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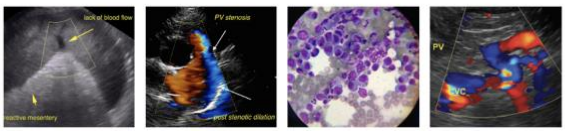

Charleston Mobile Veterinary Services
IMAGING PERFORMED BY
CharlestonMobile.Net 800.403.5408

PATIENT

Level Peyser

SPECIES

Canine

BREED

Border Collie

SEX

Neutered Male

AGE

10 years

WEIGHT

NP

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Sun Dog Cat Moon

REFERRING VET

Dr. Pruitt

INVOICE

14118

DATE

8.16.23

PRESENTING CLINICAL SIGNS

History: pre-dental lab-work liver enzymes were elevated. ALP in the 300s. ALT in the 200s. Pre-and postprandial serum bile acids were performed. The pre- was in the 60s and the post- was in the 40s. Otherwise asymptomatic.

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 anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, appear normal.

The prostate is normal in size (1.31 cm in width) with a normal shape and relatively normal peripheral contours. An ill-defined hyperechoic area is observed on the left side (measuring 0.89 x 0.46 cm). The prostatic urethra is not overtly dilated.

The left kidney is normal in size (5.91 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature appears normal.

The right kidney is normal in size (5.89 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature appears normal.

Adrenal Glands

The left adrenal gland is normal in size (0.68 cm at cranial pole) (0.58 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 appear normal.

The right adrenal gland is in normal size (1.07 cm at cranial pole) (0.49 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 appear normal.

Spleen

The spleen is normal in size with a normal capsular contour. There is appropriate echogenicity and echotexture. One-to-two small, irregular myelolipomas are observed in the region of the hilus. Splenic vasculature appears normal.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen. A 2.97 x 1.71 cm hypoechoic to slightly-heterogenous nodule/mass is observed deep on the left side. The lesion does not appear to cause capsular expansion. The remaining parenchyma is homogenous. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The portal vein is visualized and appears normal in size with normal branching.

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

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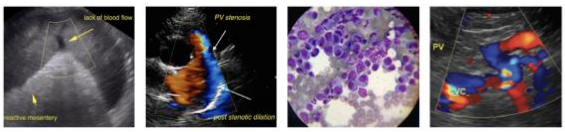

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Gastrointestinal

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 is normal in thickness 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.

Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The hepatic nodule/mass could be consistent with an emerging tumor (i.e., adenoma, adenocarcinoma, round cell tumor). Alternatively, a benign focus (i.e., regenerative nodule, inflammatory focus) is also possible. It is unclear whether this lesion is causing liver enzyme elevations or if a concurrent microscopic hepatopathy (i.e., inflammatory, hepatotoxicosis) is present.

Secondary Findings

- Mild bilateral chronic renal changes
- The prostate changes are most consistent with age-related remodeling with a lower possibility of an emerging tumor.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the liver enzyme elevations and hepatic nodule/mass, consider the following:

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. Excisional biopsy of the hepatic lesion and biopsies of the other liver lobes to assess for a more diffuse hepatopathy. If pursued, aerobic and anaerobic bile cultures should be obtained and hepatic copper quantitation performed.
3. If a more conservative approach is desired at this time, consider a recheck ultrasound in 4-6 weeks to assess for growth of the hepatic lesion, along with reassessment of the liver enzymes.

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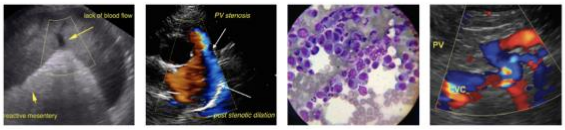

