

PATIENT PRESENTING CLINICAL SIGNS

Jack Weir decreased appetite over the last month, change in attitude (seeking more attention); elevated liver enzymes

SPECIES Abnormal PE/Chem/CBC/UA Results: CBC- mild regenerative anemia Chem: increased TP 95g/L, Glob 69 g/L, ALT 745 U/L, ALP 1081 U/L and GGT 14 U/L ; otherwise WNL

Canine **This report is based on still images except for videos of the liver and spleen.

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Shih Tzu **Urinary System**

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

Neutered Male Prostate (neutered) is normal in size, echotexture and echogenicity for a neutered male.

AGE

12 Years Right kidney is normal in size (4.16 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

WEIGHT

6 kg Left kidney is normal in size (4.25 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

INTERPRETED BY

Beth Johnson, DVM DACVIM Right adrenal gland is normal in size (0.40 cm at the cranial pole and 0.33 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Left adrenal gland is normal in size (0.42 cm at the cranial pole and 0.49 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

IMAGING PERFORMED BY

Dr. Trudeau **Spleen**

Spleen is subjectively enlarged in size with rounded margins but intact capsule. Parenchyma is homogenously coarse/mottled in echotexture and normal to hypoechoic in echogenicity. No focal nodules or masses are observed. Splenic vasculature appears normal.

HOSPITAL NAME

Petworks VH **Liver**

The liver is markedly enlarged in size with rounded borders. Parenchyma is heterogeneous/nodular in echotexture and has a mixed echogenicity caused by the presence of multifocal hypoechoic nodules and hyperechoic nodules surrounded by hyperechoic rim, characteristic of target lesions. The visible vasculature appears normal.

REFERRING VET

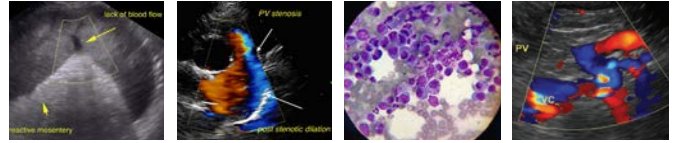
Dr. Trudeau

INVOICE

34944 The gallbladder is moderately distended with anechoic bile and gravity dependent echogenic sediment. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

DATE

1/20/22



PATIENT

Jack Weir

Gastrointestinal

SPECIES

Canine

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

BREED

Shih Tzu

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.

SEX

Neutered Male

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

AGE

12 Years

Pancreas

Pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

WEIGHT

6 kg

Free Abdomen

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

INTERPRETED BY

Beth Johnson, DVM
DACVIM

ULTRASONOGRAPHIC FINDINGS

- Coarse splenomegaly – can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.
- Gallbladder debris - 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.
- Markedly enlarged, rounded, heterogeneous, nodular liver – concerning for infiltrative round cell or metastatic neoplasia. Benign nodular hyperplasia or steroid/endocrine hepatopathy are possible, but considered less likely, especially given the presence of target lesion.

IMAGING PERFORMED BY

Dr. Trudeau

HOSPITAL NAME

Networks VH

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

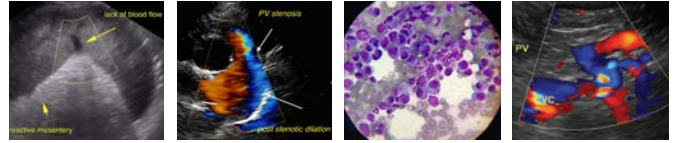
Given the appearance of the liver combined with the high globulin count, recommendations include a fine needle aspirate of the liver to rule out round cell neoplasia such as lymphoma if the patient's coagulation status is appropriate. 3-view thoracic radiographs to further assess cardiopulmonary status and look for evidence of metastatic disease also recommended. A fine needle aspirate of the spleen could be performed at the same time if patient's coagulation status is appropriate.

