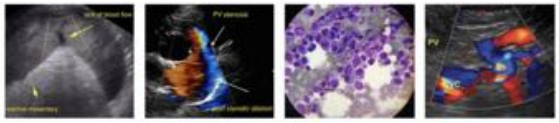

PATIENT

Scoops Mele

SPECIES

Canine

BREED

Boston Terrier

SEX

Neutered Male

AGE

9.14.11

WEIGHT

19.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

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Dr. Harasim/Brogie

INVOICE

11638

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PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Presented for acting 'off'/lethargic 9/14/22. No v/d, e/d is normal. O reports a possible seizure episode last week, no other episodes since then but just more quiet this AM.
Per O, P had a history of sago palm ingestion several years ago, and ever since has had elevated liver values. P has a history of a heart murmur, and dental disease. pDVM Rx's antibiotics ~once per month for dental disease, O's NI in DAT due to anesthetic concerns. (pDVM records not available during appt, we are trying to obtain them)

On PE 9/14- very light pink MM (O also believes this is historic for P); grade V-VI/VI murmur, no obvious arrhythmias noted, lungs WNL but moderate referred upper airway noise. OD mydriatic, OS miotic (but iris atrophy noted, PLRs/etc WNL), grade 2 dental, abdomen tense but did not appear painful, no obvious masses noted

Abnormal lab-work values:
HCT 38.2%
ALT 405
ALP 1655
GGT 30

AFAST- scant free fluid noted near quadrate liver lobe; mixed echogenicity/mottled appearance to either quadrate or left lateral liver lobe with suspect mass effect noted. P uncomfortable when ultrasounding this area

Current Medications: Denamarin, Gabapentin, Yunnan Baiyao

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** is mildly distended with mostly anechoic urine. The wall is of appropriate thickened for the level of repletion. The mucosal surface is slightly irregular. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2-3 cm, are normal.

The **prostate** is normal in size (0.82 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

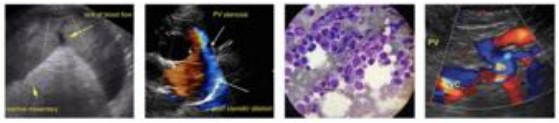
The **left kidney** is normal in size (4.39 cm in length) normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The **right kidney** is normal size (4.52 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. A few, small, nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The **left adrenal gland** is normal size (0.39 cm at cranial pole) (0.48 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 enlarged (1.29 cm at cranial pole) (0.89 cm at caudal pole) (1.97 cm in length); with a slightly irregular shape. The parenchyma is hypoechoic with some loss of glandular



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detai. No distinct focal lesions are observed. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The **spleen** is normal in size (0.95 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The **liver** is subjectively enlarged with swollen, irregular, peripheral contours. The parenchyma is hypoechoic relative to the spleen and subtly heterogenous in appearance with nodular, irregular-appearing parenchyma throughout the organ. An approximately 4.00-5.00 cm isoechoic swelling/mass effect is observed in the region of the left lateral lobe. Within this region, a few, small hyperechoic nodules are seen. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1. The mesentery surrounding the liver is hyperechoic.

The **gall bladder** lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. 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 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. There is no evidence of an obstructive pattern.

Pancreas

The **pancreas** is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

Trace free fluid is suspected in the cranial abdomen. 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 parenchymal changes, including the left swelling/mass effect, could be consistent with infiltrative neoplasia (i.e., lymphoma) or a diffuse inflammatory process (i.e., bacterial cholangiohepatitis, chronic active hepatitis) with possible concurrent age-related change (i.e., nodular hyperplasia). Cranial peritonitis is present, likely secondary to underlying pathology.
- The right adrenomegaly could be consistent with hyperplastic change or an emerging tumor.

