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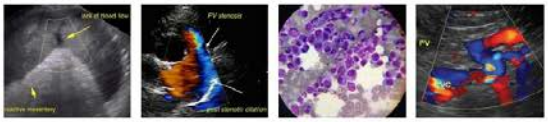


IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Bella Lyons

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

15 Years

WEIGHT

24 Pounds

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Incline Vet Hospital

REFERRING VET

Dr. Kris Moger

INVOICE

40616

DATE

8/18/22

PRESENTING CLINICAL SIGNS

Bella was first seen at Incline clinic on 12/16/21 . O was instructed to get follow up BW post leave Carolina. Current medications are Vetmedin 2.5mg BID, Clavamox chews 125mg 1.5 BID, Ursodial 100mg Q24 AM. Eating has been normal, last couple years had increased, no vomiting, consistent cough for 2 years couple times a day, Every once in a while does not want to walk but physically can, No increase in drinking or urination. No lethargy. Recheck BW with Incline 12/20/21, 1/10/22, and 7/12/22- labs attached LABS attached as well from when hospitalized for 6 days.

Abnormal PE/Chem/CBC/UA Results: PREV ECHO and AUS report attached from when dog had to be hospitalized for 6 days when living in Carolina in October 2021, due to severely elevated liver values and icterus, diagnosed with bacterial hepatitis.-ECG and RADS attached for cardiologist review- ECHO : Myxomatous valve degeneration with mild mitral and tricuspid regurgitation. AUS: splenic nodule, liver nodules, renal nodule LABS: 10/2021 ALT 1526, TBIL 5.9, ALP6520, GGT 65 REPEATED LABS 3x since and much improved, WNL- LABS attached JULY 2022: ALT 155, TBIL 0.1, ALP 567, GGT 3

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (3.7 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.07 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is a distinct hypoechoic nodule visualized extending from the caudal pole of the right kidney, measuring 1.48 cm x 1.46 cm (previous measurements were 1.4 cm on 9/20/21).

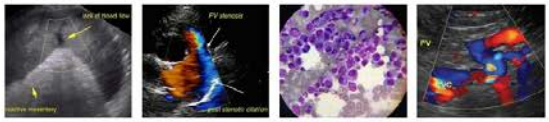
Adrenal Glands

The left adrenal gland is large in size measuring 0.58 cm at the cranial pole, 1.04 cm at the caudal pole, and 2.15 cm in length. It is observed in its normal position cranial to the left renal artery. It is somewhat atypical in appearance in that the caudal pole is isoechoic and enlarged. This measurement appears stable to the previous measurement obtained 9/20/21 and is most consistent with a mass effect on the caudal pole of the left adrenal gland.

The right adrenal gland is normal in size measuring 0.82 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears



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normal. There is a small hyperechoic nodule visualized measuring 0.49 cm (previously measured at 0.40 cm), and a very subtle, ill-defined, hypoechoic region measuring 0.32 cm.

Liver

The liver is subjectively normal in size, and hypoechoic with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. A very subtle ill-defined, hypoechoic nodule is visualized measuring 0.72 cm, and a hyperechoic nodule measuring 0.67 cm (previous scan 9/21 identified hypoechoic nodules, there appears to be no significant progression of these lesions).

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Jejunum wall measured 0.32 cm. Duodenum wall measured 0.35 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

PRIMARY FINDINGS

- Enlarged caudal pole of the left adrenal gland – Left adrenomegaly could be consistent with neoplasia (e.g., adenoma, carcinoma, pheochromocytoma), hyperplasia, inflammation, other.
- Small, hyperechoic nodule visualized in the spleen, as well as a secondary ill-defined hypoechoic nodule – The hyperechoic nodule has been relatively stable. These lesions trend towards more benign etiology. Recommend continued monitoring.

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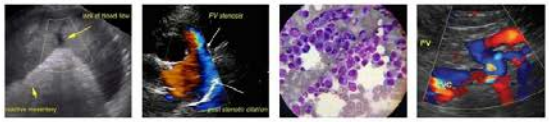

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- Hypoechoic, heterogeneous liver with ill-defined hypoechoc nodules – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.