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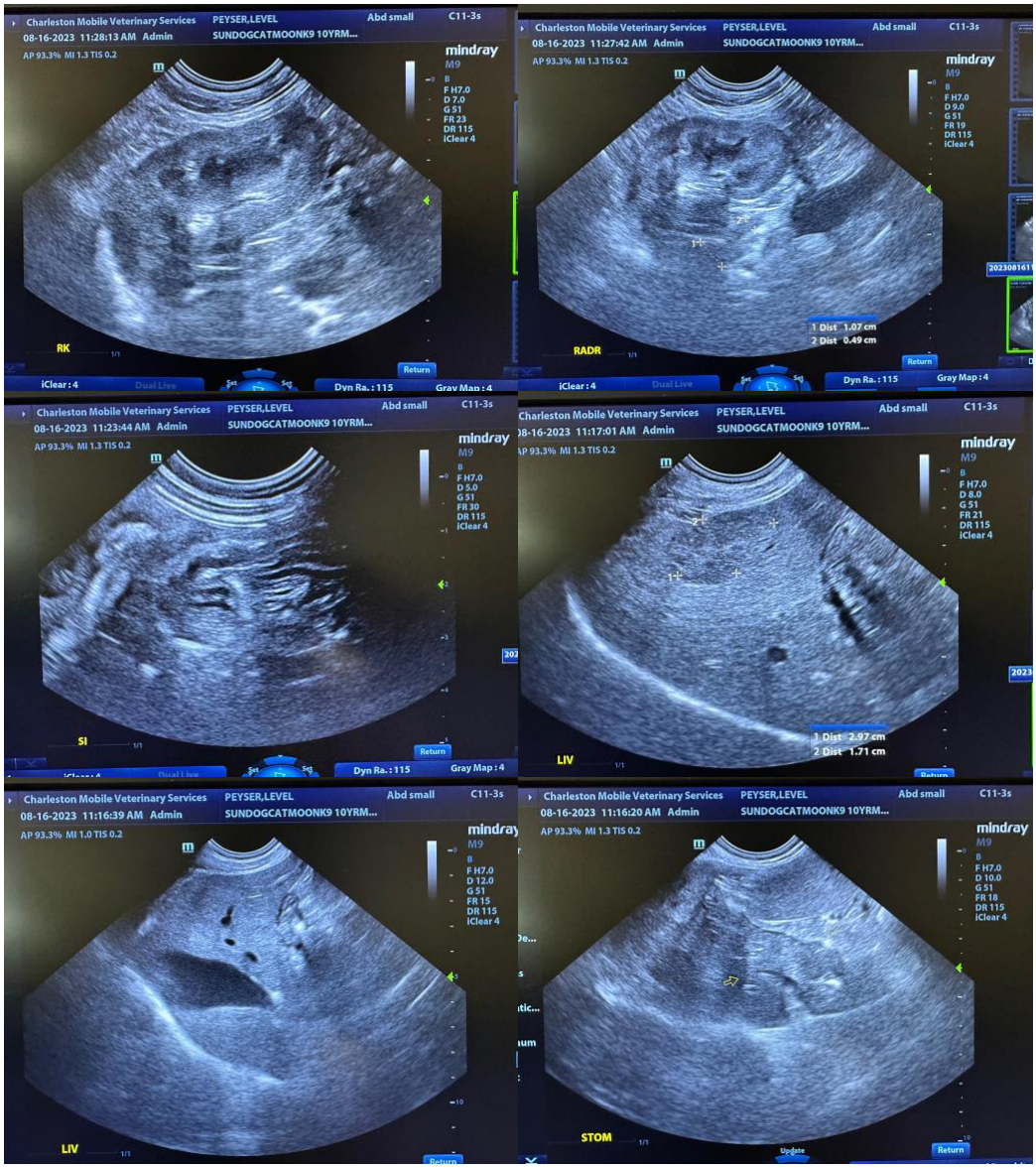

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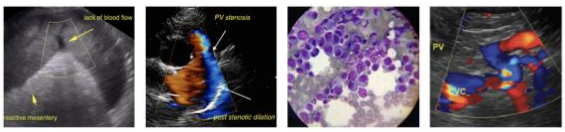

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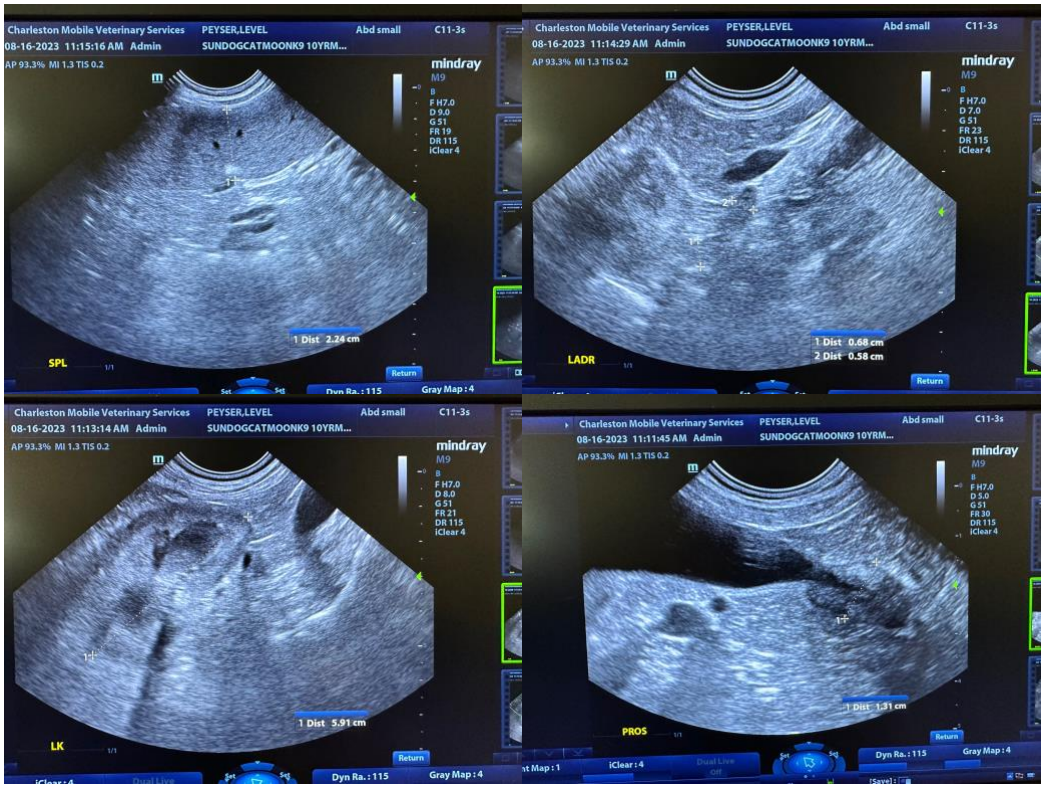

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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