Secondary Findings

- Bilateral age-related renal changes with nonobstructive nephrocalcinosis

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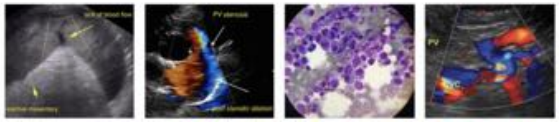

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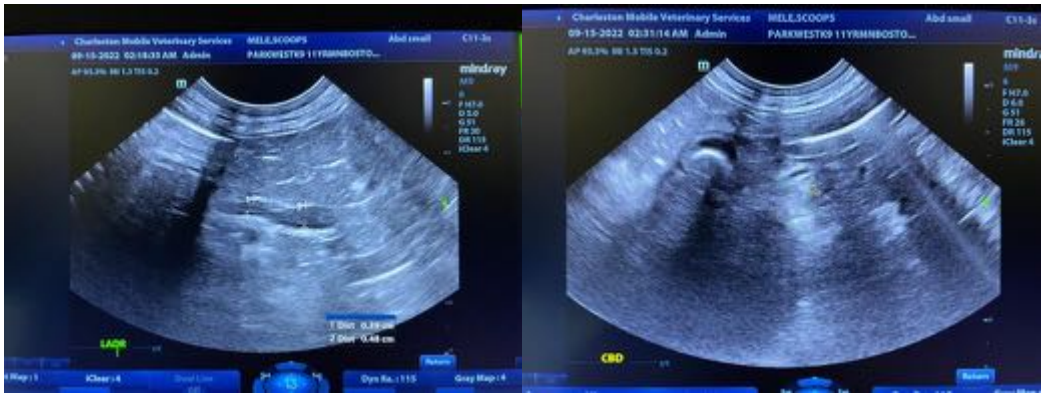
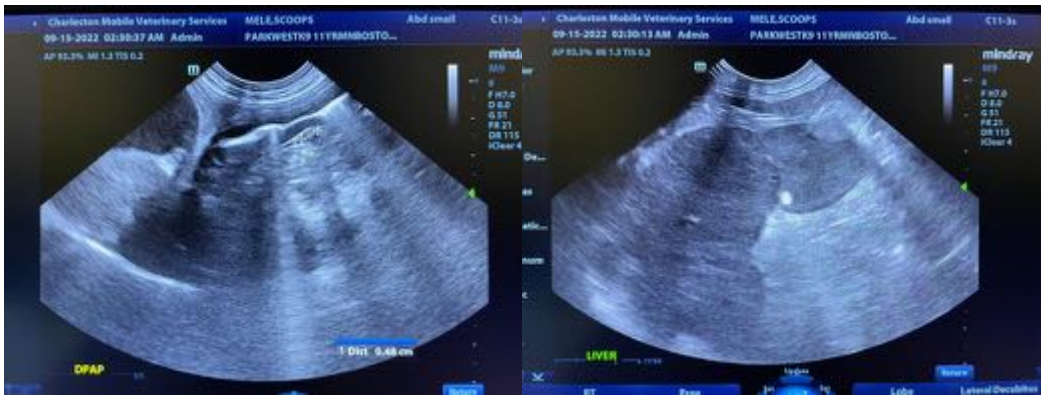
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Ideally, hepatic tissue sampling (i.e., fine-needle aspirate or surgical liver biopsy) would be performed to get a definitive diagnosis. Tissue sampling should also include the left-sided swelling/mass effect. If sampling is not to be pursued, consider empirical treatment for bacterial cholangiohepatitis (i.e., amoxicillin-clavulanic acid, Denamarin) with recheck liver values in 5-7 days. If the liver values are not improving at that time, antibiotics should be discontinued, and hepatic tissue sampling revisited. If values are improving, continue therapy for at least 4-6 weeks or one week beyond plateauing of the liver values.
- Give the patient's history of a heart murmur, thoracic radiographs are recommended to assess cardiopulmonary status, particularly if the patient is to undergo anesthesia at any point.
- If the concern for Leptospirosis is high, also consider testing (i.e., blood and urine PCR, serology).
- Consider testing for hyperadrenocorticism with a low-dose dexamethasone suppression test or ACTH stimulation test if clinical signs (i.e., PU/PD) develop.





