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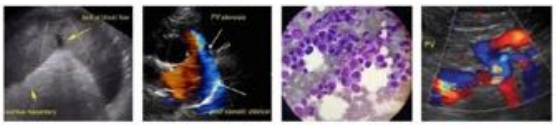


THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Buddy Launder

SPECIES

Canine

BREED

JRT X

SEX

Neutered Male

AGE

12 years

WEIGHT

23 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Maples AH

REFERRING VET

Dr Kazienko

INVOICE

11537

DATE

8.31.22

PRESENTING CLINICAL SIGNS

History: elevated liver enzymes on BW
Abnormal PE/Chem/CBC/UA Results: please see attached bloodwork
ALP 1236. ALT 279. GGT 26. BUN 12.8. Mild thrombocytosis. T4 normal.

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 **prostate** is normal in size (0.95 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 (5.23 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.

The **right kidney** is normal size (4.48 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. At the caudal pole, a 0.83 cm hypoechoic to anechoic lesion is visualized. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The **left adrenal gland** is enlarged (0.96 cm at cranial pole) (0.83 cm at caudal pole) (2.82 cm in length); with an irregular shape. A 1.17 x 1.01 cm irregular hyperechoic nodule is observed at the cranial pole. The parenchyma at the caudal pole is heterogenous with some loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature appear normal.

The **right adrenal gland** is mildly enlarged (0.79 cm at cranial pole) (0.80 cm at caudal pole) (2.11 cm in length); with a relatively normal shape. The parenchyma subtly heterogenous with some loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The **spleen** is normal in size (1.44 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.83 cm ill-defined hyperechoic nodule is observed approximately midspleen. Splenic vasculature is normal.

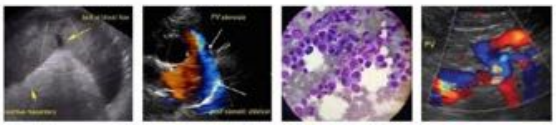
Liver

The **liver** is subjectively prominent in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and subtly heterogenous in appearance with a few ill-defined hyperechoic nodules, the largest measuring 1.13 cm in diameter. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The **gall bladder** is moderately distended. The wall is normal in thickness. A few polypoid lesions are arising foreign material the luminal surface. A small amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The **gastric lumen** is minimally fluid-distended. 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



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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 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

- Suspected benign diffuse hepatopathy. Top differentials include idiopathic vacuolar hepatopathy and regenerative nodular hyperplasia. Inflammatory disease is considered less likely, particularly given the liver enzyme pattern. Infiltrative neoplasia is possible, but also considered unlikely.

Secondary Findings

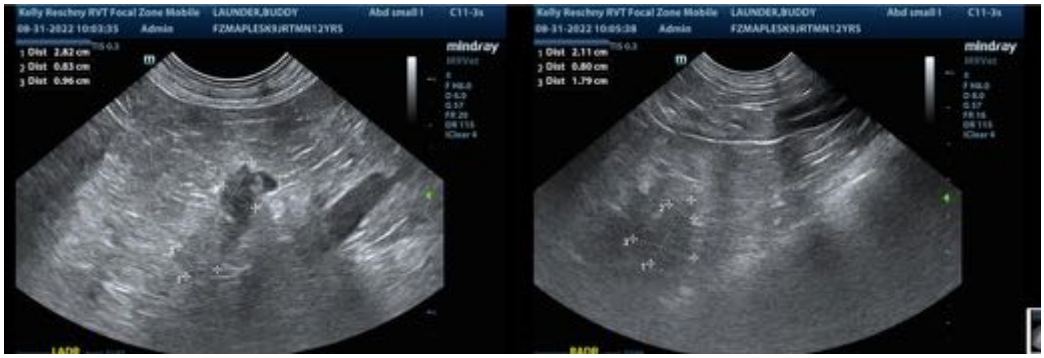
- Bilateral degenerative renal changes. The hypoechoic to anechoic lesion at the caudal pole of the right kidney is thought to represent a cortical cyst. However, a tumor or granuloma cannot be completely excluded.
- Bilateral adrenomegaly, consistent with hyperplastic change. The left adrenal nodule could be consistent with benign nodular hyperplasia or an emerging tumor. A benign process is favored.
- The hyperechoic splenic nodule trends toward the benign (i.e., myelolipoma)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider testing for hyperadrenocorticism with a low-dose dexamethasone suppression test or ACTH stimulation test if clinical signs (i.e., PU/PD) develop.

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.

Regarding the right renal lesion, consider a repeat ultrasound in 4-6 weeks to assess for change/progression.



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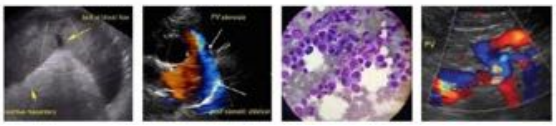

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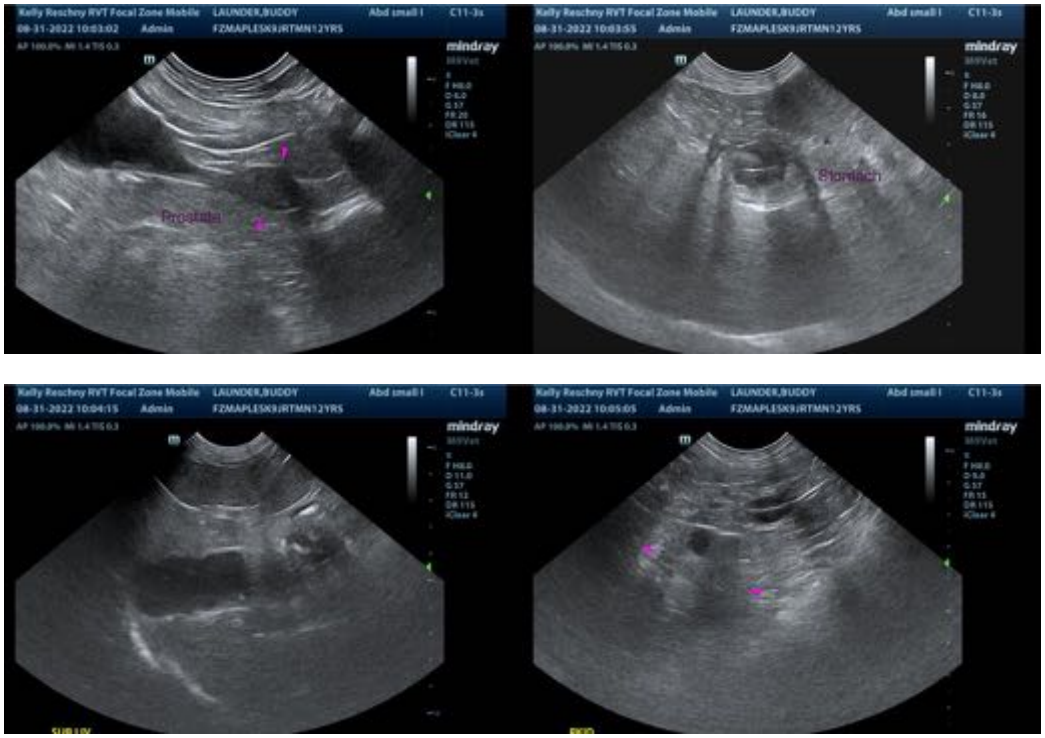

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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