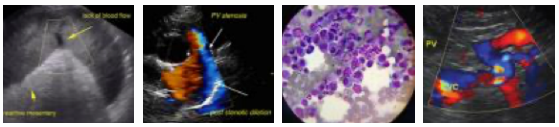


PATIENT
Millie Young

SPECIES
Canine

BREED
Chihuahua mix

SEX
Female, spayed

AGE
16 Yrs.

WEIGHT
11.2 lbs.

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

IMAGING PERFORMED BY
Sara Hansen

HOSPITAL NAME
West Hills AH

REFERRING VET
Dr. Remcho

DATE
2/8/22

INVOICE
12990

PRESENTING CLINICAL SIGNS

History: P presented for general senior screening. SHM Grade 6/6 noted Alk Phos 1959 (> 2 year hx) and proBNP 1991
Abnormal PE/Chem/CBC/UA Results: Radiographic Findings Full body radiographs, 6 views: The views are expiratory. The right lateral view is oblique, distorting the appearance of the cardiac silhouette. The caudal cardiac waist is mildly straightened. The cardiac silhouette is mildly tall, dorsally displacing the trachea. On the VD view, there is mild rounding of the right side of the cardiac silhouette in the region of the right ventricle. The pulmonary vasculature is normal. There is a mild diffuse bronchial pulmonary pattern. Multiple thin pleural fissure lines are present. The thoracic body wall is normal. Abdomen: There are multiple irregularly margined mineral opacity structures in the region of the gallbladder. The center of these structures is radiolucent compared to the periphery. The largest of these structures measures 1.5 cm x 0.6 cm. The liver is normal in size and shape. The right kidney is poorly visualized likely due to fortuitous summation. The left kidney is mildly small. The spleen, urinary bladder, gastrointestinal tract, and abdominal serosal detail are normal. Assessment: 1. Mild left atrial and right ventricular cardiac enlargement with no evidence of congestive heart failure. Consider myxomatous and tricuspid valvular disease. A small congenital shunt could also cause a loud murmur. 2. Multiple cholelith. 3. Mildly small left kidney. Consider chronic renal disease such as due to tubulointerstitial nephritis, glomerulonephritis, pyelonephritis, or hydronephrosis 4. Mild bronchial pulmonary pattern. This may be due to the expiratory nature the radiographs or age-related changes. Lower airway disease of inflammatory, infectious, or allergic origin cannot be excluded. 5. Thin pleural fissure lines. DDx: tangential imaging of the pleura, pleural fibrosis, minimal pleural effusion. Consider echocardiography. Abdominal ultrasound could be performed to evaluate the urinary tract and the hepatobiliary tract.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

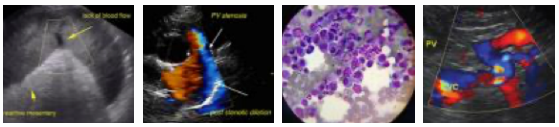
The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal size (3.31 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. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (3.30 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. Mild pyelectasia is present (0.26 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.39 cm at cranial pole) (0.49 cm at caudal pole) (1.70 cm in length); 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.



PATIENT
Millie Young

SPECIES
Canine

BREED
Chihuahua mix

SEX
Female, spayed

AGE
16 Yrs.

WEIGHT
11.2 lbs.

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

IMAGING PERFORMED BY
Sara Hansen

HOSPITAL NAME
West Hills AH

REFERRING VET
Dr. Remcho

DATE
2/8/22

INVOICE
12990

The right adrenal gland is borderline enlarged (0.83 cm at cranial pole) (0.57 cm at caudal pole) (1.69 cm in length); 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 (0.93 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 slightly swollen peripheral contours. The parenchyma is hypoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A few irregular choleliths as well as echogenic debris is observed within the lumen. 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. 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.

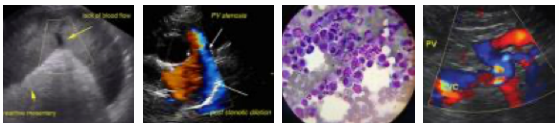
Other

A brief echocardiogram reveals no evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Benign diffuse hepatopathy. Vacuolar hepatopathy and regenerative nodular hyperplasia are the top differentials with a low possibility of inflammatory disease or infiltrative neoplasia.
- Non-obstructive choleliths- incidental.



PATIENT
Millie Young

SPECIES
Canine

BREED
Chihuahua mix

SEX
Female, spayed

AGE
16 Yrs.

WEIGHT
11.2 lbs.

