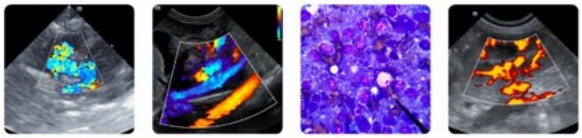

PATIENT

Piper Bode

SPECIES

Canine

BREED

Cocker Spaniel

SEX

Female, spayed

AGE

12 Yrs.

WEIGHT

21.3 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

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1/13/26

PRESENTING CLINICAL SIGNS

Pt is asymptomatic but has elevated liver values. ALP 1368, ALT 428.

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 mostly anechoic. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal in size (5.24 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. A few small non-obstructive mineralized foci are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (5.41 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. A few small non-obstructive mineralized foci are visualized. Trace pyelectasia is present (0.13 cm in the longitudinal plane). There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is enlarged (0.76 cm at cranial pole) (0.65 cm at caudal pole) with an irregular shape and a 0.75 cm swelling at the medial aspect approximately mid-gland. The parenchyma is heterogeneous with some loss of glandular detail. Surrounding vasculature appears normal.

The right adrenal gland is mildly enlarged (0.88 cm at cranial pole) (0.70 cm at caudal pole) with a normal shape. The glandular echogenicity and detail are unremarkable. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.27 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 peripheral contours. The parenchyma is hyperechoic relative to the spleen and attenuating. The parenchyma is diffusely mottled in appearance. A 4.2 x 3.4 cm isoechoic to slightly hypoechoic mildly heterogeneous swelling/mass is observed on the right side adjacent to the diaphragm. In addition, a 1.96 x 1.43 cm hypoechoic nodule is observed on the left side. Vascular and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is distended. The wall is normal in thickness. A large amount of aggregated, echogenic, suspended sludge in a stellate pattern is observed within the lumen. The cystic and common bile ducts are normal/not seen. The duodenal papilla is normal in size (0.29 cm in width).

Gastrointestinal

The gastric lumen is mildly distended with ingesta and irregular 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 not dilated. The small intestinal wall is normal in thickness with a

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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 right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Lymph nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

There is no obvious evidence of free fluid.

Other

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The gallbladder changes are consistent with a fully formed mucocele.
- The diffuse hepatic parenchymal changes are non-specific and could be secondary to vacuolar hepatopathy (i.e., endocrine, idiopathic), regenerative nodular hyperplasia, age-related parenchymal remodeling, inflammatory disease (i.e., chronic hepatitis, bacterial cholangiohepatitis), hepatotoxicosis (i.e., fibrosis, infiltrative neoplasia) and/or other hepatopathy. The hepatic swelling/mass and nodules could be consistent with benign lesions (i.e., regenerative nodules, inflammatory foci) or emerging tumors.

Secondary Findings:

- Bilateral nonspecific age-related renal changes with non-obstructive nephrocalcinosis and trace right pyelectasia.
- Bilateral adrenomegaly with irregular left adrenal contours.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The shadowing material within the gastric lumen may represent normal ingesta and/or foreign material. It appears non-obstructive at the time of this study.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. If an aggressive approach is desired, consider a cholecystectomy with submission of the gallbladder for histopathology along with aerobic and anaerobic bile cultures. Liver biopsies should be obtained at the time of surgery with special attention to any nodules/masses. Hepatic copper quantitation should also be performed.
2. If surgery is not pursued at this time, initiation of Ursodiol therapy is recommended with close sonographic monitoring (i.e., every 4-6 weeks) of the gallbladder and liver lesions to assess for progression.

