

PATIENT

Zoey Caviglia

SPECIES

Canine

BREED

Lab Retriever

SEX

Intact Female

AGE

1 Year 10 Months

WEIGHT

30 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Fairgrounds AH

REFERRING VET

Dr. Johnson

INVOICE

34369

DATE

1/19/22

PRESENTING CLINICAL SIGNS

11/15/2021 visit to ER: Owner says since November 1st Zoey has had a significantly decreased appetite, vomits up all her food and acting lethargic. He took her into rDVM today and they took radiographs and blood work and don't know what is wrong so they sent her here for further diagnostic tests and treatment. Usually fed SD d/d (owner thinks this is a grain free diet) for a sensitive stomach and allergies. Currently takes apoquel tablets, ear drops (for an ear infection), allergenic extract bi-weekly injections (owner does this at home). Sx with Dr. Cioffi for elbow dysplasia. History of multiple ear infections. Allergy panel indicated a grain allergy and put on a special diet. Review of rDVM's blood work: BUN 5, Alt 150, TBili 2.1, Chol 100, CI 108

Abnormal PE/Chem/CBC/UA Results: Cardio-Pulmonary: RRR w/o murmur or arrhythmia, lungs are clear, no pulse deficits. Echo done at ER interpreted by GP: Echo findings: There was no chamber enlargement present. The LV function was normal, the LA was of normal size. The AV and PV were normal. Assessment: Normal cardiac size and function, the abdominal effusion is not secondary to heart disease. Abdominal ultrasound- see report Assessment: 1. Small and hypoechoic liver 2. Large amount of echogenic debris some of which is shadowing in the gall bladder with thickened wall 3. The urinary bladder contains a large amount of echogenic material 4. Large volume of anechoic abdominal effusion r/o hepatopathy, likely with severe portal hypertension suspect end stage liver r/o congenital, toxin, infectious, vs other

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 (8.22 cm). Overall echogenicity is normal with adequate 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 (7.1 cm). Overall echogenicity is normal with adequate 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.61 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.54 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 borderline large in size with prominent vasculature. Findings are most consistent with splenic congestion.



PATIENT

Zoey Caviglia **Liver**

SPECIES

Canine

BREED

Lab Retriever

SEX

Intact Female

AGE

1 Year 10 Months

WEIGHT

30 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Fairgrounds AH

REFERRING VET

Dr. Johnson

INVOICE

34369

DATE

1/19/22

Liver
The liver is normal/borderline large in size, and echogenicity with smooth peripheral margins. The parenchyma is severely heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the biliary tract appear normal. The portal vein appears severely dilated and congested proximal to the liver, and there appear to be numerous atypical vessels shunting from this dilated portal vein, most consistent with acquired shunts secondary to severe portal hypertension. The hepatic parenchyma is severely heterogeneous with diffuse hypoechoic nodules throughout.

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 uniform diameter with minimal fluid distension. Wall thickness is normal to slightly increased. Bowel loops follow a typical curvilinear path with distinct wall layering, but some areas display a prominent muscularis layer which does not display the typical 1:3 muscularis:mucosa layer ratio. Duodenum wall measured 0.55 cm. Jejunum wall measured 0.37 cm. Visualized peristalsis appears appropriate. No focal lesions are observed. Findings are most consistent with diffuse edema secondary to large volume ascites.

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 prominent and hypoechoic as compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid. Findings are most consistent with pancreatic congestion.

Free Abdomen

There is a large volume of mildly echogenic fluid. No lymphadenomegaly. The omentum is generally of normal echogenicity.

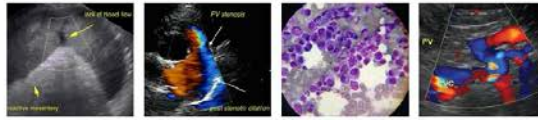
The uterus and ovaries are visualized and appear within normal limits.

PRIMARY FINDINGS

- Irregular, nodular, severely heterogeneous liver with portal hypertension and acquired shunts – most consistent with end stage liver disease and portal hypertension.
- Large volume ascites – likely secondary to portal hypertension.

SECONDARY FINDINGS

- Prominent, hypoechoic pancreas – most consistent with congestion secondary to portal hypertension.
- Large spleen with prominent vasculature – most consistent with congestion secondary to portal hypertension.



