



PATIENT PRESENTING CLINICAL SIGNS

Maybelle Harvey Presented for potential vestibular episode. Disoriented, shaking, no head tilt, no nystagmus. Walking slowly vomiting, increased respiratory rate, no diarrhea. Currently on glucosamine/chondroitin. Abnormal PE/Chem/CBC/UA Results: History of elevated ALT/ALKP since 2018. PLI and urine culture pending.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Jack Russell Terrier X

Urinary bladder is moderately 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.

SEX

Spayed Female

The right kidney is normal in size (3.6 cm) 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 echogenicity and mild loss of corticomedullary distinction. There is no evidence of mineral or infarcts observed. Renal pelvis is dilated (pyelectasia), measuring (0.35 cm). No visible obstruction is observed, but cannot be ruled out. Cortical cysts noted.

AGE

15 Years 10 Months

The left kidney is normal in size (3.3 cm) 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 echogenicity and mild loss of corticomedullary distinction. There is no evidence of mineral or infarcts observed. Renal pelvis is dilated (pyelectasia), measuring (0.35 cm). No visible obstruction is observed, but cannot be ruled out. Cortical cysts noted.

WEIGHT

17 Pounds

Adrenal Glands

The adrenal glands cannot be fully visualized in these images. However, one pole of the left adrenal gland measured 0.43 cm thick and one pole of the right adrenal gland measured 0.55 cm thick. There is no visible pathology in the area of either adrenal gland.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Spleen

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). No focal nodules or masses are observed. Splenic vasculature appears normal.

HOSPITAL NAME

Kings Vet Hospital

Liver

Liver is subjectively large in size with rounded, swollen contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity, but is heterogeneous and nodular in echotexture, characterized by multifocal, non-discreet, hypoechoic nodules of varying sizes with a representative nodule measuring about 1.0 cm in diameter. Just caudal to the gallbladder, the liver is more discreetly rounded and mass-like in appearance. The visible vasculature appears normal.

REFERRING VET

Dr. Ellen Puthoff

The gallbladder is moderately distended with anechoic bile and gravity dependent echogenic sediment. The wall is mildly thick, measuring 0.19 cm with hypoechoic suspected edema present in the wall. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

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PATIENT *Gastrointestinal*

Maybelle Harvey The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease.

SPECIES Pyloric outflow tract appears patent.

Canine The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). 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.

BREED

Jack Russell Terrier X The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

SEX *Pancreas*

Spayed Female The pancreas is prominent in size and mildly irregular in shape with a diffusely coarse echotexture and heterogeneous to hypoechoic echogenicity with a hyperechoic nodule noted within the right limb of the pancreas.

AGE *Free Abdomen*

15 Years 10 Months There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

17 Pounds

- Age related pancreatic remodeling with possible nodular hyperplasia
- Age related kidney change with cortical cysts – This finding is expected/consistent with age-related mild degenerative disease and should be interpreted clinically in combination with laboratory changes.

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- Bilateral renal pyelectasia - Differentials for pyelectasia include pyelonephritis, diuresis, congenital malformation or ureteral or lower urinary tract obstruction.
- Gallbladder debris and mildly thick edematous wall - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

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REFERRING VET

Dr. Ellen Puthoff

- Nodular hepatomegaly with suspected early mass formation in the mid caudal liver – These changes are concerning for infiltrative neoplasia such as round cell neoplasia, metastatic neoplasia, or primary hepatic neoplasia. Benign nodular hyperplasia is possible, but considered less likely.

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PATIENT INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

PATIENT Maybelle Harvey
SPECIES Canine
BREED Jack Russell Terrier X
SEX Spayed Female
AGE 15 Years 10 Months
WEIGHT 17 Pounds

Given the diffuse liver changes and suspected liver mass, recommendations include a fine needle aspirate of the diffuse liver changes as well as the more discreet early mass if patient's coagulation status is appropriate. Thoracic radiographs recommended to further assess cardiopulmonary status as well as to look for evidence of metastatic disease.

Given the reported neurologic signs, a urinalysis is recommended. If the sediment is quiet but there is protein present, a urine protein to creatinine ratio is recommended due to the possibility that the neurologic signs could be from a stroke. For this same reason, a blood pressure is not recommended if not already evaluated.