- Hypoechoic mass/nodule arising from the caudal pole of the right kidney – Differentials include a neoplastic lesion (carcinoma), less likely a metastatic lesion or a benign lesion. Consider fine needle aspirate.

SECONDARY FINDINGS

- Decreased corticomedullary distinction in both kidneys – The bilateral renal findings are consistent with age-related change.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The lesions observed in the liver appear stable, and the parenchyma is generally heterogeneous, which is a non-specific finding. Consider a fine needle aspirate of the liver and a liver function test if additional information is desired.

The mass lesion on the right kidney appears relatively stable, but measures as approximately 1.0 mm larger. The significance of this is unclear, but this is a distinct mass lesion, and a fine needle aspirate could be considered.

There is a mass effect on the caudal pole of the left adrenal gland. This too appears stable. If there are no current signs of Cushing's disease, and a blood pressure evaluation is normal, then continued monitoring could be considered. If removal is desired, recommend a contrast CT scan prior to evaluate for any evidence of vascular invasion.

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.

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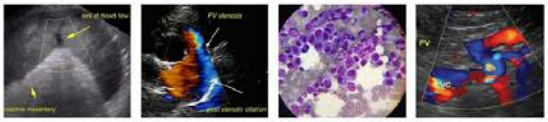

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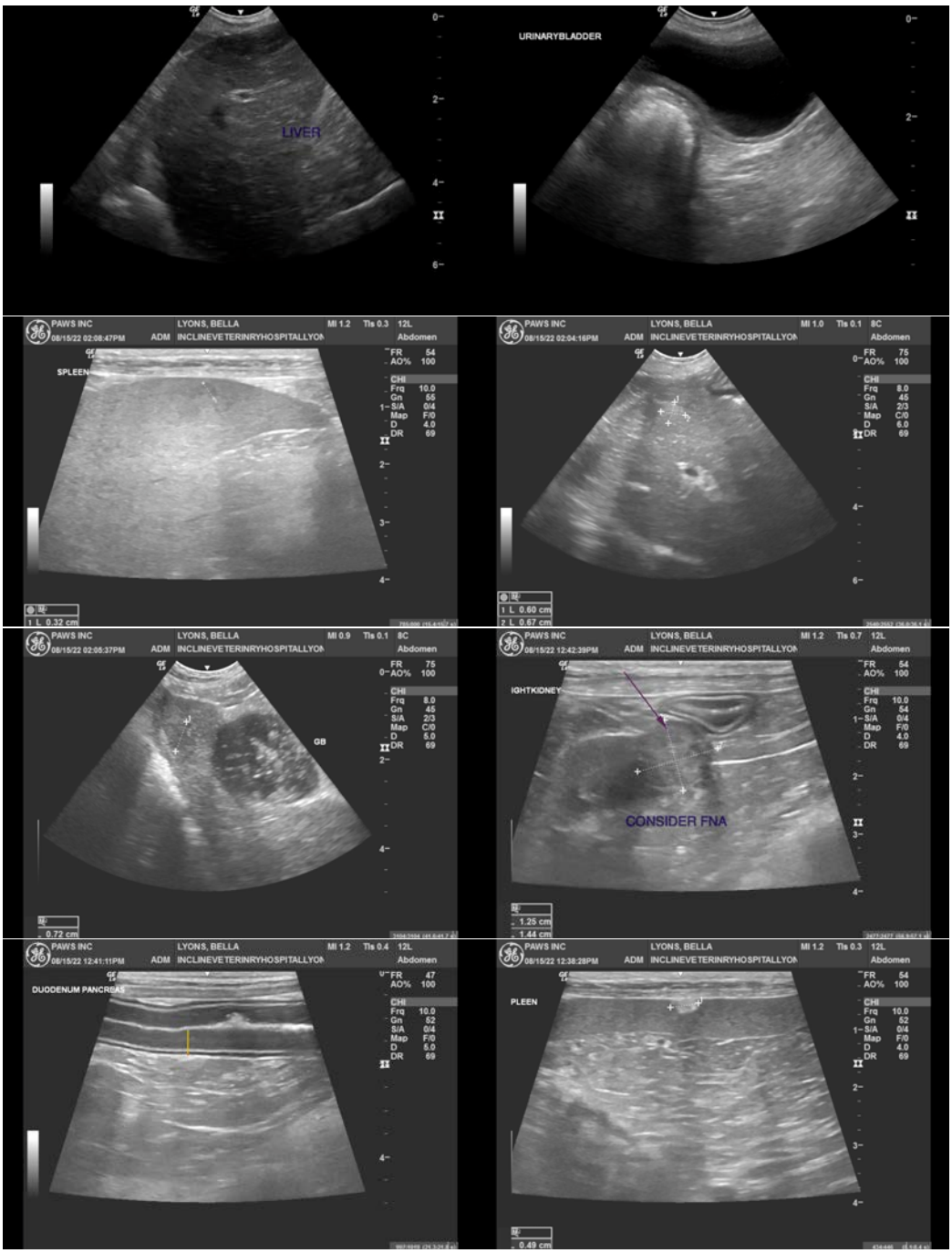

