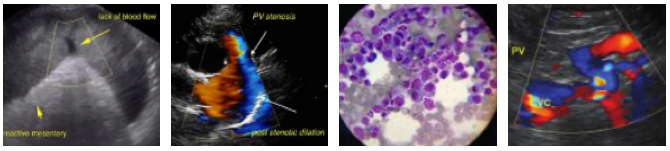

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PATIENT
Bronx Pires

SPECIES
Canine

BREED
Rottweiler

SEX
Male, neutered

AGE
10.5 yrs.

WEIGHT
49 kg.

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

IMAGING PERFORMED BY
Dr. Barnes

HOSPITAL NAME
Westview VH

REFERRING VET
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INVOICE
15161

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PRESENTING CLINICAL SIGNS

History: 2021- abdominal u/s for intermittent diarrhea - -Mild hepatomegaly with homogeneous echogenic texture -Mild unspecific splenomegaly -Signs of a mild and chronic nephropathy, small renal cyst on the left 2022 - suspect CCL rupture Exam for anxiety on July 22 2023. At that time owner was noticing worsening anxiety with bouts of diarrhea. Noticed muffled heart sounds - advised senior panel Abnormal PE/Chem/CBC/UA Results: CBC WNL Chem WNL except ALP 757 (N 5 - 160) H Lipase 290 (N 0 - 250) H proBNP 2252 (N 0 - 900) H Total T4 15.1 (N 13.0 - 53.0) Urinalysis free catch, yellow, clear sample USG 1.037 pH 6.0, PRO Trace (0.15) GLU Negative, KET Negative BLD Negative, BIL 1+, UBG Normal Urine Microscopy Debris WBC None seen, RBC None seen Bacteria None seen Epithelial cells 1+ Squamous Crystals calcium oxalate, Casts None Seen

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 small amount of suspended echogenic debris is observed within the lumen. 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 (1.19 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 (7.52 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. A 0.67 cm cortical cyst is observed at the lateral aspect. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (8.27 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is small in size (0.53 cm at cranial pole) (0.54 cm at caudal pole) (2.97 cm in length) with a slightly flattened contour. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

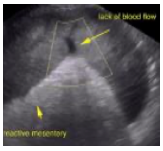
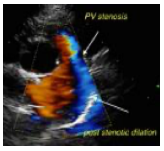
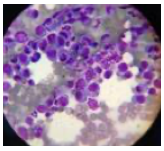
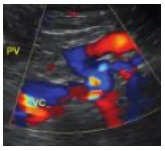
The right adrenal gland is small in size (0.51 cm at cranial pole) (0.37 cm at caudal pole) (2.68 cm in length) with a slightly flattened contour. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (2.21 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. A 0.99 cm irregular hypoechoic +/- slightly cavitated nodule is observed at the cranial aspect. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is

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hypoechoic relative to the spleen and slightly mottled in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The gallbladder is of normal contours and contains a small amount of gravity-dependent echogenic to mineralized debris is observed within the lumen. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

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 colonic wall is normal. No obstructive disease is noted.

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 hepatic parenchymal changes in conjunction with the liver enzyme pattern are most consistent with a benign hepatopathy (i.e., age-related remodeling and/or mild regenerative nodular hyperplasia). Inflammatory disease, infiltrative neoplasia and other hepatopathies are considered less likely.
- Gallbladder debris- incidental.

Secondary Findings:

- Bilateral chronic renal changes with a small left cortical cyst.
- The flattened adrenal glands may be a normal variant or could be consistent with early atrophy (i.e., secondary to hypoadrenocorticism)
- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia). The small splenic nodule at the cranial aspect could be consistent with a benign focus (i.e., lymphoid hyperplasia or similar). Alternatively, an emerging tumor is possible.

*An obvious cause for the patient's intermittent diarrhea is not identified in this study. Considerations include microscopic gastrointestinal disease (i.e., food allergy/intolerance, inflammatory bowel disease, dysbiosis, infectious/parasitic disease), stress, underlying metabolic issue, other.

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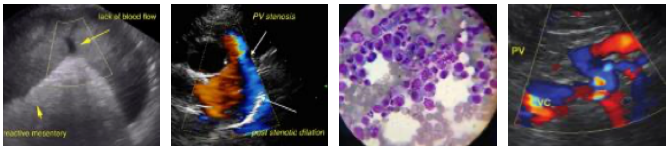

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- 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.
- Regarding the splenic nodule, consider a fine needle aspirate (if clotting status is normal). A 25-gauge needle should be used. Alternatively, consider a recheck ultrasound in 4-6 weeks to assess for growth.
- Regarding the chronic intermittent diarrhea, consider the following:
  1. Fecal evaluation for internal parasites
  2. Prophylactic deworming with Fenbendazole
  3. Texas GI panel including serum cobalamin, folate, TLI, PLI and resting cortisol level
  4. Hypoallergenic or hydrolyzed protein diet trial
  5. Initiation of a probiotic with a high colony count +/- fiber supplement (i.e., psyllium)
  6. Ultimately, endoscopic or surgical GI biopsies may be necessary to get a definitive diagnosis.

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.

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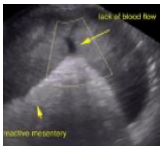
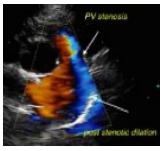
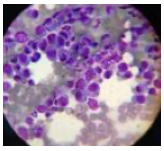
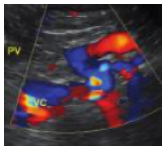

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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