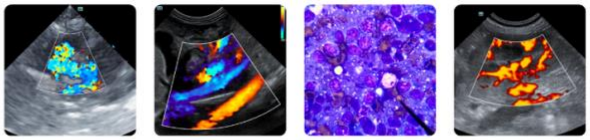

PATIENT

Bazinga Hayward

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

15 Years

WEIGHT

28.7 kg

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Mariusz Chmielinski DVM

HOSPITAL NAME

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PRESENTING CLINICAL SIGNS

15 yr MN mixed breed dog – AUS for systemic disease workup (mobility decline, pain, increased liver enzymes)

Vitals: HR: 138 bpm, RR: panting , Temp: 38.3°C, MM: Pink, CRT <2 sec Mentation: BAR - anxious CBC Within normal limits CHEMISTRY - • ALP: 1497 U/L ↑↑↑ • ALT: 255 U/L ↑ • Albumin: 46 g/L ↑ (mild) • BUN: 11.4 mmol/L ↑ • Glucose: 6.6 mmol/L ELECTROLYTES First sample: • Na: 166 mmol/L ↑ • K: 7.6 mmol/L ↑ • Na/K = 21 (concerning) • Ca: low (likely artifact) Repeat sample: • K normalized (5.2) • Na/K = 28 (still borderline low)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is moderately distended with anechoic urine. No uroliths are seen. The bladder wall is normal in appearance and thickness. No masses are seen.

There are enlarged medial iliac lymph nodes. A representative node measures 1.45 cm in width. These nodes are heteroechoic in echotexture, and appear to be possibly reactive, less likely to be enlarged due to neoplasia.

The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 6.8 cm in length.

The right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. Several hypoechoic cysts present in cortex that appear benign. The right kidney measured 7.3 cm in length.

Adrenal Glands

The left adrenal gland presents enlarged in size. The phrenic vasculature is unremarkable. The cranial pole was not seen and the caudal pole measures 10.2 mm. The visible left adrenal has heteroechoic echotexture and several small most likely incidental hypoechoic nodules present in the caudal pole. Representative nodule measures 3.0 mm in diameter. A second nodule measures 4.4 mm in diameter. These are most likely incidental findings.

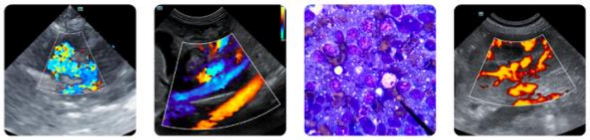
The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole was not seen and the caudal pole measures 6.7 mm.

Spleen

Spleen diffusely appears mildly enlarged and has a heteroechoic echotexture. Near the hilus, there's a hypoechoic lesion that measures 10.0 mm in width, most likely benign myelolipoma. In the tail of the spleen, there are several non-capsule displacing hypoechoic lesions present. A representative lesion measures 3.0 mm in width. These are most likely benign extramedullary hematopoiesis and less likely infiltrative or metastatic neoplasia.

Liver

Liver is subjectively enlarged (swollen contour) without disruption of architecture. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than



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normal portal vein walls and increased echogenicity relative to the spleen and falciform fat. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder presents normal size with marked amount of aggregating hyperechoic debris. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

Gastrointestinal

The stomach and intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.

Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. The capsule is mildly irregular in shape. Parenchyma is mildly heterogenous and coarse. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There are no enlarged abdominal lymph nodes seen on this exam. No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

- Enlarged left adrenal gland with nodules.
- Splenic enlargement with lesions.
- Enlarged medial iliac lymphadenopathy.
- Gallbladder debris.
- Hyperechoic hepatomegaly.
- Age-related pancreatic remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given that the left adrenal is mildly enlarged, consider screening patient for hyperadrenocorticism via low-dose dexamethasone suppression test.

If possible, recommend fine needle aspirate of one of the medial iliac lymph nodes and submission for cytology.

The patient appears to have a very early immature gallbladder mucocele. Correlates this ultrasound finding with patient's lab work to determine if clinically significant. Given that patient's bilirubin is not reported to be elevated, the gallbladder does not appear obstructive. Most likely, gallbladder can be treated medically at this time. Consider starting ursodiol at 15 mg/kg by mouth every 12 hours and adding an antibiotic such as amoxicillin. Recheck gallbladder ultrasound and lab work in six to eight weeks to determine if improvement is seen.

Appearance of the liver is consistent with a benign hepatopathy, most likely a vacuolar hepatopathy. Recommend workup for secondary causes that would increase the patient's liver values and cause the appearance of the liver on ultrasound.

