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Clinical Sonography & Telecytology
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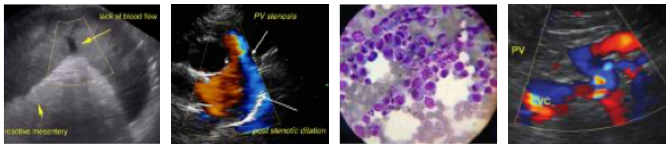

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1-800-838-4268 info@sonopath.com

PATIENT

Lucy Sylvestre

SPECIES

Canine

BREED

Bassett Hound

SEX

Female Spayed

AGE

12 years, 3 mos

WEIGHT

47.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging Michigan

REFERRING VET

Dr. Kelly Totin

INVOICE

13874

DATE

7.27.23

PRESENTING CLINICAL SIGNS

History: Elevated ALT Recent hx of pica

Abnormal PE/Chem/CBC/UA Results: Elevated ALT 187 with mild decrease in neutrophils 2.75. USG 1.036, inactive sediment/no proteinuria. Urine culture negative.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly to moderately distended. The wall is of appropriate thickness for the level of repletion. The mucosal surface in the region of the apex is irregular. Two cystic calculi are observed (the larger measuring 0.36 cm in diameter). Luminal contents are otherwise anechoic. The region of the trigone is normal.

The left kidney is normal in size (5.82 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. One-to-two small foci of mineralization are visualized. There is no evidence of pyelectasia, infarcts or hydroureter.

The right kidney is normal in size (5.75 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is isoechoic relative to the spleen. 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

The left adrenal gland is borderline enlarged (0.67 cm at cranial pole) (0.70 cm at caudal pole) with a normal shape and 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 mildly enlarged (1.26 cm at cranial pole) (0.75 cm at caudal pole) with a slightly irregular shape. A 1.72 x 0.87 cm irregular, hyperechoic nodule is observed at the cranial- to mid-aspect. Glandular echogenicity and detail at the caudal aspect are normal. Surrounding vasculature appears normal.

Spleen

The spleen is subjectively normal in size (1.39 cm in width at the level of the hilus) with slightly undulating peripheral contours. The parenchyma is diffusely mottled, with numerous, varying-sized hypoechoic nodules/areas (one of the larger nodules measuring 1.26 cm in diameter). Splenic vasculature is normal with no evidence of thrombosis.

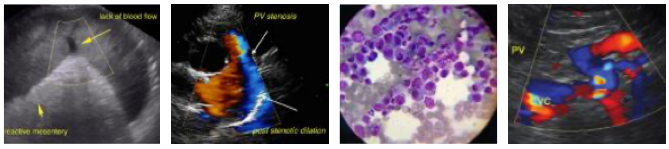
Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

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 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



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pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas

The base and limbs of the pancreas are normal in size 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. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- An obvious cause for the elevated liver enzymes is not identified in the study. However, a microscopic hepatopathy (i.e., bacterial cholangiohepatitis, Leptospirosis, chronic active hepatitis, copper-associated hepatotoxicity, reactive hepatopathy, infiltrative neoplasia (less likely)) cannot be excluded.

Secondary Findings

- Cystic calculi
- Mild bilateral adrenomegaly. The right adrenal nodule (which was previously observed) may represent an adenoma, adenocarcinoma or pheochromocytoma. It is similar in size compared to the previous sonogram, suggesting a more benign process (i.e., adenoma).
- The splenic parenchymal changes (which are also similar to the previous sonogram) could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, antigenic stimulation or emerging neoplasia (i.e., round cell tumor).
- Minor age-related pancreatic remodeling

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the elevated ALT, if a conservative approach is desired, consider initiation of Denamarin +/- empirical treatment for bacterial cholangiohepatitis (i.e., amoxicillin-clavulanic acid). If the ALT does not begin to improve within 7-10 days of initiating therapy, antibiotics should be discontinued, and hepatic tissue sampling (i.e., aspirates or biopsies) considered. If biopsies are pursued, aerobic and anaerobic bile cultures are recommended, along with hepatic copper quantitation. Other noninvasive diagnostics to consider include pre-and postprandial serum bile acids and Leptospirosis testing (i.e., blood and urine PCR, serology).
- As previously recommended, a cystotomy with stone removal, analysis and culture should be considered. Alternatively, an attempt at medical dissolution is also an option.
- Also consider fine-needle aspiration of the spleen (if clotting status is appropriate). A 25-gauge needle should be used.

