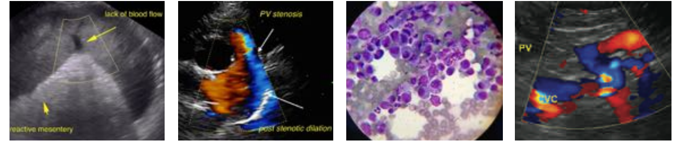
SonoPath
Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™



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1-800-838-4268 info@sonopath.com

PATIENT
Pinella Curran

SPECIES
Canine

BREED
Chow Chow

SEX
Spayed Female

AGE
12 years

WEIGHT
55.6 lbs

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

IMAGING PERFORMED BY
Kelly Vazquez , CVT

HOSPITAL NAME
Westwood Regional VH

REFERRING VET
Dr. Hartwick

INVOICE
92222

DATE
10/6/21

PRESENTING CLINICAL SIGNS

History: Patient presents for chronic soft stools, periodic vomiting - chronic ALKP elevation, history of previous ultrasound 7/9/20: geriatric abdomen, bladder sand, enteritis, no meds. R/O GI disease vs. other.
9/12/21: Chem: TP 7.5, ALKP 810, all else WNL. CPLI= normal. CBC: WNL. LDDST 10/12/20= not consistent with Cushing's. 8/8/20: Tru-cut liver biopsy= hepatocellular swelling and hepatocellular vacuolization, Cu stain= (-), TLI/cobal/folate= normal.

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 (5.81 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 is not clearly visualized.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.6 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.

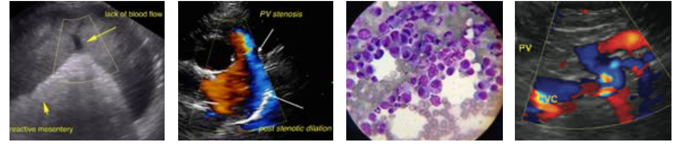
The right adrenal is not clearly visualized.

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 subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed. 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.



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Gastrointestinal

The stomach contains minimal luminal contents. It measures slightly thickened at 0.76 cm (normal is less than 0.7 cm) with some variability due to the presence of rugal folds. The distinction of the gastric wall layers appears decreased 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

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

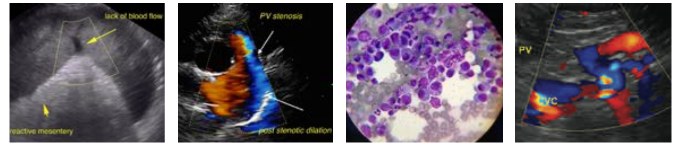
PRIMARY FINDINGS:

- Large heterogenous liver. This is consistent with vacuolar hepatopathy, which was previously diagnosed.
- Subjective gastric wall thickening. The stomach wall thickening could be consistent with inflammation, edema, infiltrative neoplasia, imaging artifact due to rugal folds, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ultrasonographic abnormalities associated with the liver are consistent with a vacuolar hepatopathy, which you diagnosed. This is generally a benign condition, but can sometimes progress to liver failure (rare). Therefore, consider a liver function test periodically.

The stomach wall appeared subjectively thickened on today's scan. The stomach was empty so this can be artifact, but the changes would be most consistent with gastritis based on today's evaluation. If metabolic evaluation does not reveal a metabolic cause for the vomiting then consider primary GI causes such as:



