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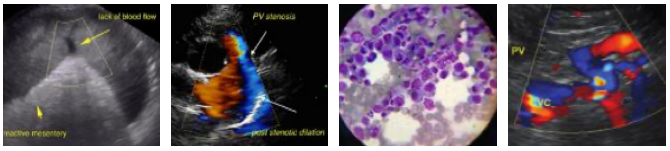


PATIENT

Brandy Scalera

SPECIES

Canine

BREED

Yorkshire terrier

SEX

Female, spayed

AGE

13 Yrs.

WEIGHT

7.5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi CVT

HOSPITAL NAME

Whippany VH

REFERRING VET

Dr. Smith

INVOICE

15119

DATE

7/18/23

PRESENTING CLINICAL SIGNS

History: Elevated hepatic and renal values. Dx: PLN; R/O Hepatic Dz vs adrenal gland dz vs GB Dz vs other. Current Meds: Enalapril 2.5mg 1/2 q24h
Abnormal PE/Chem/CBC/UA Results: ALKP 199; GGTP 25; CHOL 336; BUN 48; TRIG 811; U/A: USG 1.015; PROT 3+; PH 5

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 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 size (3.49 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is isoechoic relative to the spleen and mildly thickened with moderate loss of corticomedullary distinction. Several small cortical cysts are seen. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (3.99 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. A small cortical cyst is seen at the cranial medial aspect. The cortex is isoechoic relative to the spleen. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.39 cm at cranial pole) (0.63 cm at caudal pole) with a prominent caudal pole and smooth curvilinear peripheral contours. The glandular echogenicity and detail are unremarkable. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.85 cm at cranial pole) (0.50 cm at caudal pole) (1.40 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.

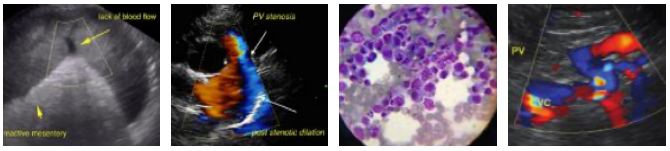
Spleen

The spleen is normal in size (0.86 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A few small meylolipomas are observed in the region of the hilus. Splenic vasculature is normal.

Liver

The liver is subjectively prominent in size with swollen peripheral contours. The parenchyma is isoechoic relative to the spleen. On the left side, a 2.90 x 1.17 cm ill-defined heterogeneous area is visualized. In addition, a 0.86 cm hyperechoic nodule is present adjacent to the diaphragm. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is normal in thickness. A few small polypoid like lesions are arising from the luminal surface. A scant amount of adhered echogenic debris is also seen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal



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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.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The heterogeneous area on the left side of the liver could be consistent with an emerging tumor, inflammatory focus, granuloma, regenerative nodule, other. The hyperechoic hepatic nodule trends toward the benign (i.e., meylolipoma, regenerative nodule) with a lower possibility of emerging neoplasia.
- Bilateral non-specific chronic renal changes with subtle dystrophic mineralization.

Secondary Findings:

- Mild left adrenomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider fine needle aspiration of the heterogeneous lesion in the liver if clotting status is appropriate. A 25-gauge needle should be used. If cytology results are inconclusive, laparoscopic or surgical biopsies of the area may be necessary to get a definitive diagnosis.
- Regarding the renal disease, consider the following:
    - UPC, if not performed recently. If elevated, adjustment in the treatment regimen may be warranted.
    - Initiation of omega 3 fatty acids
    - Prescription renal diet, if not already receiving.
    - Baseline blood pressure measurement

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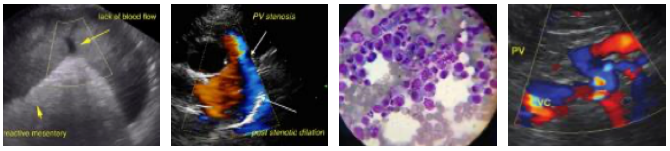

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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