PATIENT

Zoey Caviglia

SPECIES

Canine

BREED

Lab Retriever

SEX

Intact Female

AGE

1 Year 10 Months

WEIGHT

30 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Fairgrounds AH

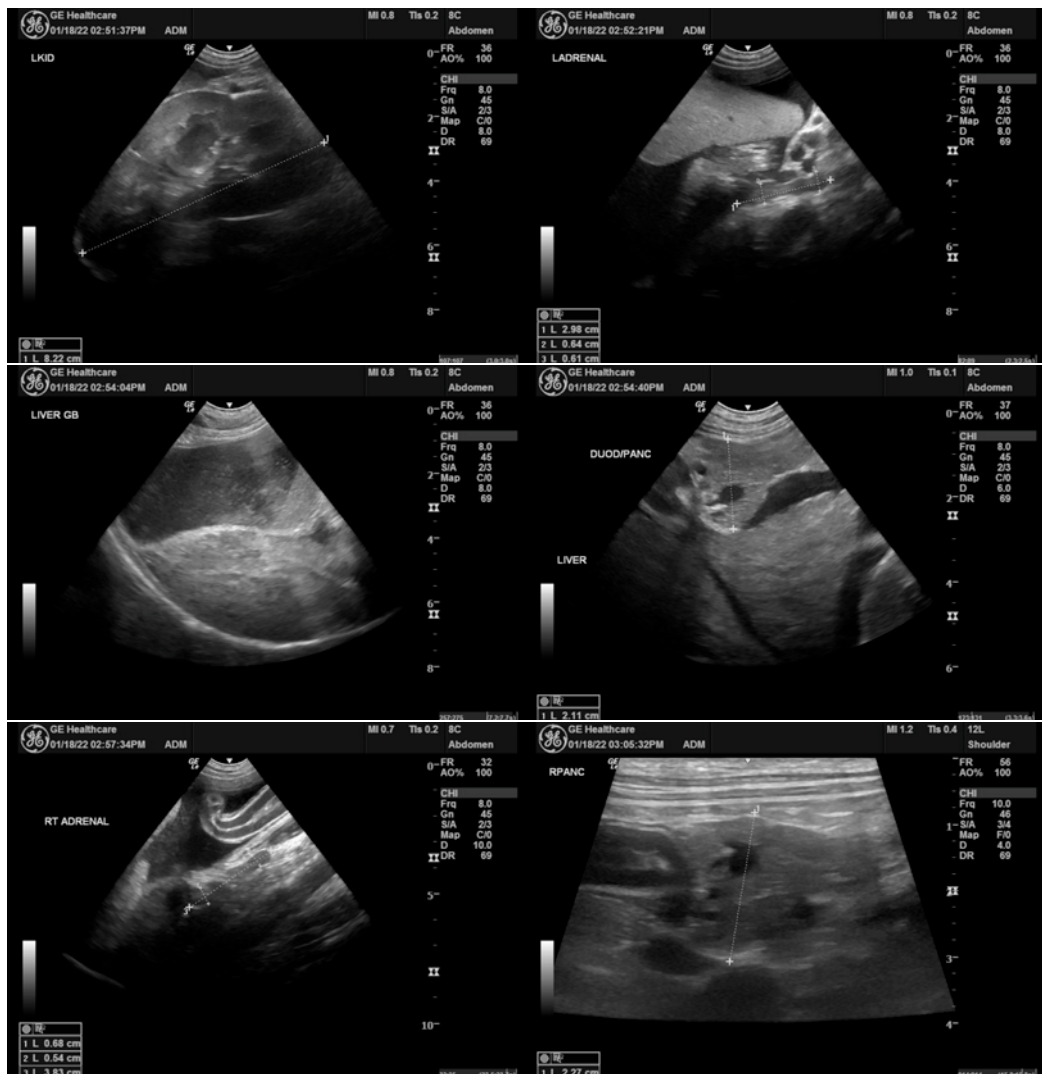
REFERRING VET

Dr. Johnson

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings on today's scan are most consistent with severe portal hypertension secondary to chronic liver disease with acquired shunting and congestion of the spleen and pancreas. A biopsy would likely be necessary to differentiate the cause of the liver disease resulting in portal hypertension, but at this point there is likely largely fibrosis and end stage liver disease.

Consider symptomatic treatment with nausea medications etc. Try to focus on medications that are excreted by the kidneys. If encephalopathic then consider a low protein diet, antibiotic therapy with Metronidazole or Amoxicillin, GI protectants, anticonvulsants (Keppra) as needed, etc.



