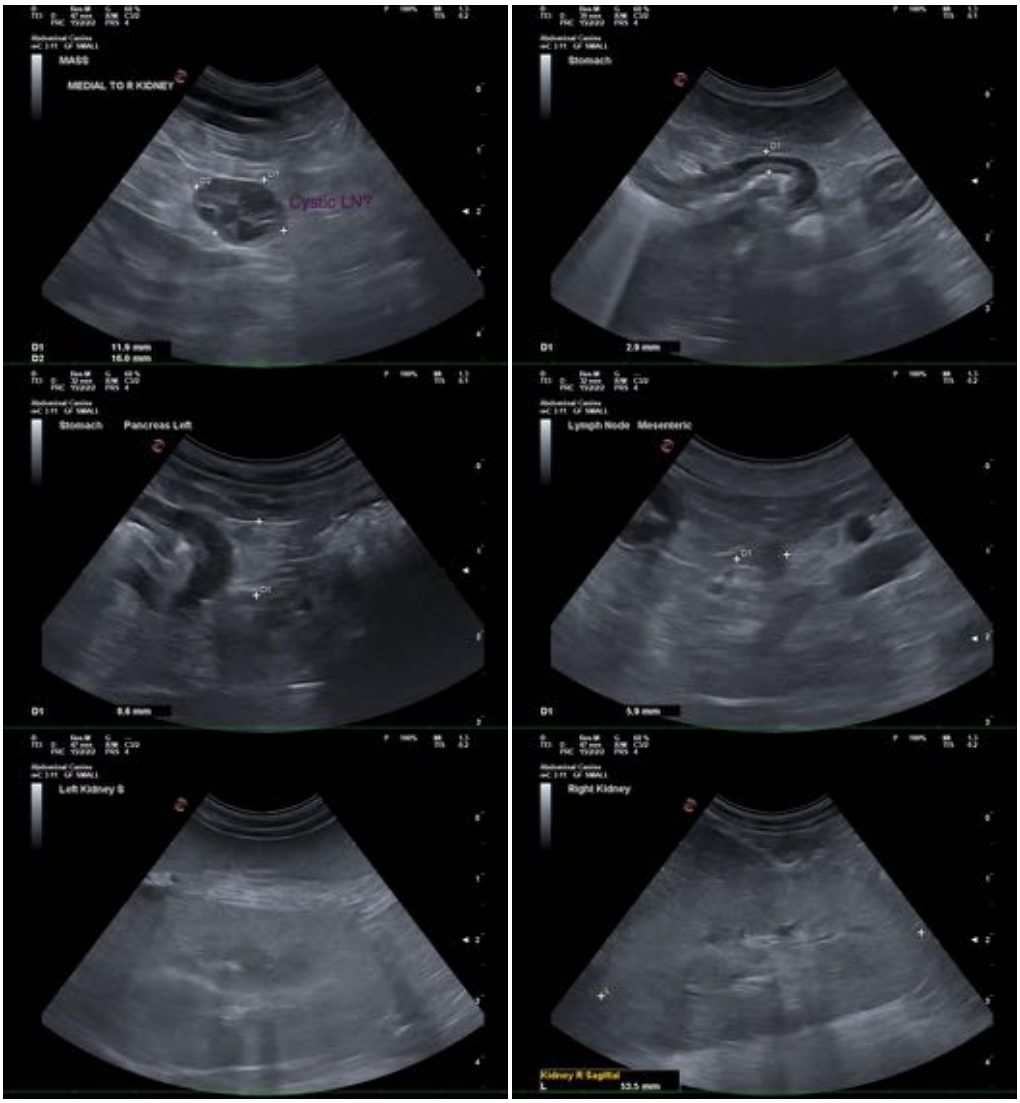

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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