Jack Russell Terrier X

SEX

Spayed Female

AGE

15 Years 10 Months

WEIGHT

17 Pounds

INTERPRETED BY

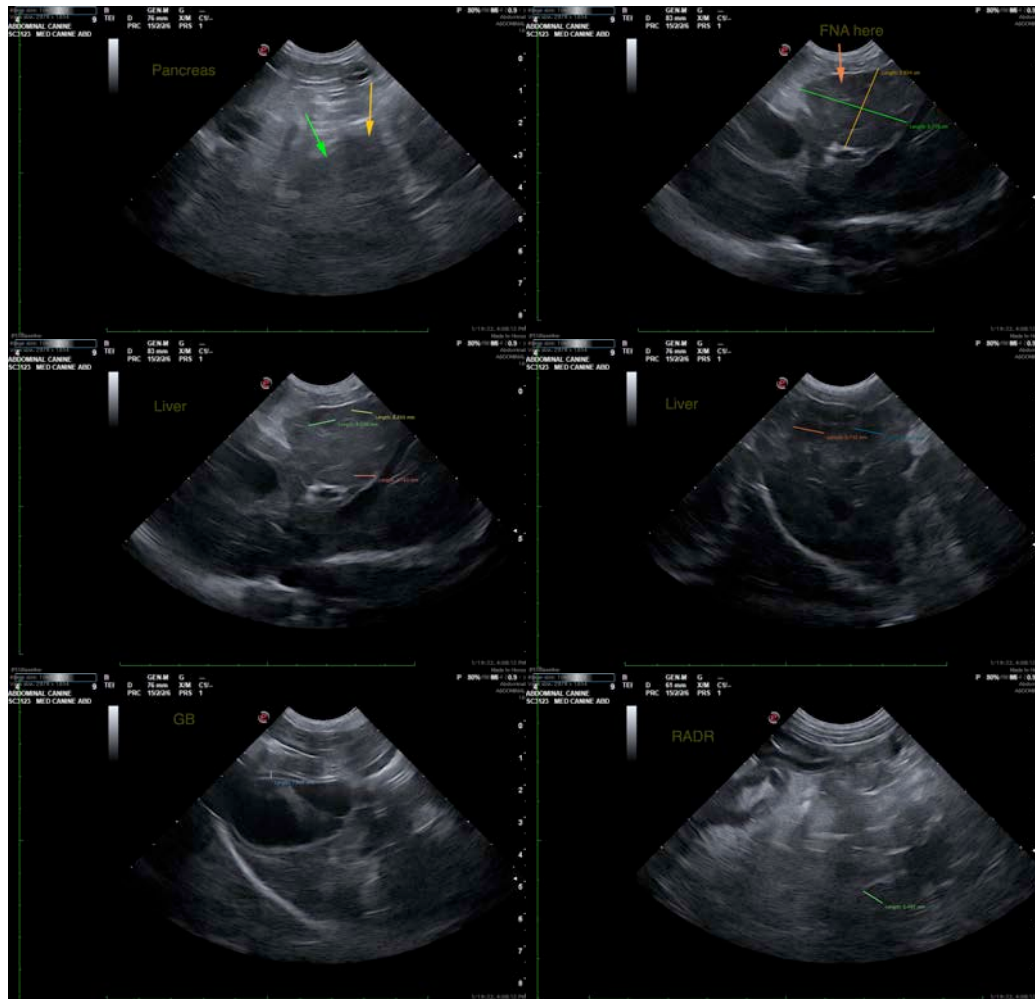
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BREED

Jack Russell Terrier X

SEX

Spayed Female

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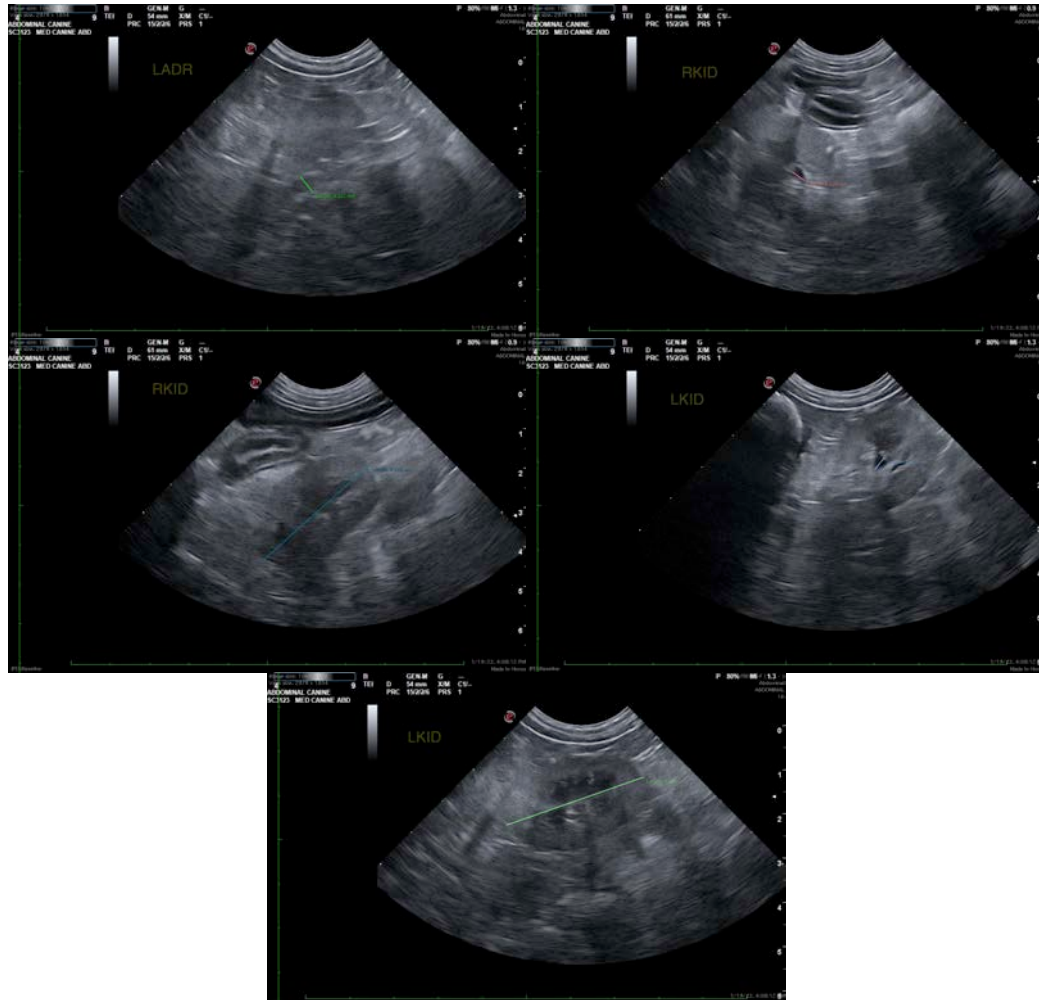
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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