

PATIENT PRESENTING CLINICAL SIGNS

Bitty Daintree
History: Sonopath echo on her before (11.22.21) Abdominal ultrasound focusing on liver Owner reports a reduced appetite for the past two weeks. Bloodwork shows elevated liver values. (attached)
Current medication: Pimobendan 2mg/ml 0.82cc bid Amoxicillin 150mg bid Denamarin 90mg 1 sid Ursodiol 250mg 1/4 of a tab sid

SPECIES

Canine

BREED

Shiba Inu

SEX

Female, intact

AGE

11 Years

WEIGHT

5.42 kg

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is 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. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (3.71 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.

The right kidney is normal size (3.68 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.

Adrenal Glands

The caudal pole of the left adrenal gland is visualized and is normal size (0.47 cm in width) with a normal shape, glandular echogenicity and detail. The phrenicoabdominal vein and surrounding vasculature are normal.

The region of the right adrenal gland is evaluated. No obvious pathology is observed.

Spleen

The spleen is normal in size (1.05 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 prominent in size. The parenchyma is isoechoic relative to the spleen. One liver lobe, deep on the left side, appears slightly swollen with rounded peripheral contours and hypoechoic parenchyma. In the remaining lobes, no distinct focal lesions are seen. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is normal to borderline thickened (up to 0.16 cm) and hyperechoic. A small amount of aggregated echogenic suspended sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

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. In one segment, what is thought to be small intestine, the wall is thickened (up to 0.49 cm) with questionable loss of the normal layering pattern.

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Roundhill AH

REFERRING VET

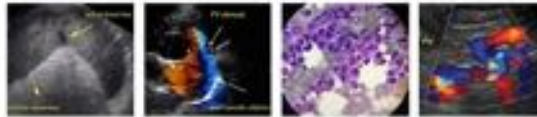
Dr. Carl Kelly

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DATE

10/11/22



PATIENT Bitty Daintree
Within this segment, soft shadowing material is visualized. The remaining small intestinal segments are normal in thickness with a normal layering pattern and appropriate mural detail. The colonic wall is normal.

SPECIES *Pancreas*
Canine
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.

BREED *Free Abdomen*
Shiba Inu
The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

SEX *Other*
Female, intact
The left ovary is subjectively normal in size (1.60 x 0.93 cm) with a normal shape and heterogeneous/cystic parenchyma.

AGE
11 Years
The right ovary is subjectively normal in size (1.47 x 0.83 cm) with a normal shape and heterogeneous/cystic parenchyma.

WEIGHT
5.42 kg
The uterine body is visible (0.81 cm in width). The uterine horns are visible and are subjectively normal in size with a small amount of fluid within the lumen.

A brief echocardiogram reveals no obvious evidence of pericardial effusion.

INTERPRETED BY **ULTRASONOGRAPHIC FINDINGS**

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

Primary Findings:

- Focal liver lobe swelling deep on the left side, this may represent an emerging tumor, an inflammatory process, an area of hyperplasia, other. The diffuse hepatic parenchymal changes are non-specific and could be secondary to vacuolar hepatopathy, regenerative nodular hyperplasia, inflammatory disease, or less likely, infiltrative neoplasia. Correlation with the patient's liver values is recommended.

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

- The focal bowel wall thickening with shadowing material could be consistent with an inflammatory process with transient foreign material. Alternatively, emerging neoplasia is possible.

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Secondary Findings:

- Bilateral, age-related renal changes.

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- The gallbladder wall changes may be secondary to benign age-related hyperplasia and/or cholecystitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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· Consider a fine needle aspirate or surgical biopsy of the swollen liver lobe, if clotting status is appropriate. If surgical biopsies are pursued, the focally thickened segment of bowel should be evaluated and biopsied, if indicated. If surgery is not pursued, a repeat ultrasound is recommended in 2-3 weeks to assess for changes in the bowel segment.

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· Given the patient's age, three-view thoracic radiographs should be performed prior to any anesthetic event. Also consider a repeat echocardiogram prior to anesthesia, given the patient's history of degenerative mitral valve disease.

