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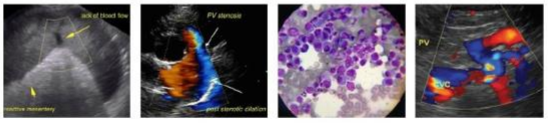

IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Peanut Fanucchi

SPECIES

Canine

BREED

Rat Terrier

SEX

Neutered Male

AGE

11 years

WEIGHT

10 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT LVT

HOSPITAL NAME

Alpine AH

REFERRING VET

Dr Lindsay Sjloin

INVOICE

11138

DATE

6/21/22

PRESENTING CLINICAL SIGNS

History of splenic mass (removed, histopathology hematoma) in March 2022. Upward trending ALP, but otherwise clinically normal Physical exam findings: PE Overall unremarkable. All parameters WNL Abnormal CBC values: RBC: 5.28 Retic: 137 Platelets: 577 Abnormal Chemistry Values: SDMA: 17 ALP: 578 Abnormal UA Values: +3 protein (From previous UA) Radiograph Findings (email radiographs if available): Reason for Ultrasound: Upward trending ALP

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. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is normal in size (0.86 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 (4.13 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Several, small cortical cysts are present. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (4.15 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Several, small cortical cysts are present. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is upper limits of normal size (0.58 cm at cranial pole) (0.55 cm at caudal pole) (1.67 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 (0.79 cm at cranial pole) (0.42 cm at caudal pole) (1.98 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

Previously splenectomized. In the region of the splenic fossa, no obvious abnormalities are seen.

Liver

The liver is subjectively prominent in size with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and subtly heterogenous in appearance. At least one, ill-defined, hyperechoic nodule measuring 0.91 cm, is observed near the diaphragm. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth.

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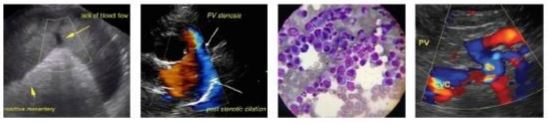

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A small to moderate amount of aggregated, echogenic, partially dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly distended with ingesta. The gastric wall is 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 ileocecocolic junction and colonic wall are 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

Primary Findings

- Nonspecific, diffuse hepatopathy. Top differentials include regenerative nodular hyperplasia and vacuolar hepatopathy. Given the normal ALT, inflammatory disease is considered less likely. Infiltrative neoplasia is possible but also considered unlikely given the sonographic appearance of the liver.
- Gall bladder sludge, non-mucocele

Secondary Findings

- Bilateral, chronic, age-related renal changes with cortical cysts

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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.

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.

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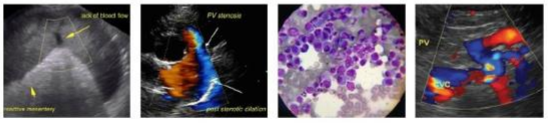

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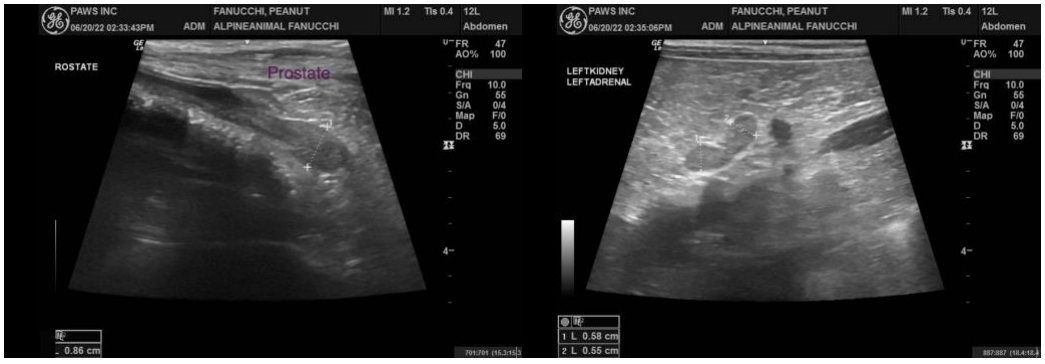

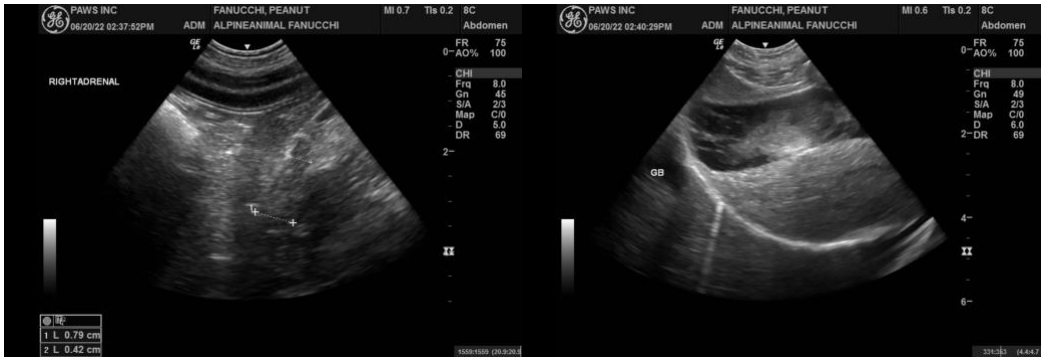

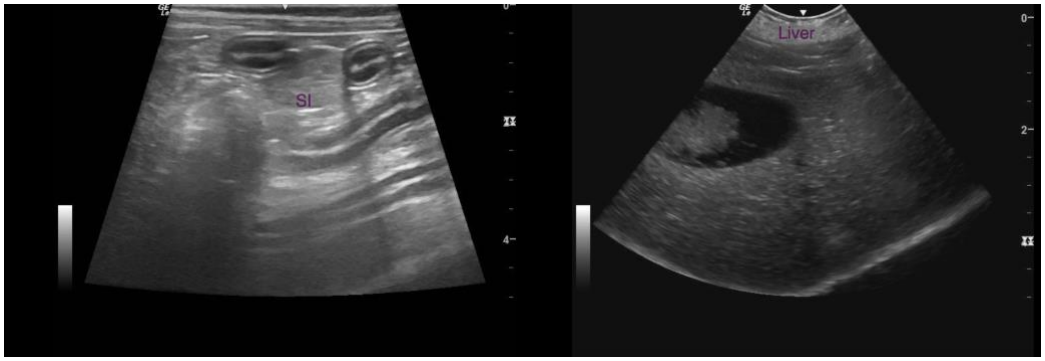

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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