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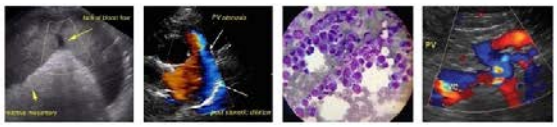

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Blaze Wong

SPECIES

Canine

BREED

Husky X

SEX

Neutered Male

AGE

8 Years

WEIGHT

26.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Westoak AH

REFERRING VET

Dr. Kohlmaier

INVOICE

42428

DATE

11/1/22

PRESENTING CLINICAL SIGNS

Oct 26, 22 now lethargic , no interest in food Appointment -Oct 25, 22 Blaze had his first seizure lasted 5 seconds, has not had one since decreased appetite frequency of cough reduced Oct 22, 22 started coughing/gagging. No medications.

Abnormal PE/Chem/CBC/UA Results: Please see attached lab report.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended with anechoic urine. The Bladder wall appears diffusely thickened and slightly irregular. No focal mass lesions or calculi were observed. The area of the trigone, ureteral papillae and proximal urethra appear free of any mass lesions or calculi. Recommend urinalysis and culture.

The prostate is normal in size (1.6 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (6.89 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 (7.1 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 0.60 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 1.01 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 subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. 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 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.

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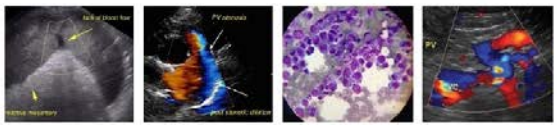

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Gastrointestinal

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. Jejunum wall measures 0.29 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 area of 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 anechoic free fluid. No lymphadenopathy. The omentum is generally of normal echogenicity.

Other

A brief view of the heart was submitted with questionable scant pericardial effusion noted and possibly subjectively decreased contractility(?).

There are some prominent vessels cranial to the left kidney. This could represent early congestion, portal hypertension, less likely a renal caval shunt.

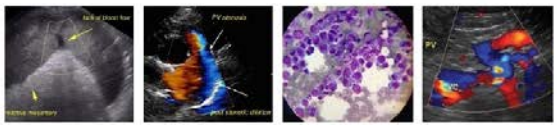
ULTRASONOGRAPHIC FINDINGS

- Thickened, irregular urinary bladder – The bladder mucosal changes could be consistent with cystitis or artifactual due to lack of adequate luminal distension. Bladder neoplasia cannot be ruled out but is considered unlikely in this patient.
- Moderate/large volume free abdominal fluid
- Prominent vasculature cranial to the left kidney – Differentials would include passive congestion, acquired shunts, or less likely a renal caval shunt.
- Questionable decreased cardiac contractility and scant pericardial effusion – Recommend cardiac ultrasound.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This is a challenging case. With the submitted bloodwork, identifying elevated urine bile acids, low albumin levels, etc., there is concern for significant liver dysfunction. The liver appears relatively normal on ultrasound, but this does not rule out significant hepatic disease.

Additionally, there is a large amount of free abdominal fluid and some dilated vasculature. A brief peek at the heart appeared somewhat abnormal, so it is unclear if the effusion is due to primary cardiac disease or liver disease. I would recommend a cardiac ultrasound in addition to testing for Leptospirosis



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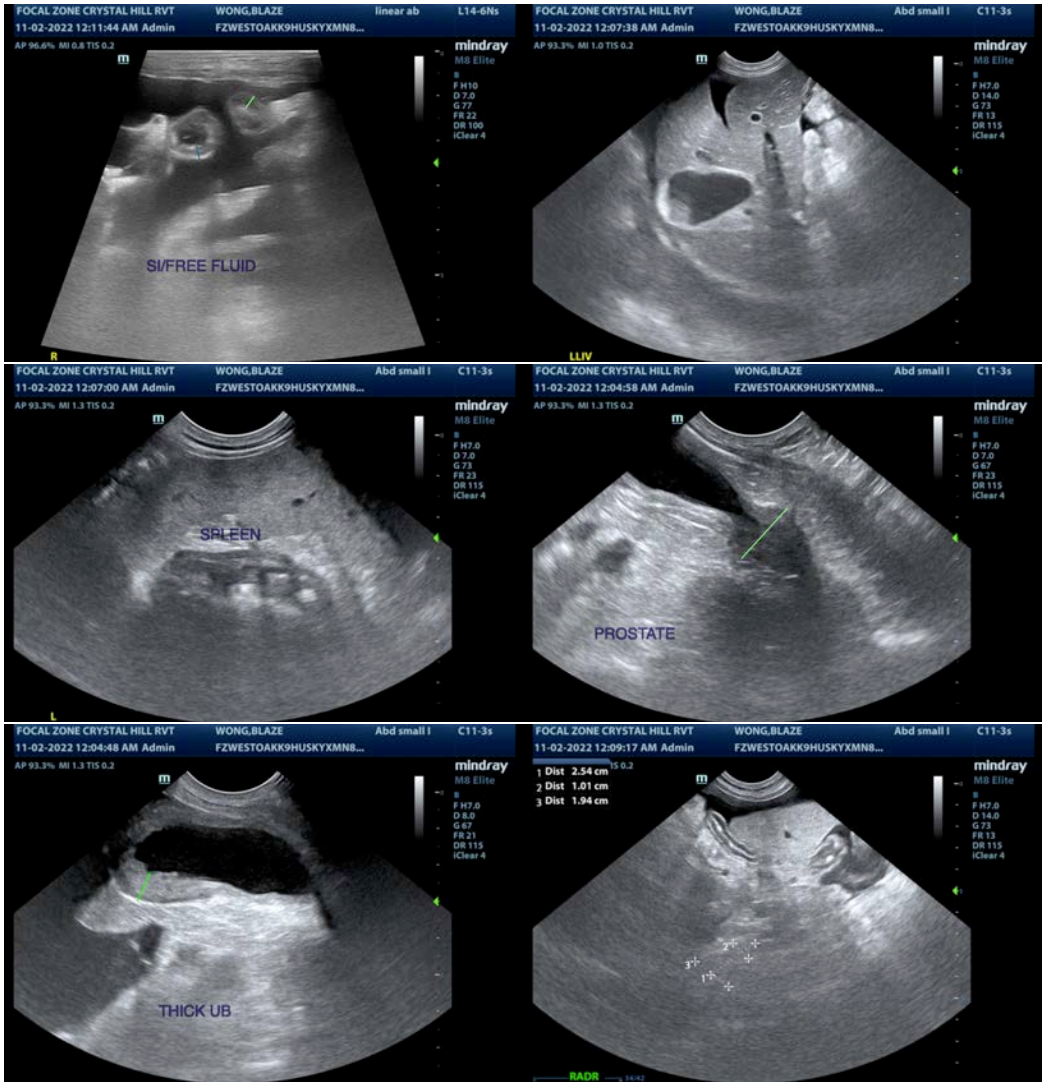
and initiating treatment with IV ampicillin.