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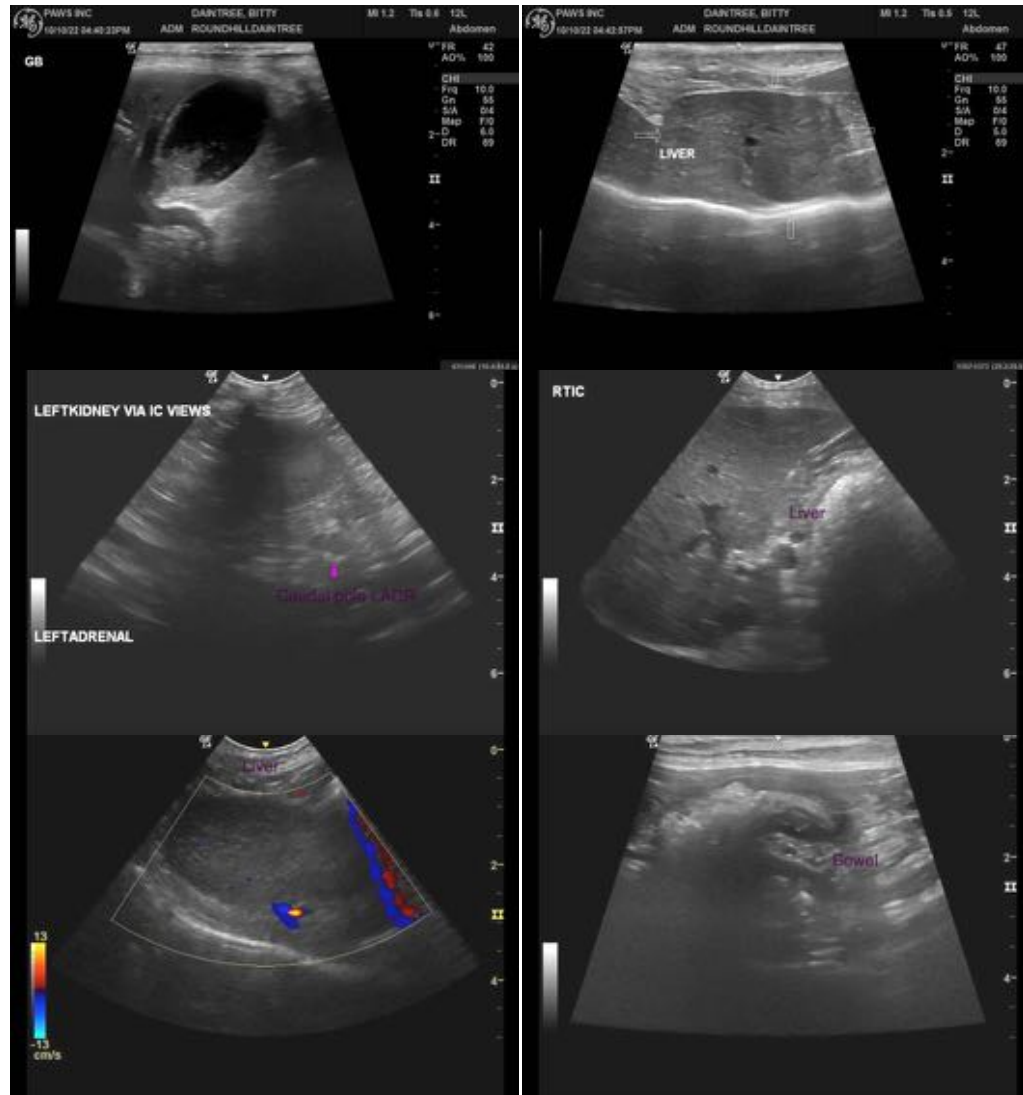
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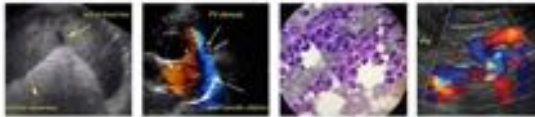
The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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PATIENT

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)

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info@SonoPath.com

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