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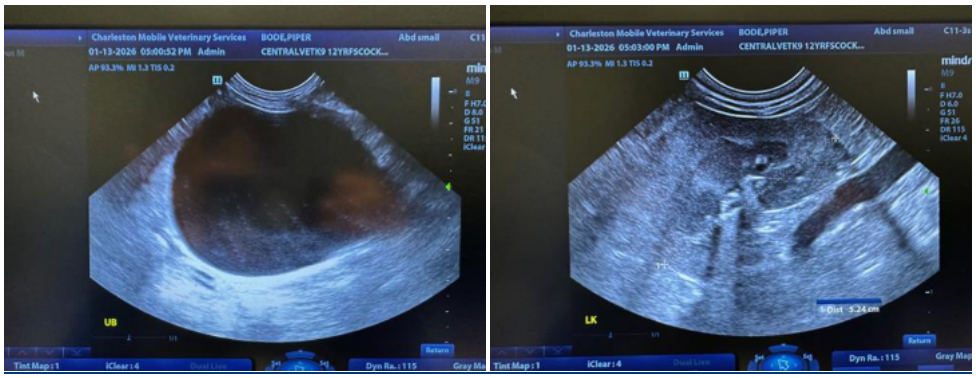
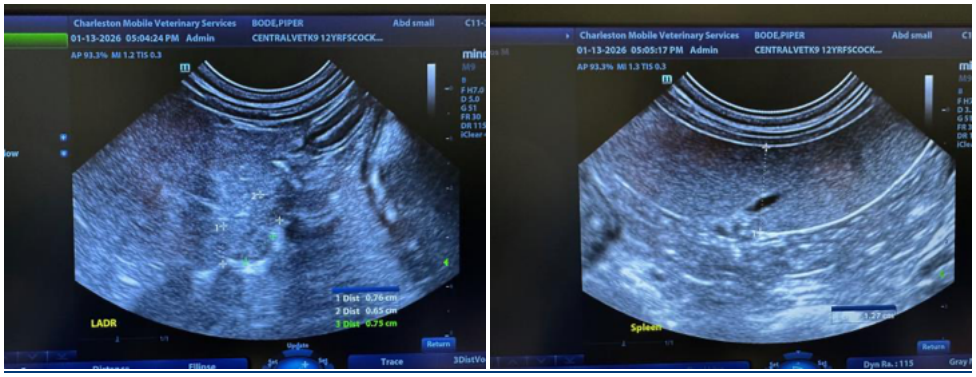
3. Consider testing for hyperadrenocorticism with a low-dose dexamethasone suppression test or ACTH stimulation test if clinical signs (i.e., PU/PD) develop in the future.





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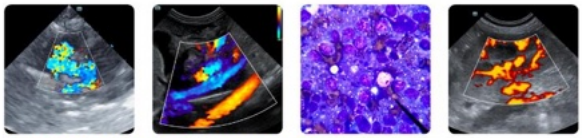

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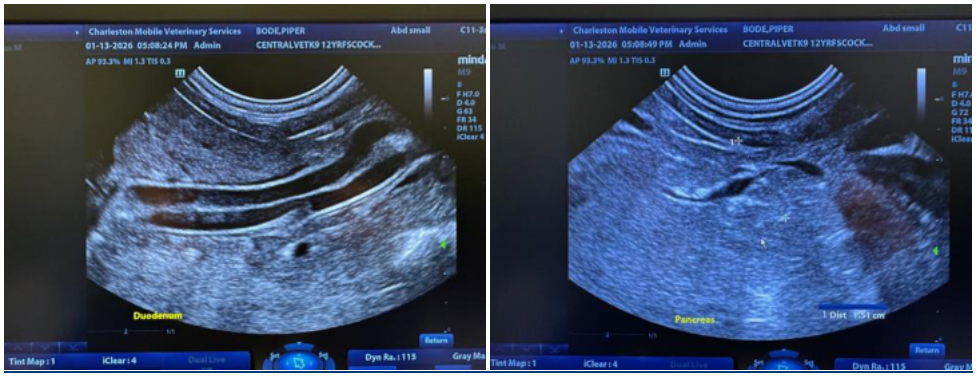