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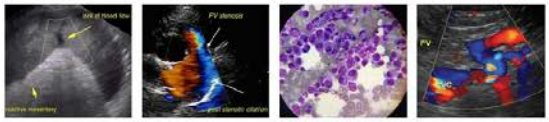

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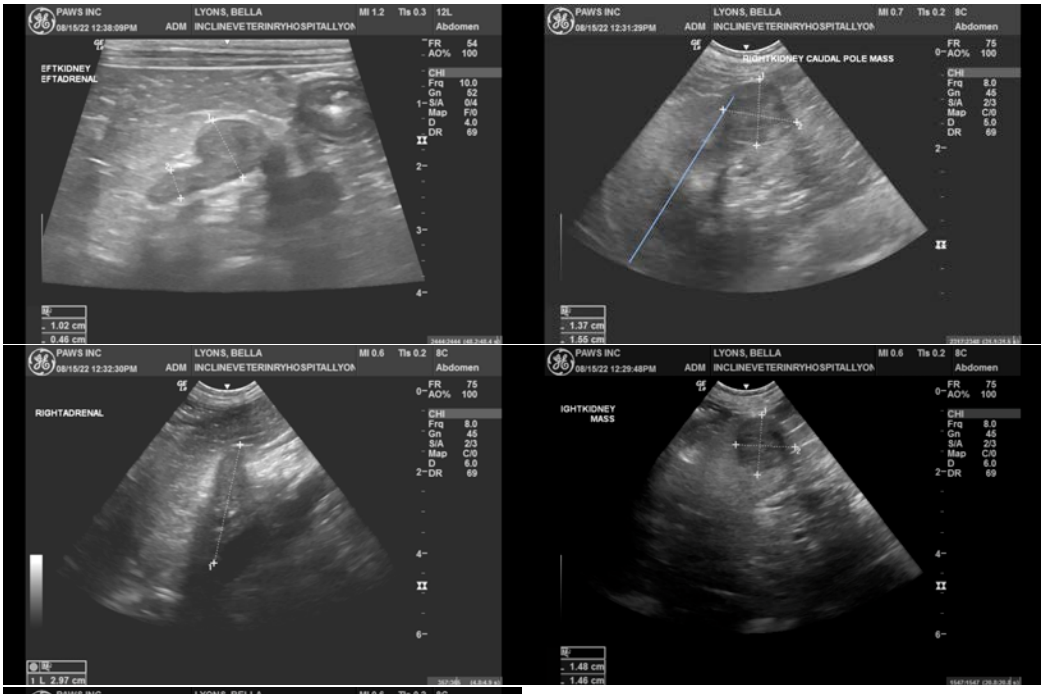

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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