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Clinical Sonography & Telecytology
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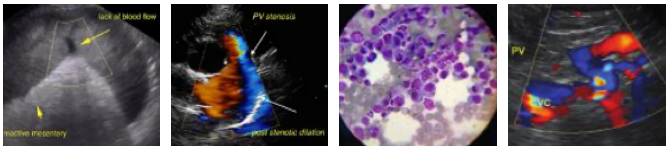


PATIENT
Bella Sudak

SPECIES
Canine

BREED
Scottish Terrier

SEX
Female, spayed

AGE
5 Yrs.

WEIGHT
11 kg.

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

IMAGING PERFORMED BY
Dr. Belan

HOSPITAL NAME
Calgary Holistic AC

REFERRING VET
Dr. Qi

INVOICE
15065

DATE
6/20/23

PRESENTING CLINICAL SIGNS

History: Has had a number of urinations in the house was placed on meloxicam for 5 days and has had no accidents. Attending concerned about bladder mass or possible Cushings
Abnormal PE/Chem/CBC/UA Results: Severe elevation of ALP and mild elevation of protein. UA 3+ protein and SG 1028

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. A scant amount of suspended echogenic 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 left kidney is normal size (5.60 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.

The right kidney is normal size (5.53 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.

Adrenal Glands

One still image of the left adrenal gland is available for interpretation. The left adrenal gland is normal size (0.39 cm at cranial pole) (0.45 cm at caudal pole) (xxx 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.

One still image of the right adrenal gland is available for interpretation. The caudal pole is visualized and is normal in size (0.47 cm in width) with a normal shape, glandular echogenicity and detail. Surrounding vasculature appears normal.

Spleen

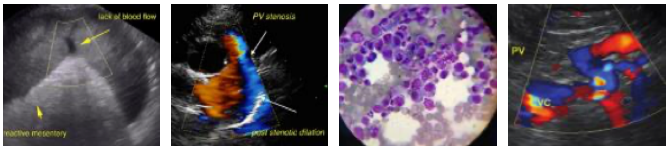
The spleen is normal in size (1.23 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal to prominent in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and subtly heterogeneous in appearance with a few small, ill-defined hypoechoic nodules. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gallbladder 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.

Gastrointestinal

The gastric lumen is mildly to moderately distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with gas and chyme. The small intestinal wall thickness is normal with a normal layering pattern and appropriate



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mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

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

The hepatic parenchymal changes are non-specific and could be associated with Scottish terrier degenerative vacuolar hepatopathy, hepatotoxicosis (i.e., copper), fibrosis, or less likely, inflammatory disease, infiltrative neoplasia or other hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A liver biopsy (laparoscopic or surgical) can be consider to get a definitive diagnosis. Clotting times should be assessed prior to tissue sampling. If pursued, aerobic and anaerobic bile cultures are recommended along with hepatic copper quantitation. If hepatic tissue sampling is not pursued at this time, serial monitoring (i.e., every 3-4 months) of the patient's liver values is recommended to assess for further increases. If this occurs, a repeat abdominal ultrasound +/- hepatic tissue sampling can be considered at that time. It should be noted that Scottish terrier degenerative vacuolar hepatopathy can sometimes progress to hepatocellular carcinoma. Therefore, monitoring is strongly recommended.
- Regarding the proteinuria, a urine culture and sensitivity is recommended along with a UPC, if proteinuria persists in the absence of infection.

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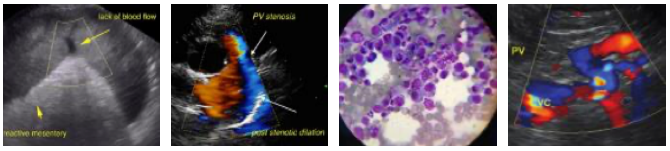

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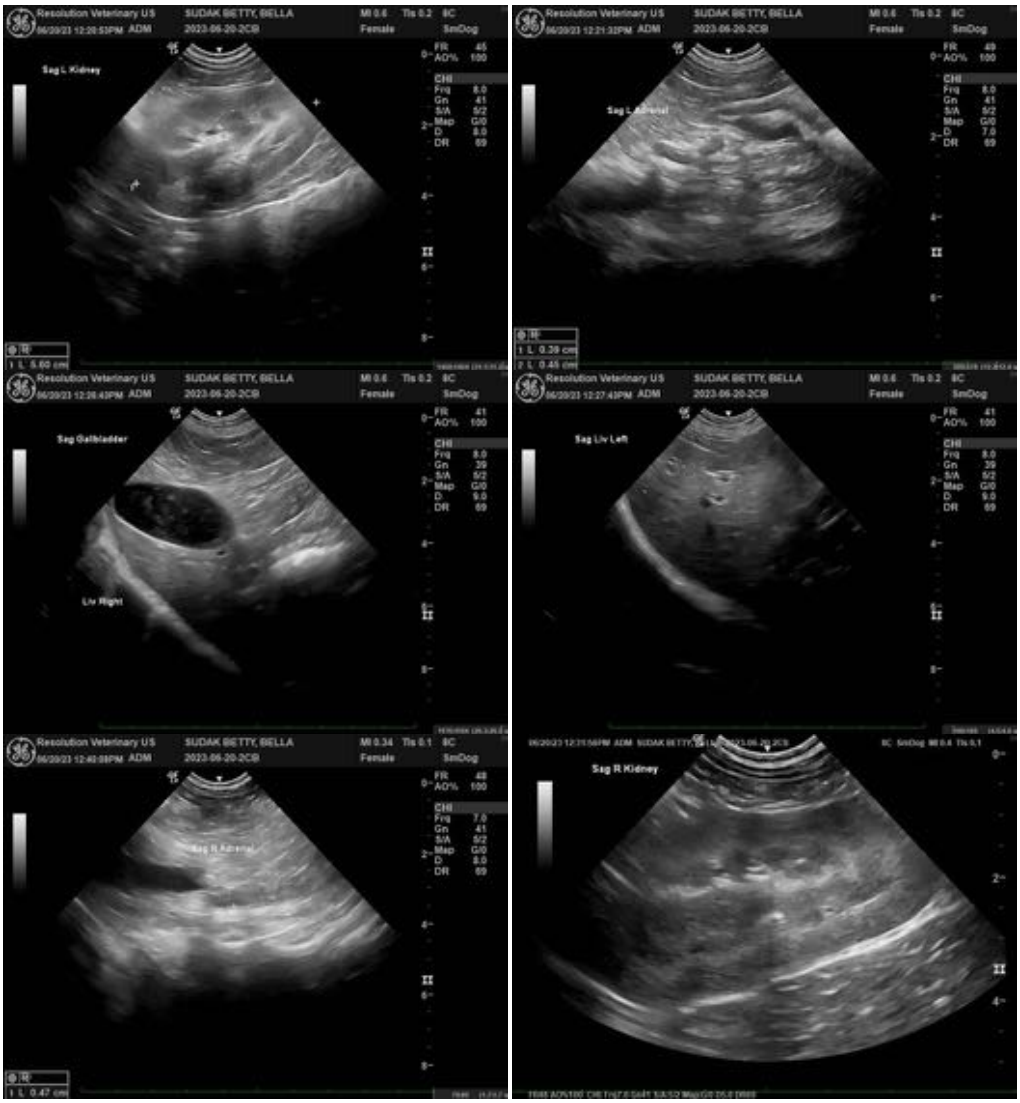

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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