Recommend screening for hyperadrenocorticism, hypertriglyceridemia, hypothyroidism, occult pancreatic and occult GI disease. These tests can be done in series. Recommend starting testing in

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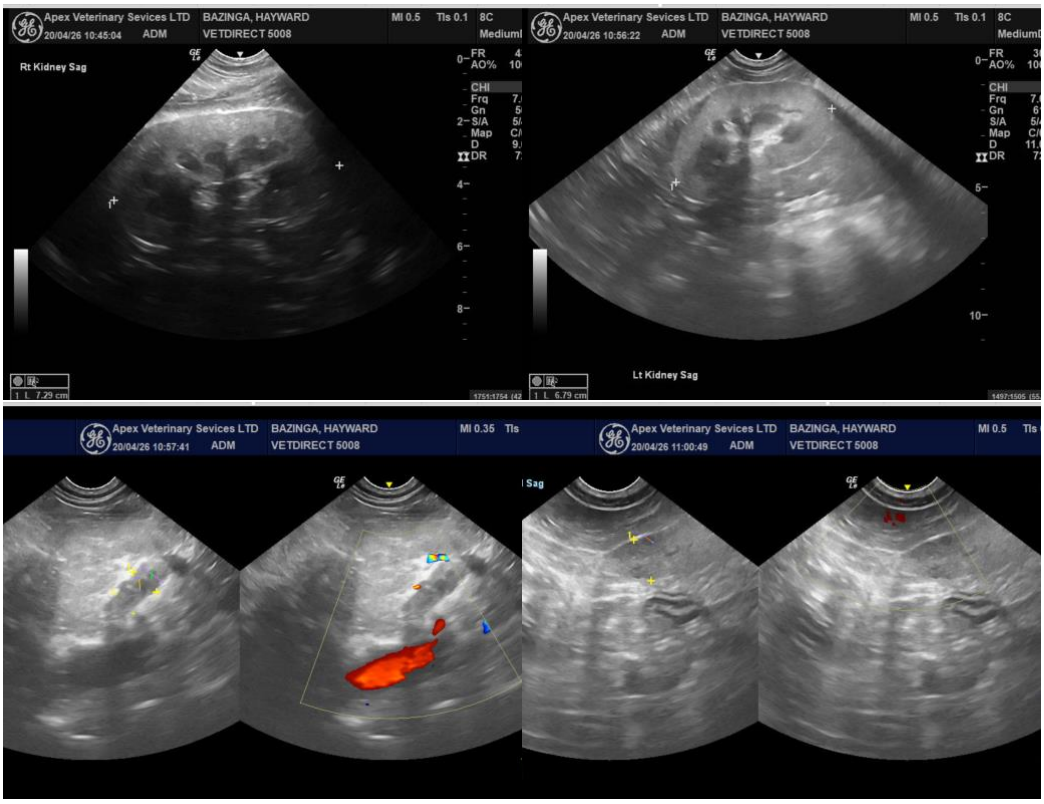
order of discussed. If no secondary cause for the patient's hepatopathy is identified, and the patient is not vaccinated for leptospirosis, consider submitting leptospirosis testing.

Ultimately, if no secondary cause is identified and liver values remain elevated or are progressively elevated, consider liver biopsy.



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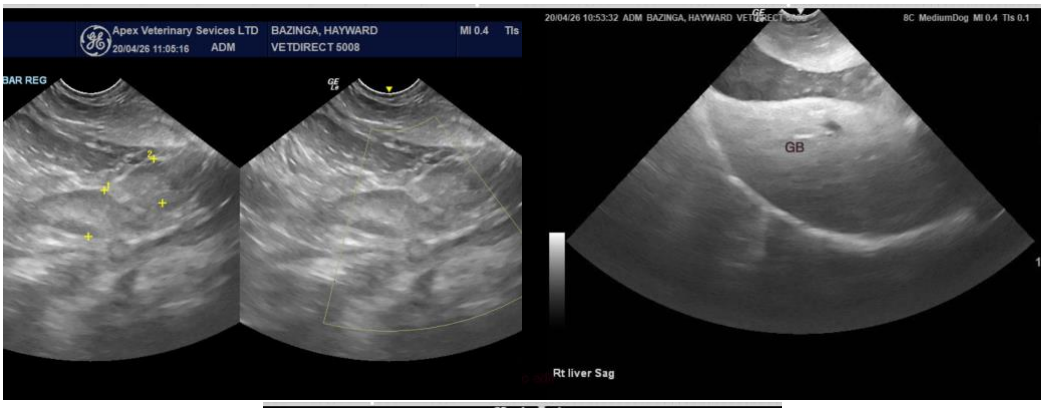

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Greg Kuhlman, DVM, DACVIM (SAIM)
Veterinary Internal Medicine Specialist
info@SonoPath.com