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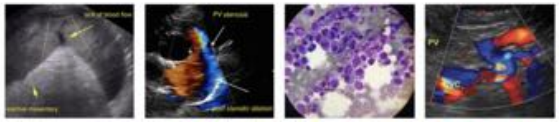

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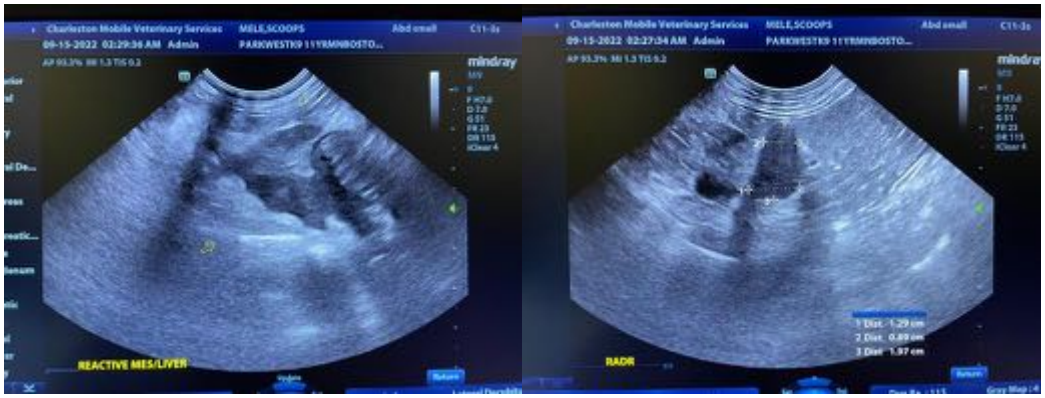

