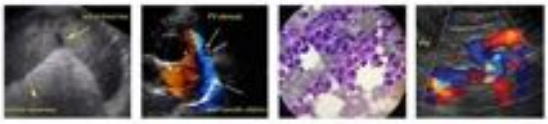

PATIENT

Carly Weatherby

SPECIES

Canine

BREED

Vizsla

SEX

Female, spayed

AGE

9 Years

WEIGHT

54 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

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PRESENTING CLINICAL SIGNS

History: Chemistry screen: Increased alk phos, AST, GGT, cholesterol, triglycerides and PSL. ALT upper end of normal. CBC: No significant finding Heartworm test antigen: Negative Fecal: No eggs or parasites seen Urinalysis: Decreased specific gravity. Increased occult blood and trace protein. A: Multiple increased hepatic values DDX: Neoplasia, idiopathic, inflammation, infection, other. Cannot rule out pancreatic disease. Possible hepatobiliary disease. Also hyposthenuric with proteinuria and hematuria. Concern for bacterial urinary tract infection.
Abnormal PE/Chem/CBC/UA Results: Bile acids: Preprandial slightly increased Postprandial normal. Bile Acids 14.4 13 umol/L BILE ACIDS - POST 10.0 25 umol/L. AST 74, ALT 115, ALP1239. GGT13, CHOL 461, TRIG 665, CPK 1153, PrecPSL182, USG 1012

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is 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 left kidney is normal size (7.13 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (7.36 cm in length); normal shape and architecture with 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.

Adrenal Glands

The left adrenal gland is borderline enlarged (0.81 cm at cranial pole) (0.72 cm at caudal pole); 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.

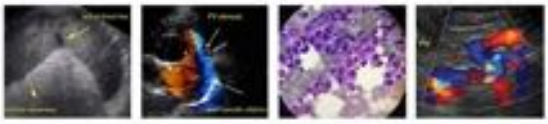
The right adrenal gland is borderline enlarged (1.15 cm at cranial pole) (0.79 cm at caudal pole); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.82 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is mildly heterogeneous in appearance. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is prominent in size with slightly swollen/rounded peripheral contours. The parenchyma is isoechoic relative to the spleen and subtly heterogeneous in appearance with a coarse echotexture. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is mildly distended. The wall is normal in thickness. A small amount



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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 moderately distended with ingesta and soft shadowing material. 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 segmentally dilated with chyme. 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.

Other

A brief echocardiogram reveals no obvious evidence of pericardial effusion.

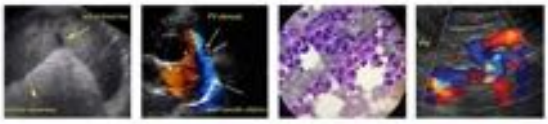
ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.
- Gallbladder debris/sludge, non-mucocele.
- Borderline bilateral adrenomegaly. This may be a normal variant for this patient and may represent early hyperplastic change.

Secondary Findings:

- Minor degenerative renal changes.
- The gastric luminal contents may represent ingesta and/or foreign material (i.e., grass) but appears non-obstructive at this time.
- 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).