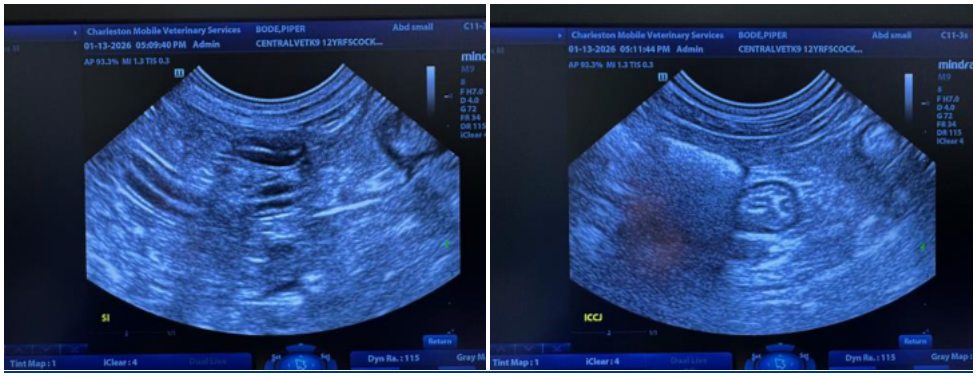

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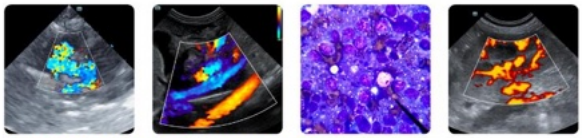

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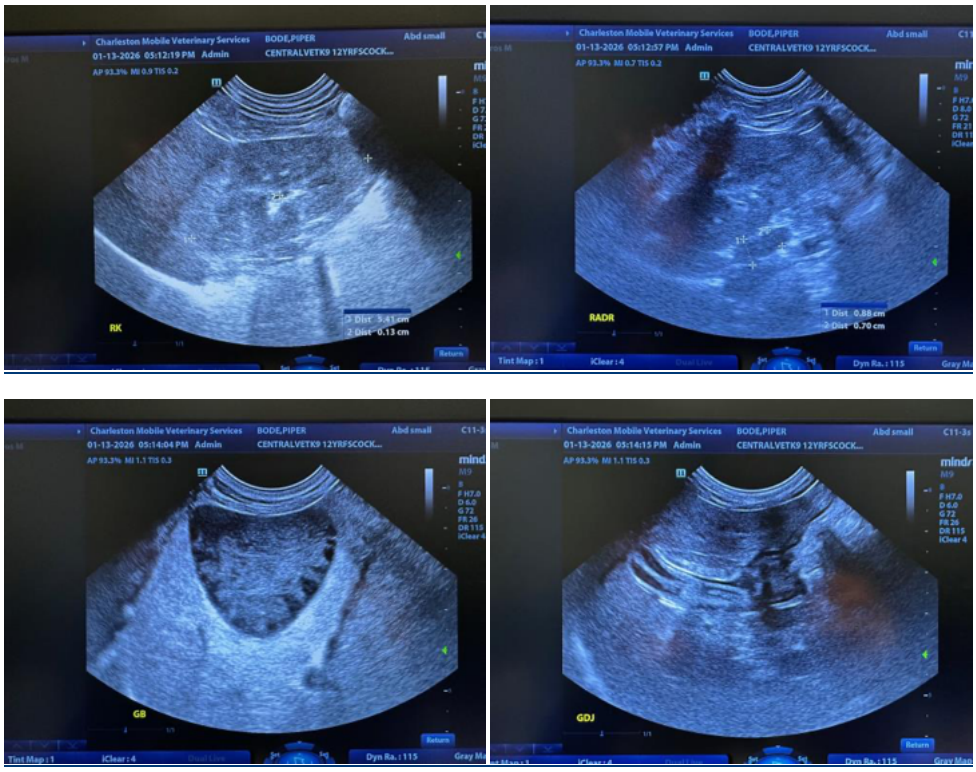

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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