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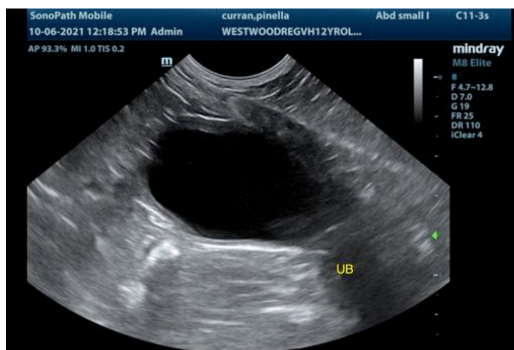
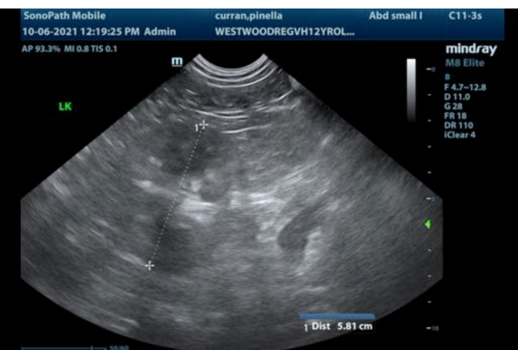
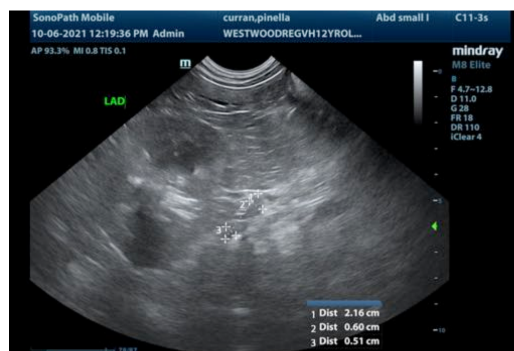
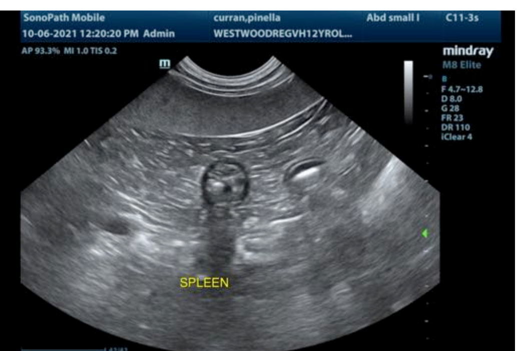
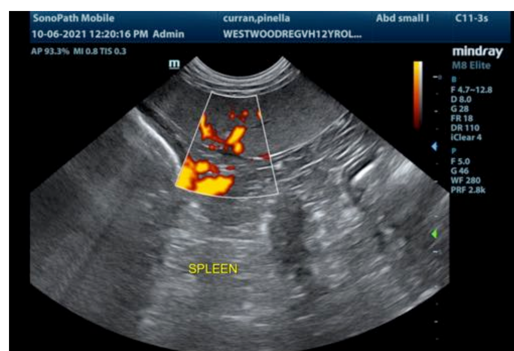
- GI parasitism, dietary indiscretion, mild pancreatitis, bacterial dysbiosis, food allergy, IBD and less likely intestinal or gastric neoplasia.
- Recommend diet trial with a novel protein/hydrolyzed prescription diet
- Recommend Gi panel for evaluation of B12 levels etc.. (start empirical B12 while waiting for results)
- Start probiotic if not already on one
- If symptoms are progressing consider obtaining GI biopsies

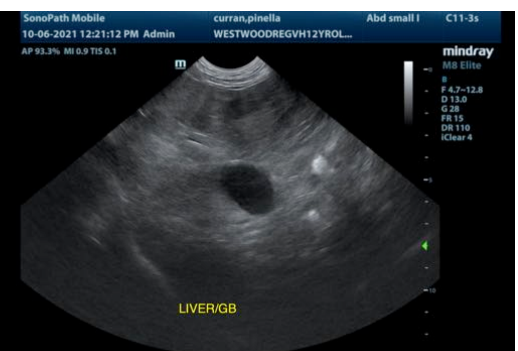


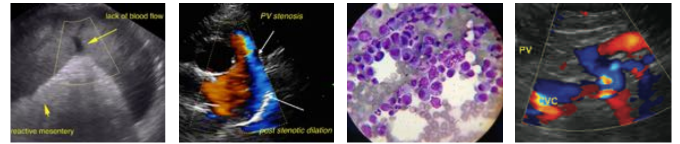












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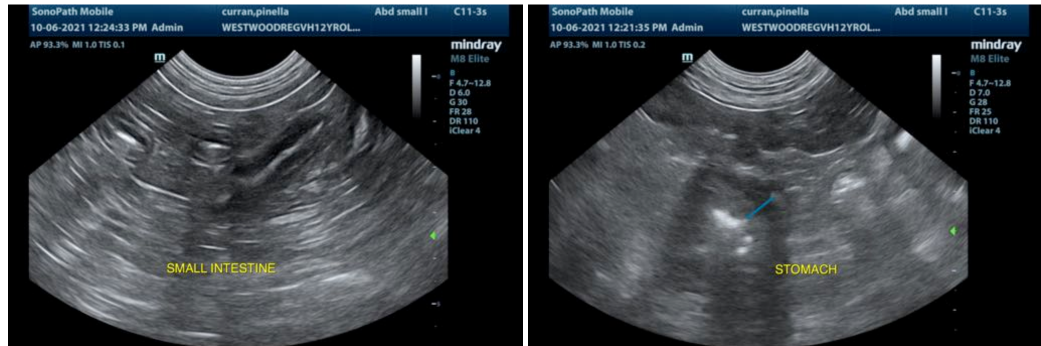

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

kathleen.sennello@sonopath.com