IMAGING PERFORMED BY

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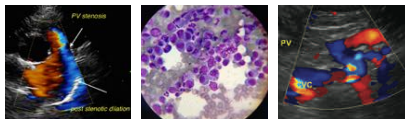

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE
10/12/21

PATIENT
Bella Gayles Lee

SPECIES
Canine

BREED
Pitbull

SEX
Spayed Female

AGE
2/6/13

WEIGHT
40.7 lbs

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

HOSPITAL NAME
Animal Emergency Hospital

REFERRING VET
Dr. Martinoli

INVOICE
92343

PRESENTING CLINICAL SIGNS

History: **Presenting Complaint:** Coughing; Yellow Skin, Gums, Eyes / Jaundice. **Date:** 10-08-2021 **Notes:** Dog has 2 owners/caretakers (separate households). History of chronic hepatitis. Recheck bloodwork done about a month ago; ALT 827; ALKP 1025; GGT 12; TBili 0.4. Had gotten liver diet and Denamarin for a few months then was discontinued about 2-3 months ago. 2nd Owner (Ms) hadn't seen Bella in a week or so and when she saw her today, she could see she was severely jaundiced so brought in for care. **Assessment:** Chronic hepatitis. **Plan:** Recommend to Owner Hospitalization, IV catheter, fluid therapy, and further treatment as needed. Recheck liver values in 24 and 28 hours.
Denamarin; antibiotics.
Current Medications: Furosemide, Clavamox, Metronidazole, Omeprazole, Cerenia, Ursodiol, Vitamin B Complex, Denamarin.
Lab Results: Attached separately.
Radiographs: Ultrasound Scan – Fluid Check (Abdominal/Thoracic/Pericardia) IH : Large amount free fluid.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: not needed
Stat Report: not requested

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 (5.73 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 (6.03 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 0.69 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 0.63 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 subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver
The liver is small and hypoechoic with irregular margins. The parenchyma is irregular and diffusely nodular. This is most consistent with cirrhosis. The gallbladder lumen is moderately distended. The wall of the gallbladder 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 relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. The duodenum measured as normal and the jejunum measured as normal (0.33 cm). Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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 normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

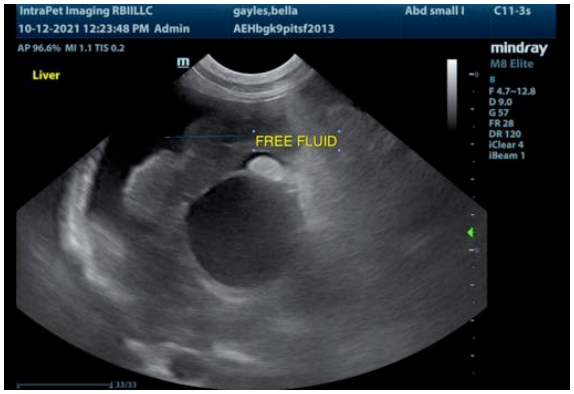
Free Abdomen
A large amount of anechoic free fluid was noted. There was no lymphadenomegaly present. The omentum is of normal echogenicity.

Heart
A brief view of the heart was submitted. No pericardial effusion was seen.

ULTRASONOGRAPHIC FINDINGS
PRIMARY FINDINGS:

