



PATIENT	PRESENTING CLINICAL SIGNS
Marleena Scalissi	History: Presented on 1/11 for vomiting and diarrhea. RX'd bland diet, gave fluids and Cerenia in clinic pending BW. Began coughing day after exam. Rx'd azithromycin. Came in today for xrays and AUS for liver workup.
SPECIES	
Canine	Abnormal PE/Chem/CBC/UA Results: PE wnl - 5% dehydrated, temp 100.8 ALT 1579, AST 77, ALP 924, GGT 26, Chol 681 CBC wnl Fecal neg 4DX neg Xrays attached- nsf
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Bichon Frise	Urinary System
SEX	Urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.
Spayed Female	Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. The left kidney measures 3.98 cm. The right kidney measures 4.32 cm.
AGE	
12 Years	
WEIGHT	Adrenal Glands
12 Pounds	Adrenal glands are largely normal in size, shape and contour. Some parenchymal heterogeneity is present without concerning capsular distortion. These changes are likely normal for this age but should be monitored if there is any suspicion of adrenal disease. The left adrenal gland measures 0.61 cm at cranial pole and 0.67 cm at caudal pole. The right adrenal gland measures 0.87 cm at cranial pole and 0.71 cm at caudal pole.
INTERPRETED BY	Spleen
Beth Johnson, DVM DACVIM	Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). Multifocal well-demarcated hyperechoic homogenous nodules are noted. Splenic vasculature appears normal.
IMAGING PERFORMED BY	Liver
Brian Klug	Liver is subjectively enlarged with mildly irregular margins. Parenchyma is heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. In the mid caudal liver, there is a 1.5 cm round homogenous hyperechoic nodule/mass. Visible vasculature and biliary tree appear normal without distension or congestion.
HOSPITAL NAME	REFERRING VET
Sondel Family VC	Kara Wallisch
	Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.
INVOICE	Gastrointestinal
20615	The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.
DATE	
1/16/23	



PATIENT

Marleena Scalissi

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

SPECIES

Canine

The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

Pancreas

BREED

Bichon Frise

The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

SEX

Spayed Female

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

AGE

12 Years

Primary Findings

- Heterogenous liver with a discrete hyperechoic liver nodule/mass, also appreciated – These changes are most consistent with benign processes such as nodular hyperplasia, steroid (vacuolar) hepatopathy, extramedullary hematopoiesis or possibly chronic inflammatory disease and less commonly infiltrative round cell or metastatic neoplasia. Differentials for the liver nodule/mass include nodular hyperplasia, fibrosis of an old hematoma or granuloma, myelolipoma, etc., as the appearance of the nodule trends toward the benign. However, primary hepatic neoplasia such as hepatocellular carcinoma, infiltrative round cell neoplasia or even metastatic disease can mimic benign lesions and cannot be definitively ruled out.

WEIGHT

12 Pounds

Secondary Findings

- Age-related kidney changes
- Age-related adrenal glands
- Hyperechoic splenic nodules – most consistent with benign myelolipomas. Other differentials such as fibrosis or calcification caused by old hematomas or infarcts, chronic inflammation, granulomatous disease or metastatic disease cannot be ruled out, but are considered less likely.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Brian Klug

HOSPITAL NAME

Sondel Family VC

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

While the appearance of the liver trends in appearance toward benign, given this patients marked enzyme changes, fine needle aspirates of both the diffusely heterogenous parenchyma, as well as the focal hyperechoic nodule/mass are recommended if patients coagulation status is appropriate.

REFERRING VET

Kara Wallisch

Additionally, testing for Leptospirosis is recommended. Pending results of the above, bile acids are also recommended if total bilirubin is not increased. In the meantime, an empirical course of antibiotics and hepatic nutraceuticals could be tried in addition to supportive/symptomatic medical management of clinical signs.