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

IMAGING PERFORMED BY
Sara Hansen

HOSPITAL NAME
West Hills AH

REFERRING VET
Dr. Remcho

DATE
2/8/22

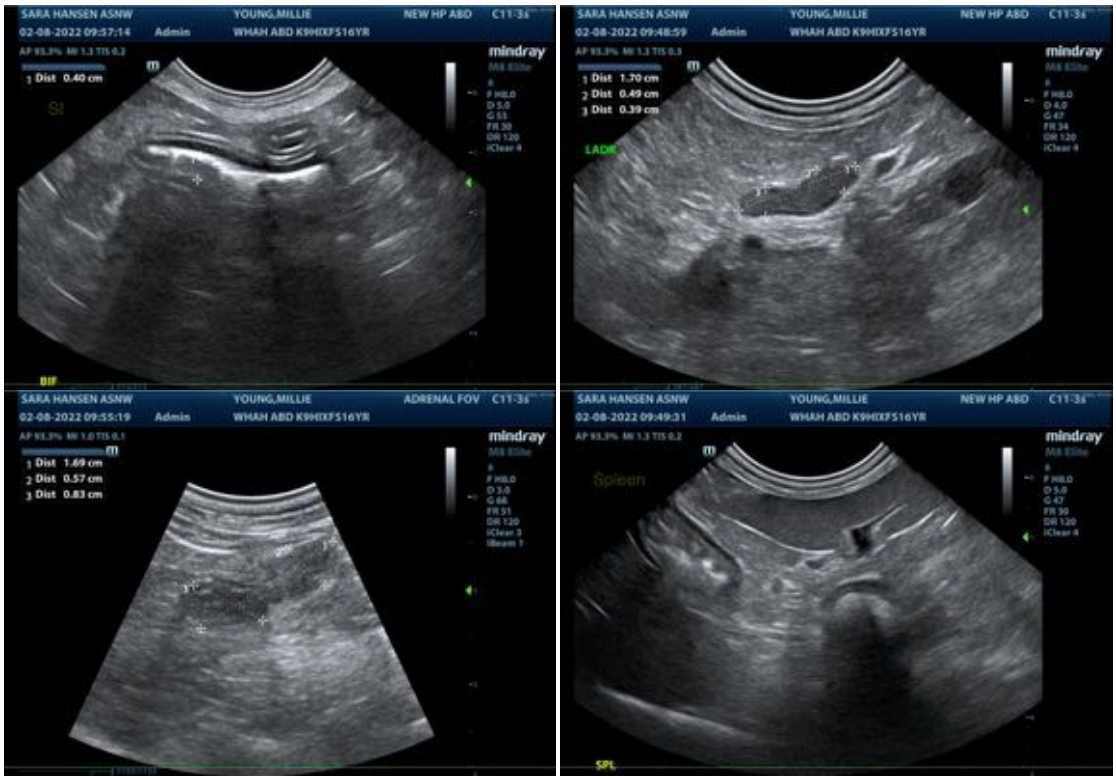
INVOICE
12990

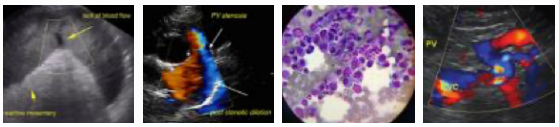
Secondary Findings:

- Minor age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Serial monitoring (i.e., every 3-4 months) of the patient's liver values is recommended. If values continue to increase, a repeat abdominal ultrasound +/- hepatic tissue sampling may be warranted.
- Consider testing for hyperadrenocorticism with a low-dose dexamethasone suppression test or ACTH stimulation test if clinical signs (i.e., PU/PD) develop in the future.





PATIENT

Millie Young

SPECIES

Canine

BREED

Chihuahua mix

SEX

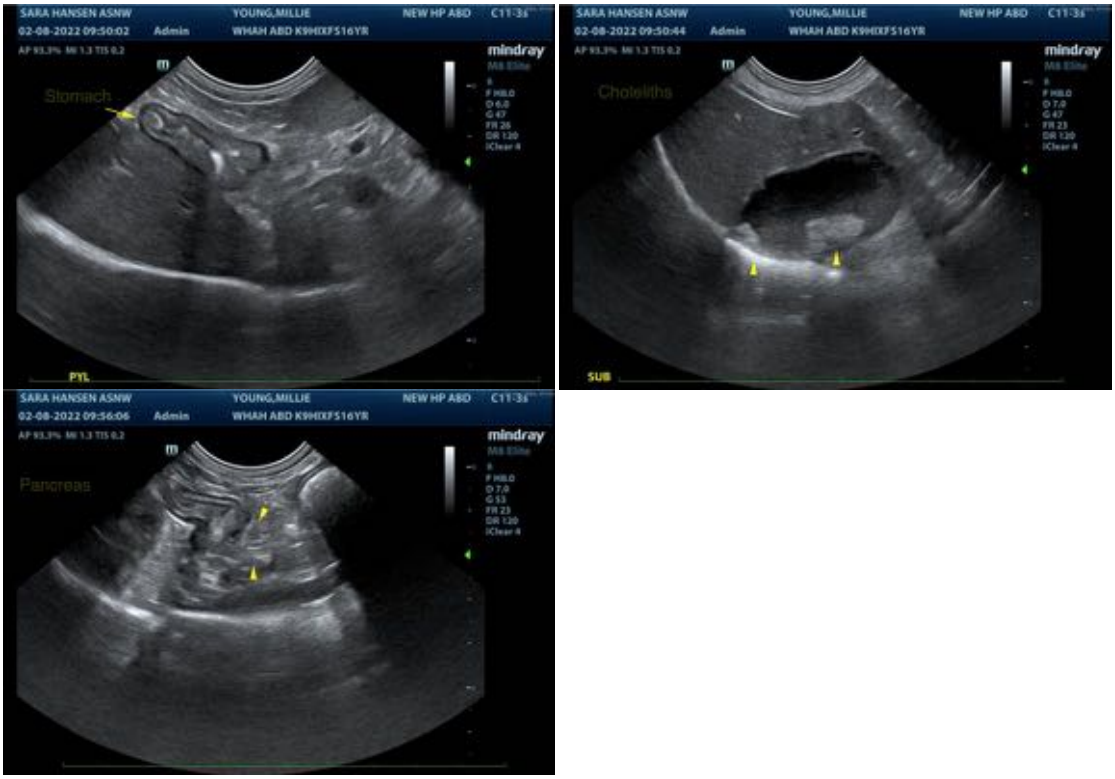
Female, spayed

AGE

16 Yrs.

WEIGHT

11.2 lbs.



INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

West Hills AH

REFERRING VET

Dr. Remcho

DATE

2/8/22

INVOICE

12990

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

andrea.nicastro@sonopath.com