IMAGING PERFORMED BY

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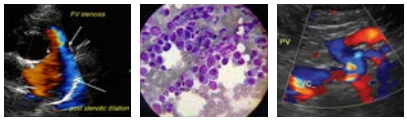

SonoPath

Clinical Sonography & Telecytology

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DATE

10/5/22

PATIENT

Leo Ellis

SPECIES

Canine

BREED

Pit Bull

SEX

Spayed Female

AGE

9/6/10

WEIGHT

78 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Stephanie Warga RDCS, RVT

HOSPITAL NAME

Eastern AH

REFERRING VET

Dr. Haviland

INVOICE

40940

PRESENTING CLINICAL SIGNS

Adopted 2 mos ago with unknown kx. Since new O has had P-- seizures- controlled on keppra, chronic intermittent loose stools/diarrhea that resolves with Metro & Probiotics. Has been lethargic, decreased appetite- see at ER facility- BW, Rads performed. Grade II heart right systolic murmur- muffled heart sounds.

Current Medications: None listed.
Lab Results: AFAST- cranio-organomegaly with scant free fluid appreciated. CRT ~ 3 secs, muffled lung sounds.. Resting Cortisol 5.3
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Requested/Approved.

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 (6.63 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal 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 (7.0 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal 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 0.71 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 0.73 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 large, and normal in echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible vasculature is prominent. The vena cava is prominent/dilated. No focal nodules or cystic lesions are observed.

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and 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 (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) 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

There is a large amount of free abdominal fluid. No lymphadenopathy. The omentum is of normal echogenicity.

Other

A brief view of the heart was submitted. There is the suspicion of a large heart base mass, measuring 5.1 cm x 4.93 cm. The vena cava is prominent.