INVOICE

20615

DATE

1/16/23

If a diagnosis is not obtained cytologically, and enzyme levels persist/progress, ultimately a liver biopsy may be necessary with planned resection of the discrete nodule/mass. Prior to surgery for biopsies (if elected), three view thoracic radiographs are recommended for further assessment of



PATIENT

cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

Marleena Scalissi

SPECIES

Canine

BREED

Bichon Frise

SEX

Spayed Female

AGE

12 Years

WEIGHT

12 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

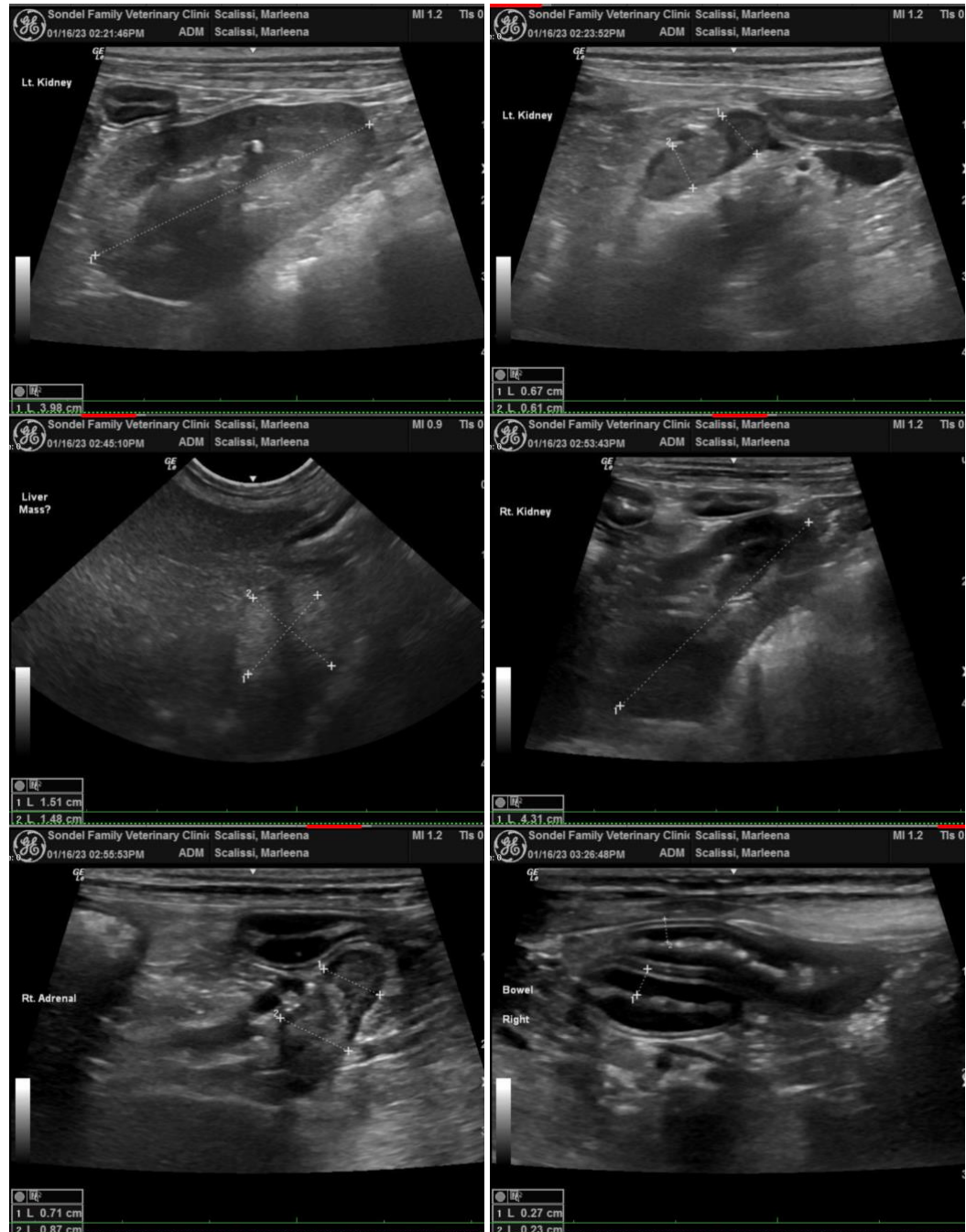
Brian Klug

HOSPITAL NAME

Sondel Family VC

REFERRING VET

Kara Wallisch

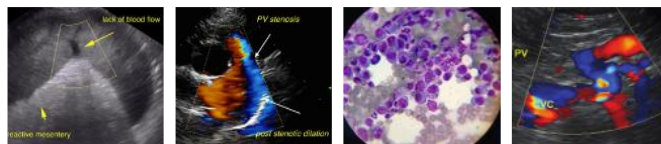


INVOICE

20615

DATE