- Small, irregular, nodular liver. The findings are consistent with cirrhosis with nodular regeneration. Biopsy is necessary to confirm.
- Large amount of free abdominal fluid. The findings are suggestive for portal hypertension. I recommend fluid analysis and cytology.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
With a history of a chronic hepatitis and a small nodular liver I am concerned for the possibility of chronic hepatitis leading to cirrhosis and nodular regeneration. A liver biopsy is necessary to confirm this. It would be helpful to see if there is current inflammation, which could potentially be treated. Otherwise, symptomatic treatment for acute liver injury including GI protectants, nausea medication, low-grade antibiotics and possible treatment for hepatic encephalopathy (consider testing ammonia levels) etc. is recommended. The fluid is likely due to portal hypertension. If this is confirmed it should be a modified transudate, if not consider fluid analysis and cytology.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gayles,bella
Abd small I
C11-3s
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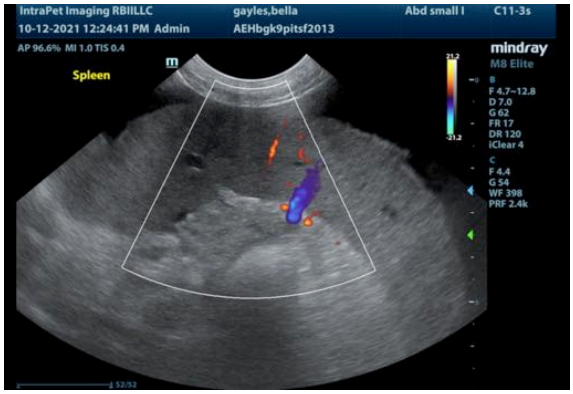
Liver
FREE FLUID
mindray
M8 Elite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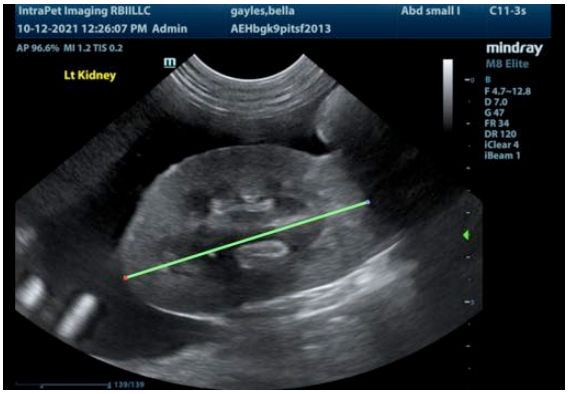
Spleen
mindray
M8 Elite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Abd small I
C11-3s
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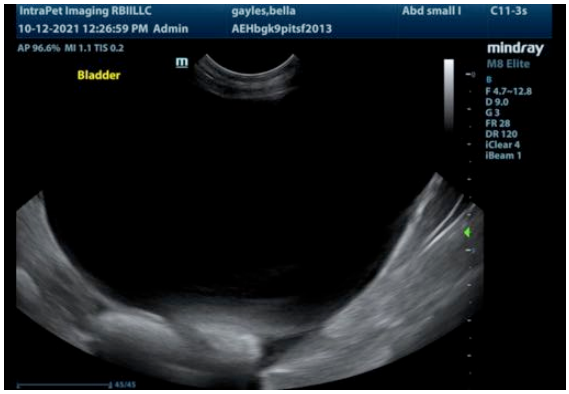
Lt Kidney
mindray
M8 Elite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Abd small I
C11-3s
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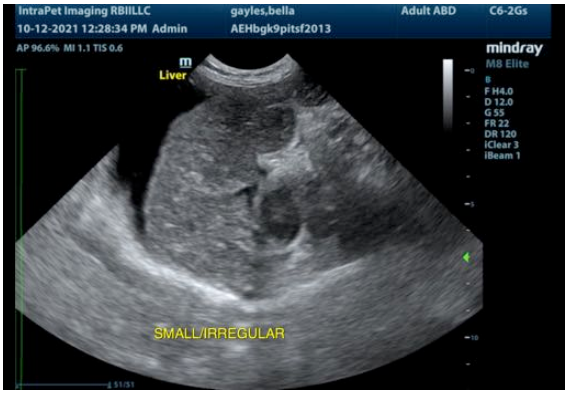
AEHbgk9pitsf2013
AP 96.6% MI 1.1 TIS 0.2
Bladder
mindray
M8 Elite


IntraPet Imaging RBIILLC
gayles,bella
Adult ABD
C6-2Gs
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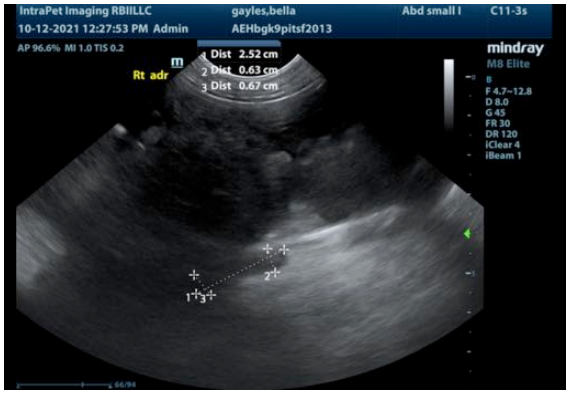
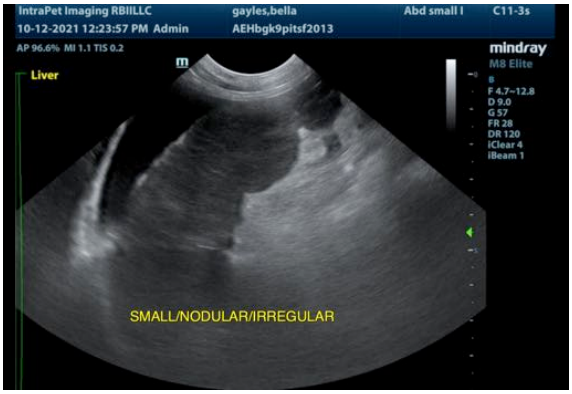
AEHbgk9pitsf2013
AP 96.6% MI 1.1 TIS 0.6
Liver
SMALL/IRREGULAR
mindray
M8 Elite


IntraPet Imaging RBIILLC
gayles,bella
Abd small I
C11-3s
10-12-2021 12:26:20 PM Admin
AEHbgk9pitsf2013
AP 96.6% MI 1.2 TIS 0.2
Lt adr
1 Dist 2.25 cm
2 Dist 0.69 cm
3 Dist 0.63 cm
mindray
M8 Elite





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