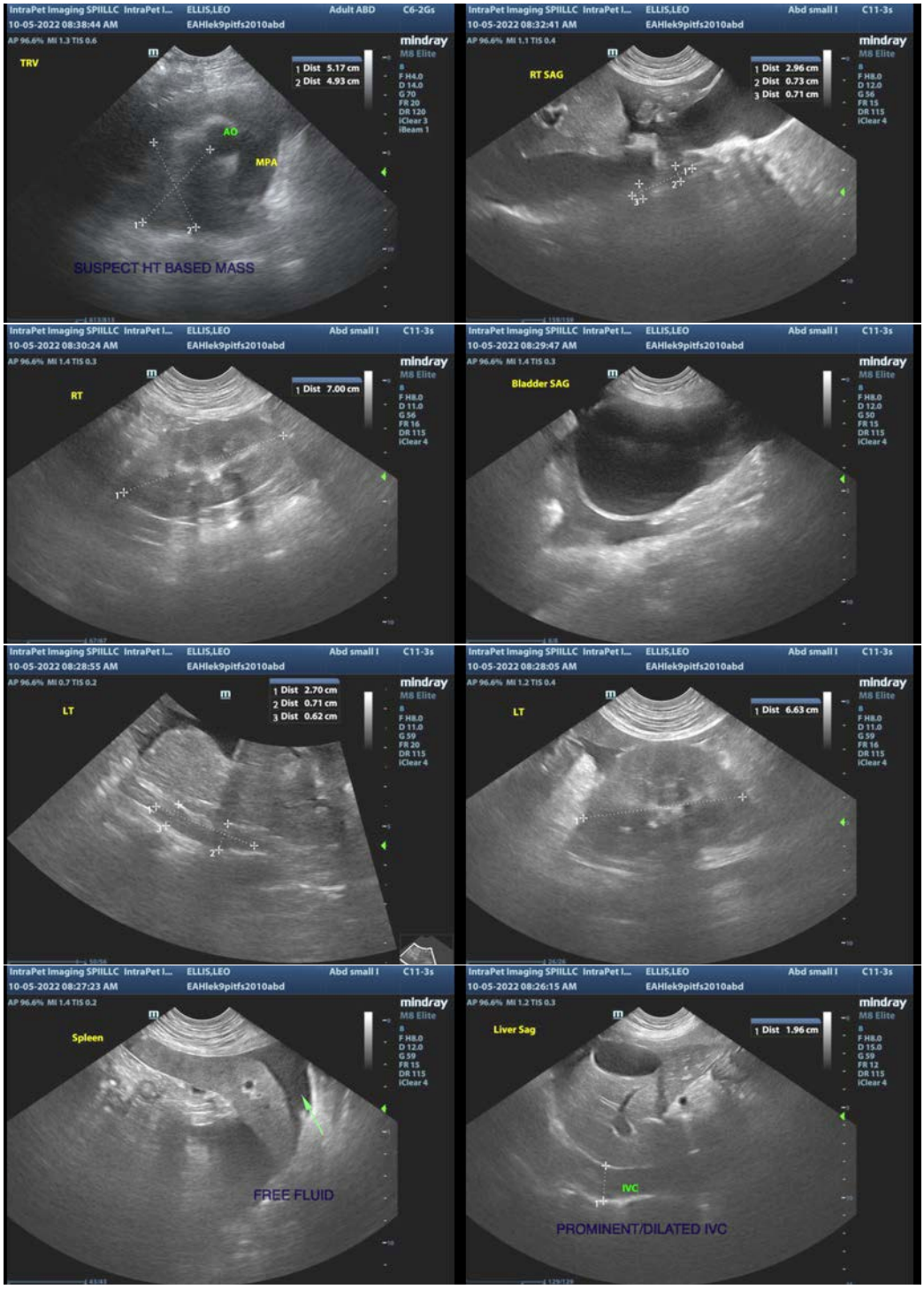
ULTRASONOGRAPHIC FINDINGS

- Large, heterogeneous liver with prominent vasculature – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy. The prominent vasculature is concerning for congestion.
- Prominent/dilated vena cava – Findings are concerning for congestion.
- Large amount of free abdominal fluid.
- Suspicion of a heart base mass – Recommend cardiac ultrasound (declined at time of scan).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large amount of free abdominal fluid and prominent hepatic vasculature and a prominent vena cava. These findings are concerning for possible right-sided heart disease. Brief views of the heart reveal the suspicion of a heart base mass. Recommend full cardiac ultrasound (declined at time of scan).

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.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mindray M8 Elite
TRV
1 Dist 5.17 cm
2 Dist 4.93 cm
AO
MPA
SUSPECT HT BASED MASS
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10-05-2022 08:32:41 AM EAHlek9pitfs2010abd
mindray M8 Elite
RT SAG
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2 Dist 0.73 cm
3 Dist 0.71 cm
IntraPet Imaging SPIILLC IntraPet I... ELLIS,LEO Abd small I C11-3s
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Bladder SAG
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LT
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3 Dist 0.62 cm
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LT
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10-05-2022 08:27:23 AM EAHlek9pitfs2010abd
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Spleen
FREE FLUID
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mindray M8 Elite
Liver Sag
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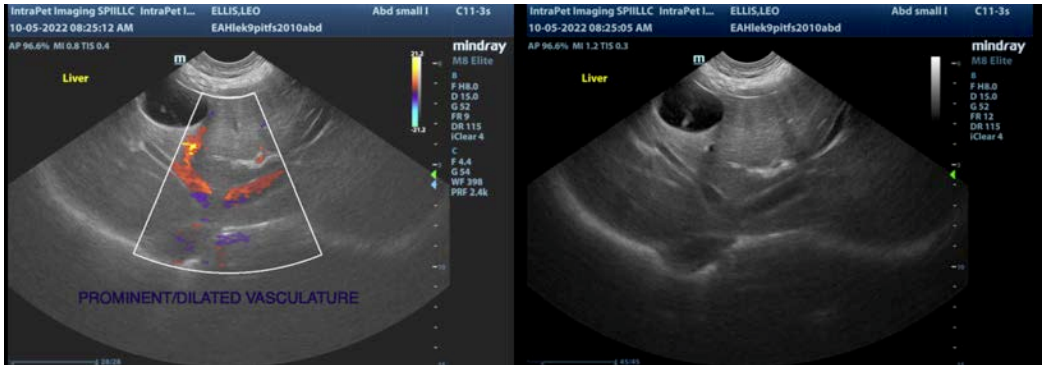
IVC
PROMINENT/DILATED IVC



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

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