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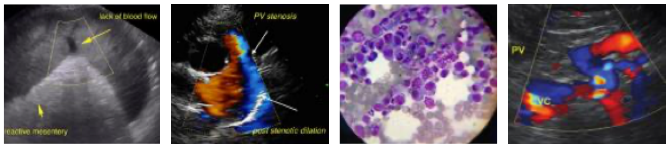

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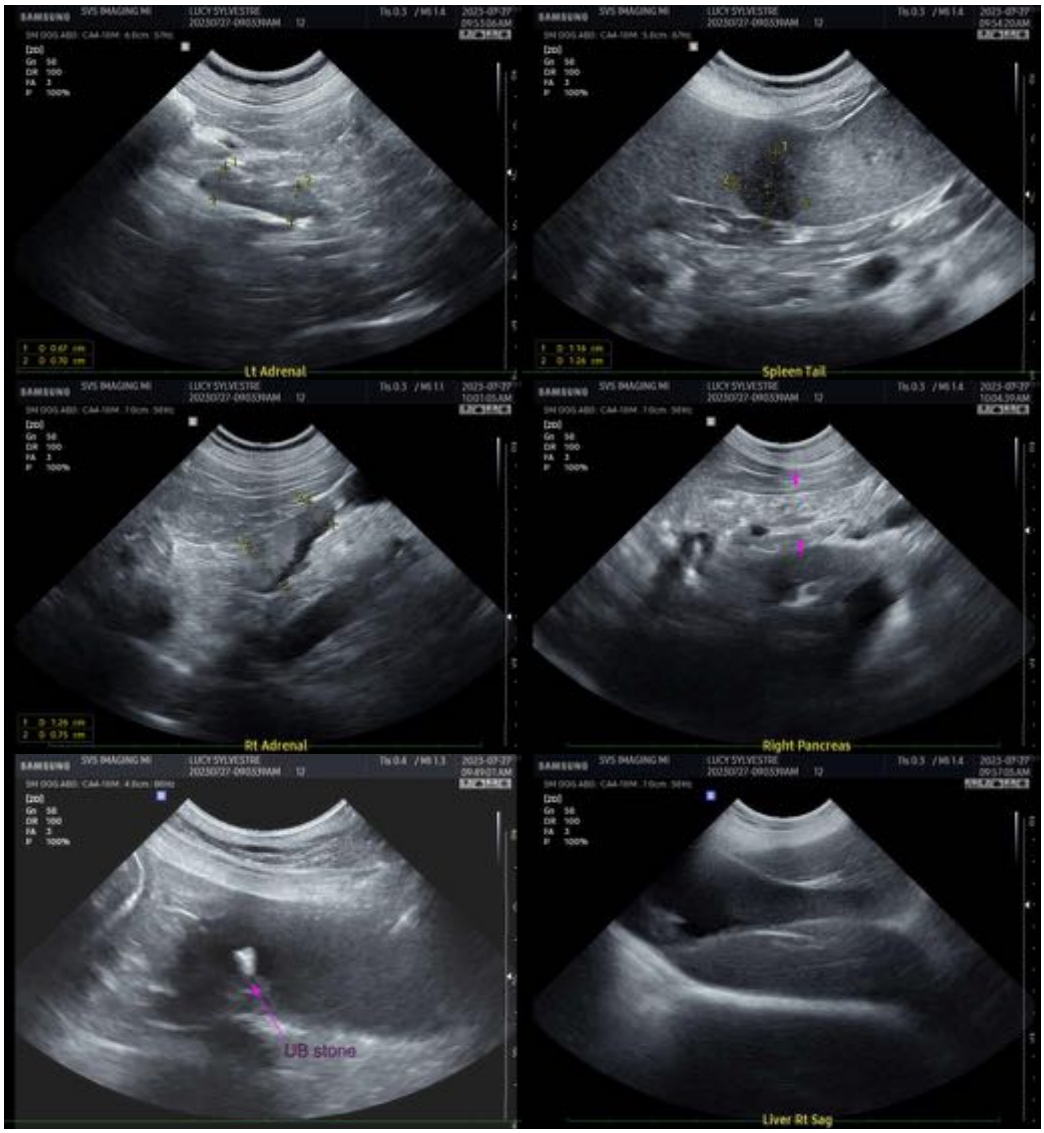
- Regarding the adrenal changes, consider the following:

1. Further testing for Cushing's disease (i.e., low-dose dexamethasone suppression test) if clinical signs develop in the future.
2. Baseline blood pressure measurement
3. Three-view thoracic radiographs to assess for pulmonary metastatic disease.
4. Recheck ultrasound in 2-3 months to assess for growth of the right adrenal nodule.



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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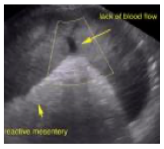
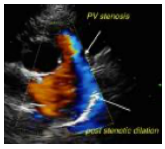
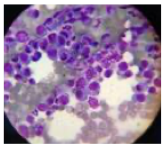
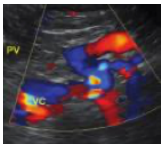

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