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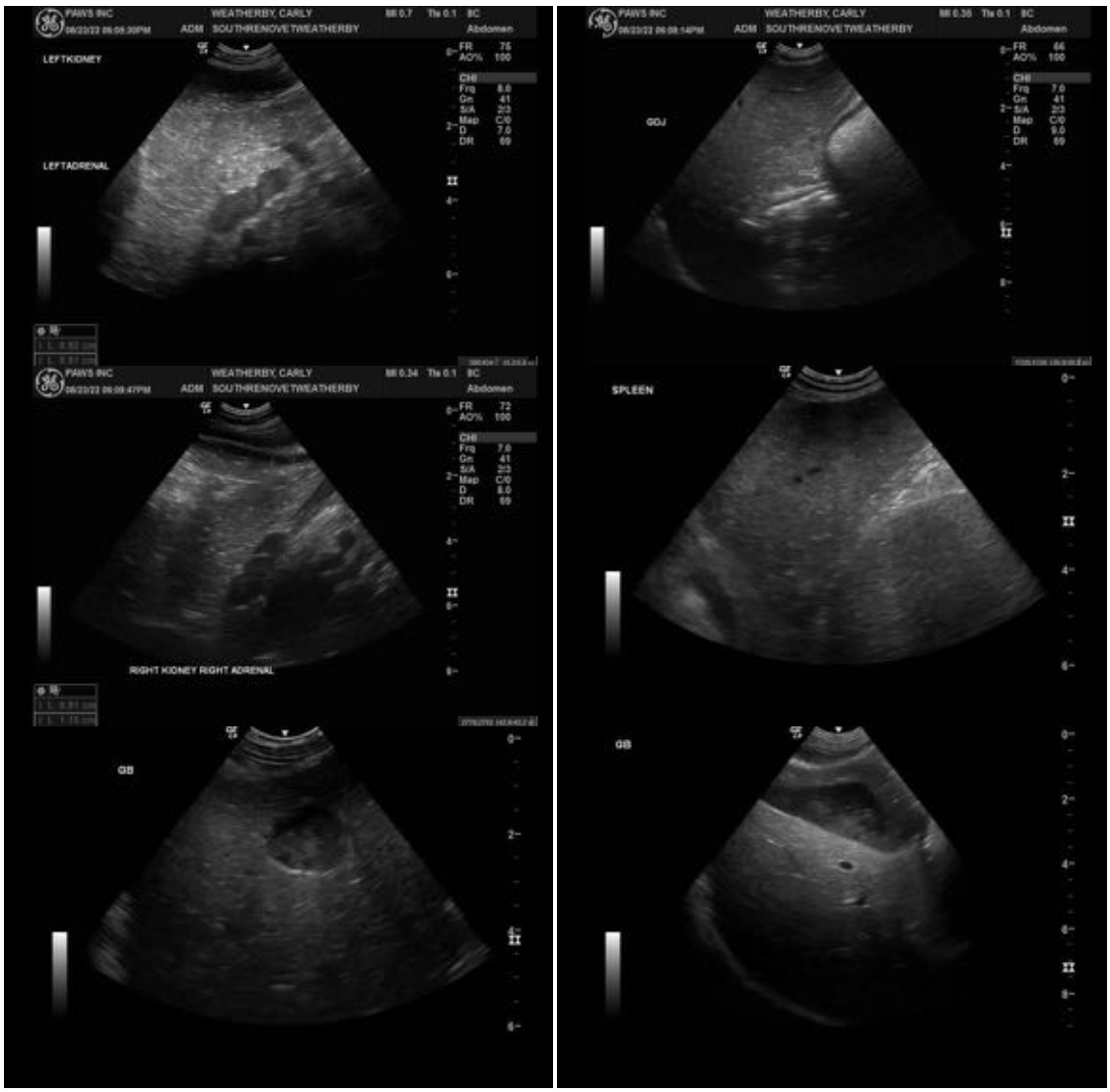
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If the patient is exhibiting clinical signs for Cushing's disease, consider further testing (i.e., low-dose Dexamethasone suppression test). Otherwise, serial monitoring (i.e., every 3-4 months of the patient's liver values is recommended. If values continue to increase, repeat abdominal ultrasound +/- hepatic tissue sampling may be warranted.
- The urine should be monitored for proteinuria and hematuria. If hematuria persists, consider a urine culture and sensitivity. If proteinuria persists in the absence of the hematuria, a UPC should be performed.



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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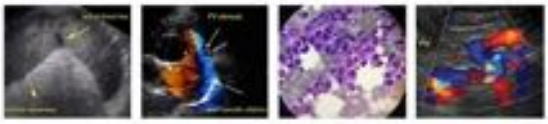

IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

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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