A liver biopsy may be necessary to diagnose the cause of this bile acid elevation, but if there is passive congestion due to heart disease, this can be a very risky procedure. A fine needle aspirate could be considered provided coagulation parameters are normal.

Given the complex nature of the situation, advanced imaging may be necessary (contrast CT scan) of the abdomen +/- brain. Additionally, consider evaluation of a urine protein to creatinine ratio to look for evidence of secondary renal disease contributing to the low albumin levels. Based on this presentation, I suspect there are multiple issues contributing to the symptoms described.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.



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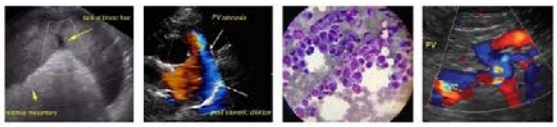

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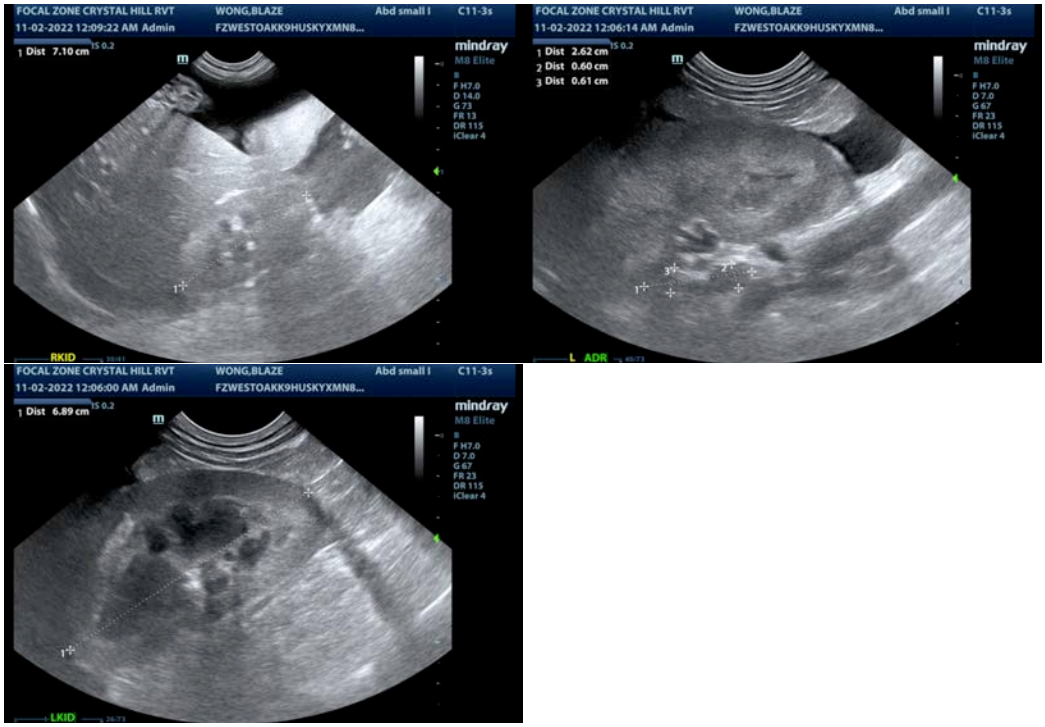

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

kathleen.sennello@sonopath.com