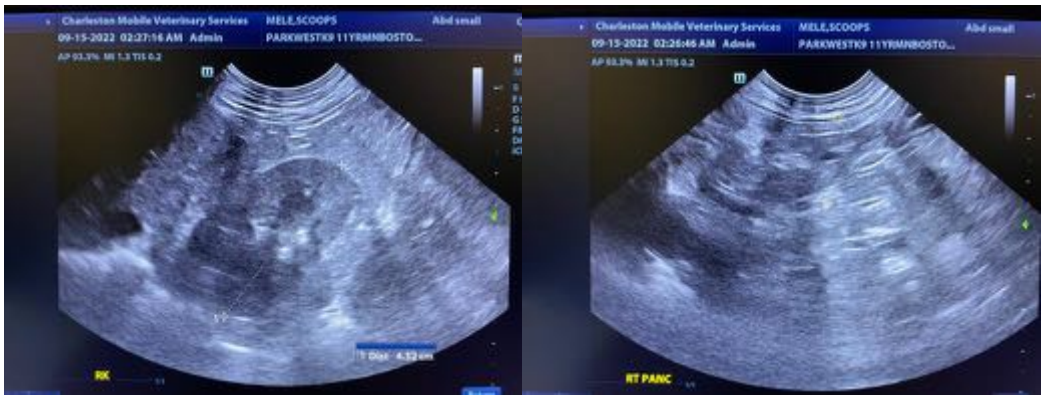

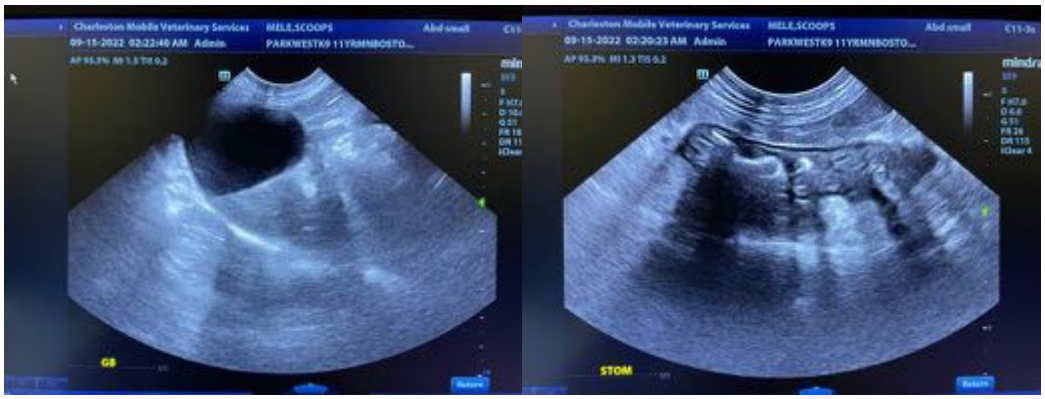

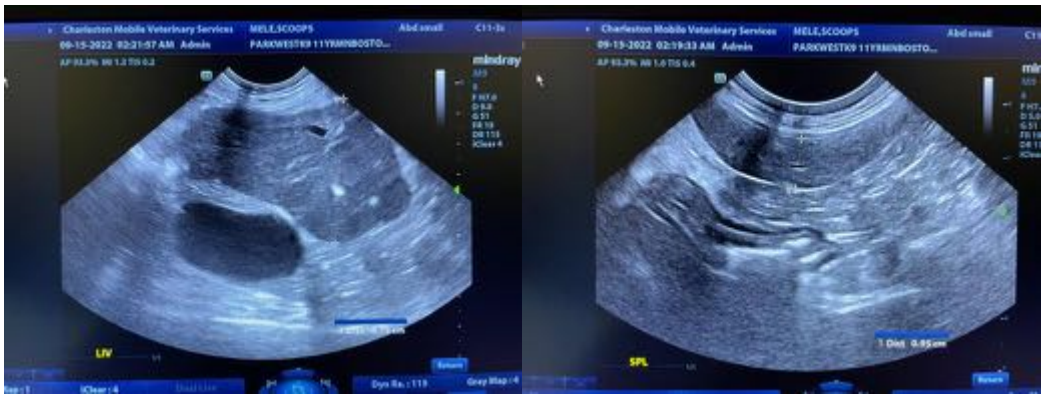

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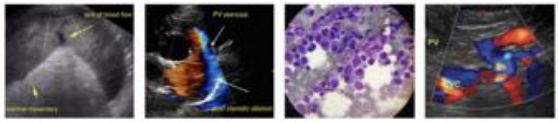

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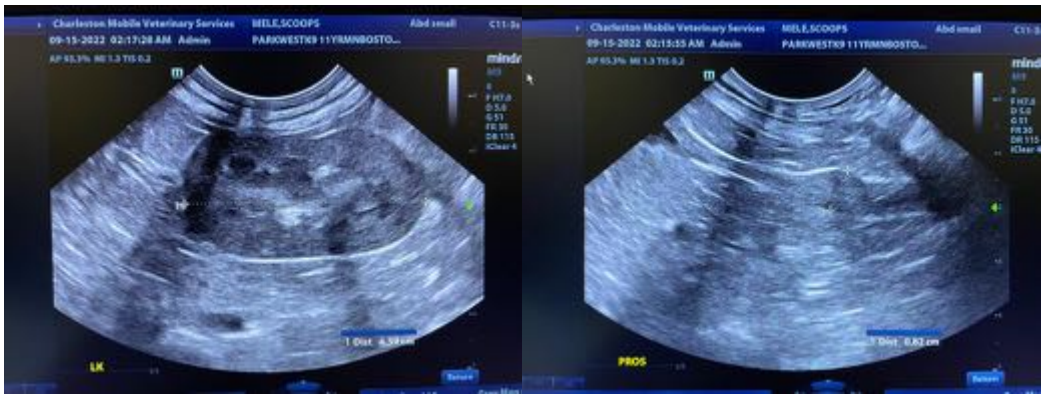

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com