1/16/23



PATIENT

Marleena Scalissi

SPECIES

Canine

BREED

Bichon Frise

SEX

Spayed Female

AGE

12 Years

WEIGHT

12 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Brian Klug

HOSPITAL NAME

Sondel Family VC

REFERRING VET

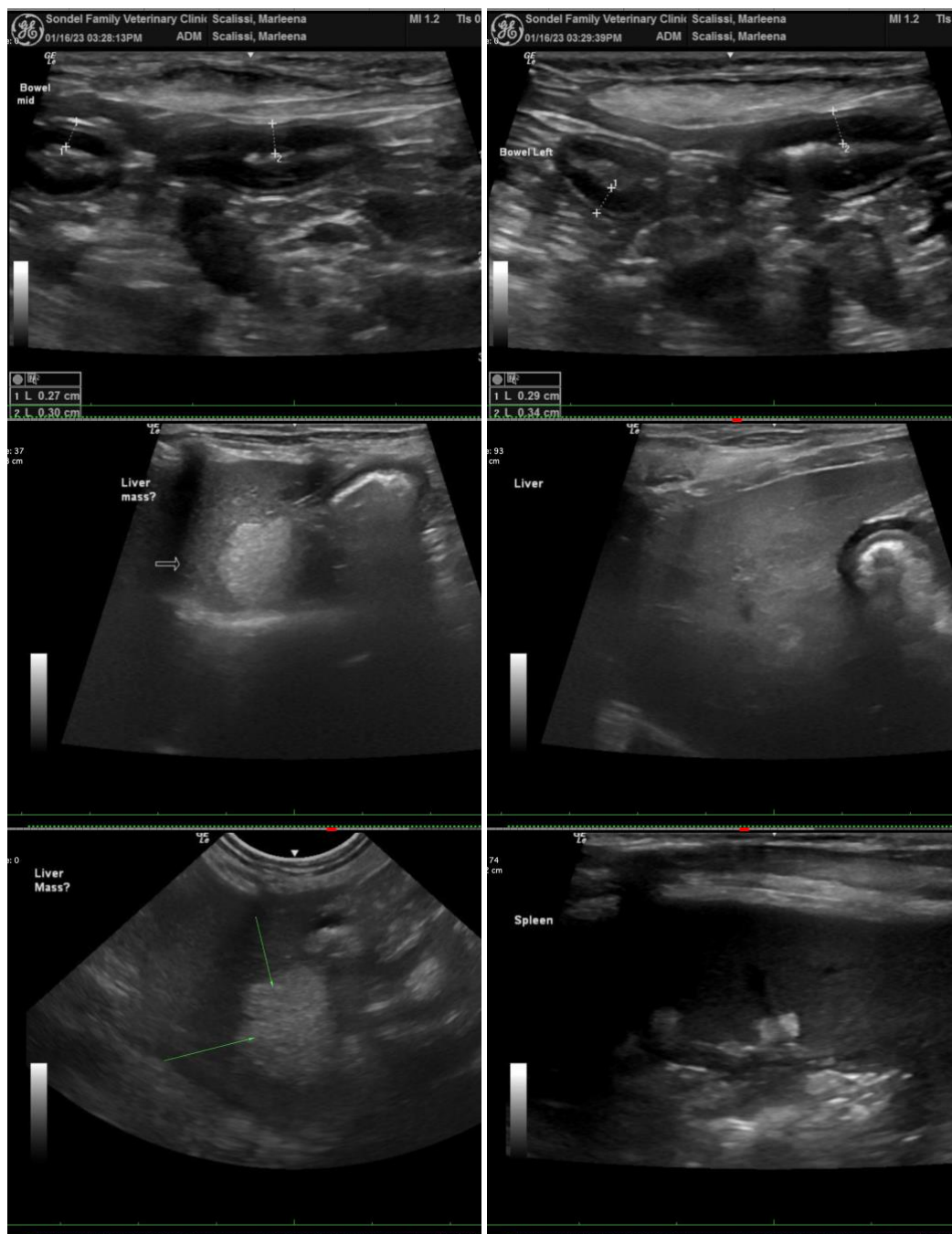
Kara Wallisch

INVOICE

20615

DATE

1/16/23



The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

Beth Johnson, DVM DACVIM



PATIENT

Beth.Johnson@SonoPath.com

Marleena Scalissi

SPECIES

Canine

BREED

Bichon Frise

SEX

Spayed Female

AGE

12 Years

WEIGHT

12 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

**IMAGING
PERFORMED BY**

Brian Klug

HOSPITAL NAME

Sondel Family VC

REFERRING VET

Kara Wallisch

INVOICE

20615

DATE

1/16/23