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Shih Tzu

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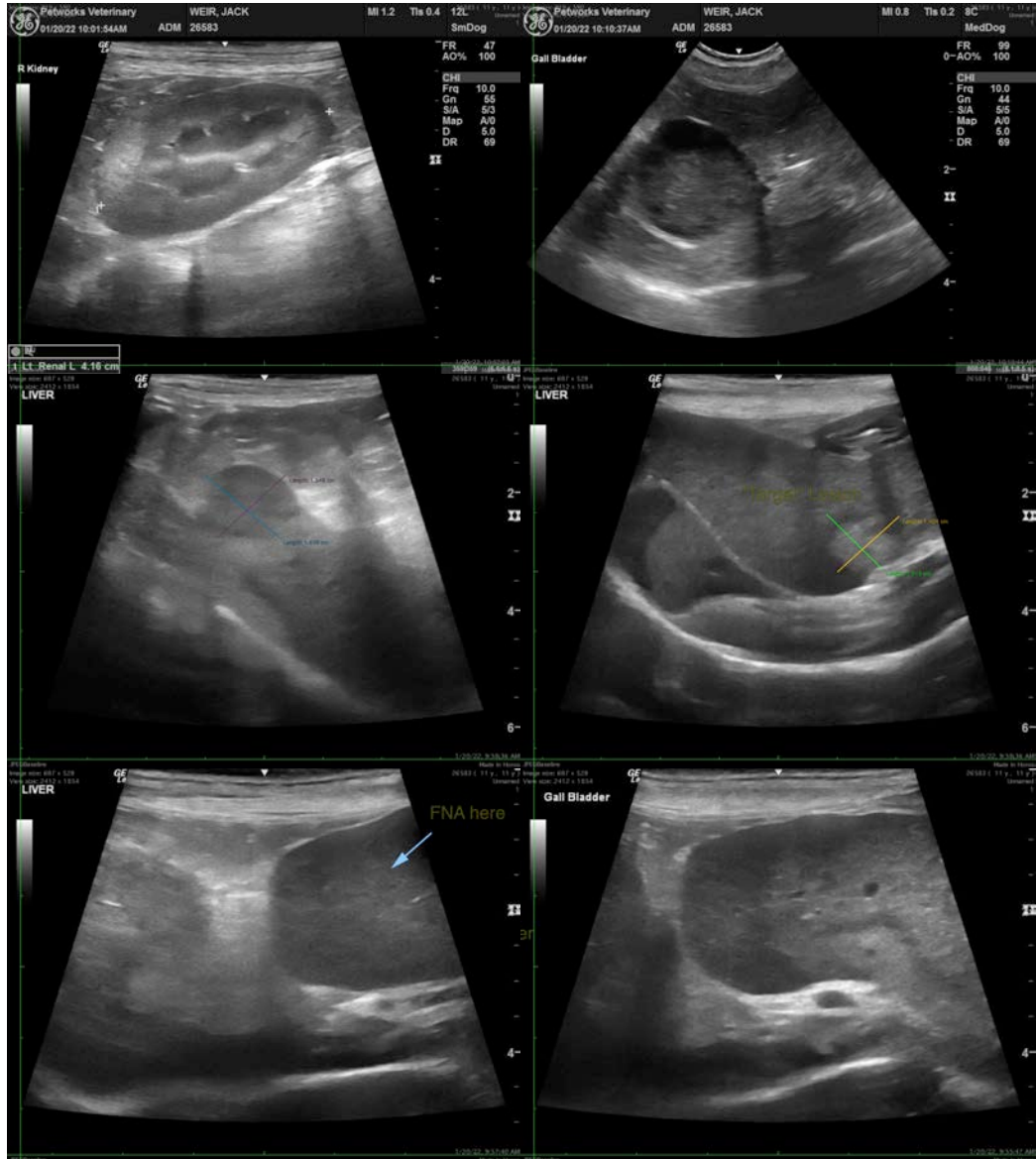
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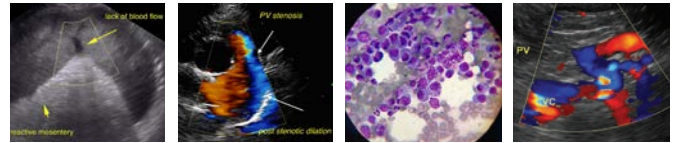
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Neutered Male

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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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