INVOICE

34369

DATE

1/19/22



PATIENT

Zoey Caviglia

SPECIES

Canine

BREED

Lab Retriever

SEX

Intact Female

AGE

1 Year 10 Months

WEIGHT

30 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Fairgrounds AH

REFERRING VET

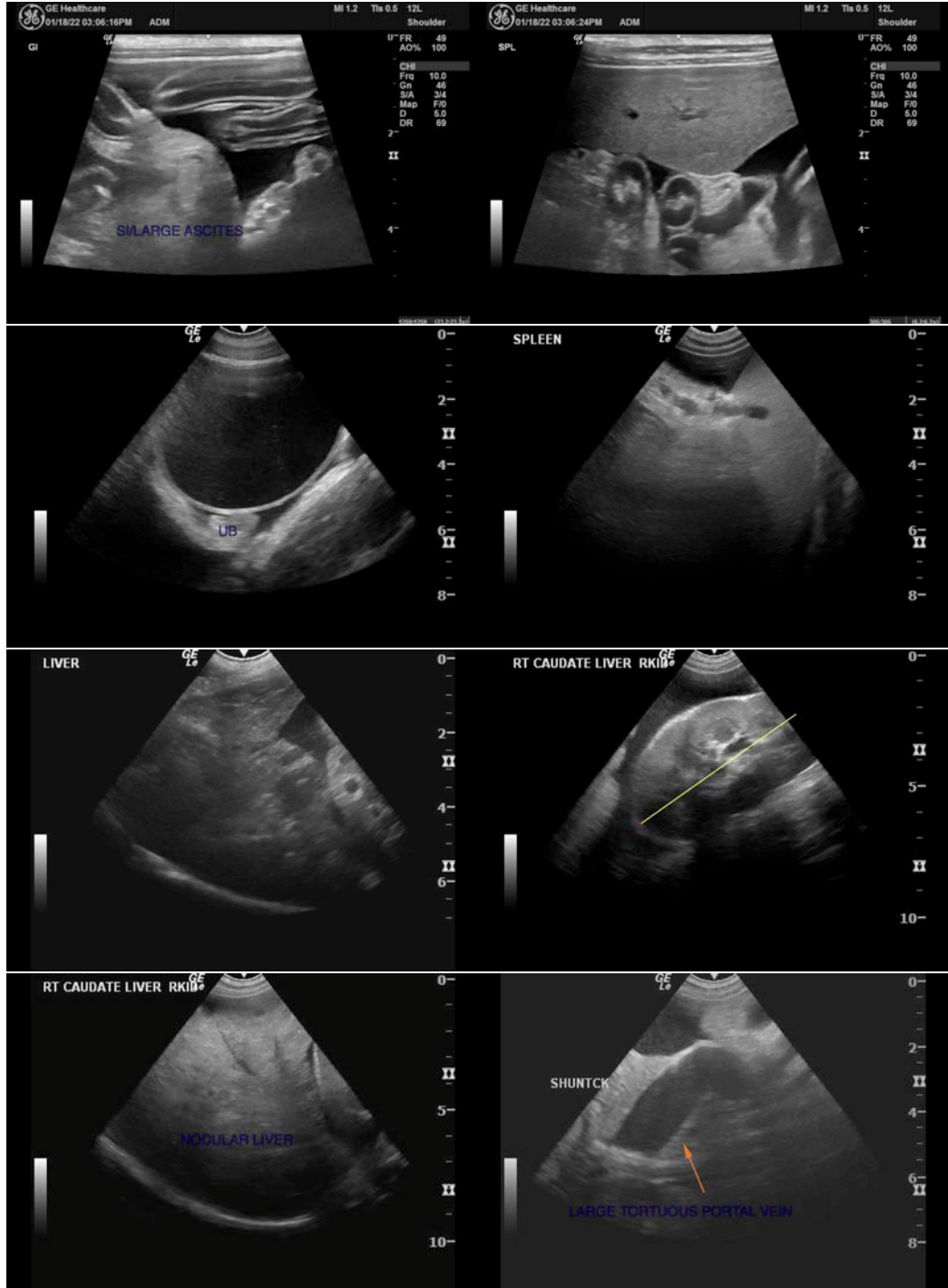
Dr. Johnson

INVOICE

34369

DATE

1/19/22





PATIENT

Zoey Caviglia

SPECIES

Canine

BREED

Lab Retriever

SEX

Intact Female

AGE

1 Year 10 Months

WEIGHT

30 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Fairgrounds AH

REFERRING VET

Dr. Johnson

INVOICE

34369

DATE

1/19/22



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.

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

kathleen.sennello@sonopath.com