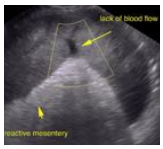
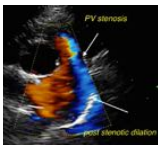
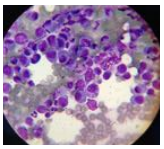
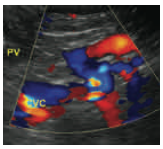
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™





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

PATIENT

Ilza Kelly

SPECIES

Canine

BREED

Weimaraner

SEX

Spayed Female

AGE

9 ½ years

WEIGHT

-

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Ramapo Valley AH

REFERRING VET

Dr. Duhr

INVOICE

94899

DATE

12/23/21

PRESENTING CLINICAL SIGNS

Weight loss even though eating well. Current meds: Phenobarbital.
Abnormal PE/Chem/CBC/UA Results: 12/18/21- AST 509, ALT 1095, ALKP 1019, USG 1.049

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The bladder wall appears slightly prominent and mildly thickened at 0.31 cm.. There is no evidence of significant mucosal irregularity. The area of the trigone, ureteral papilla and proximal urethra to a depth of 2.0 cm appeared free of mucosal irregularities, masses or calculi. The changes could be due to cystitis or more likely lack of complete urine distension.

The left kidney has a normal shape and size (6.4 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 (7.34 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 0.62 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.

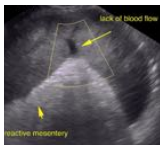
The right adrenal gland is normal in size measuring 0.78 cm at the caudal pole It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

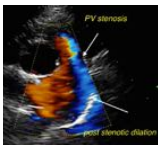
Spleen

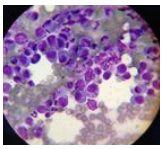
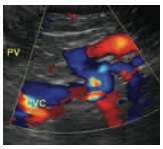
The spleen is subjectively (normal or large) in size. The spleen echotexture is heterogenous and mottled, the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is a large, mixed echogenic, hyperechoic mass effect measuring 3.02 x 3.95 cm on the spleen.

Liver

The liver is subjectively large 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





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

PATIENT

Ilza Kelly

SPECIES

Canine

BREED

Weimaraner

SEX

Spayed Female

AGE

9 ½ years

WEIGHT

-

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Ramapo Valley AH

REFERRING VET

Dr. Duhr

INVOICE

94899

DATE

12/23/21

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 (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

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.

Heart

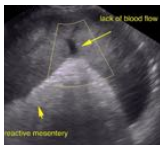
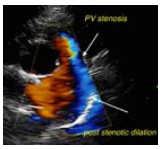
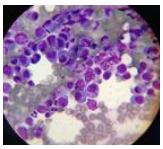
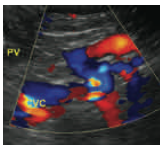
A brief view of the heart was submitted. No pericardial effusion was seen.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Large heterogenous liver. 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. These changes are somewhat expected for a dog on Phenobarbital.

- Mixed, echogenicity hyperechoic splenic mass. A focal, solid, mixed echogenic mass is present

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

PATIENT

Ilza Kelly

SPECIES

Canine

BREED

Weimaraner

SEX

Spayed Female

AGE

9 ½ years

WEIGHT

-

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Ramapo Valley AH

REFERRING VET

Dr. Duhr

INVOICE

94899

DATE

12/23/21

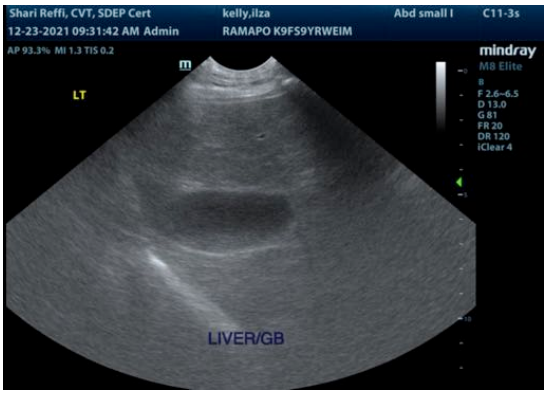
within the splenic parenchyma. This mass distorts the splenic capsule. Differentials include benign lesions such as lymphoid hyperplasia, hemangioma, etc., or neoplastic lesions such as hemangiosarcoma, lymphoma, histiocytic sarcoma, etc. The hyperechoic nature of this mass measures a more benign lesion, but underlying neoplasia cannot be excluded.

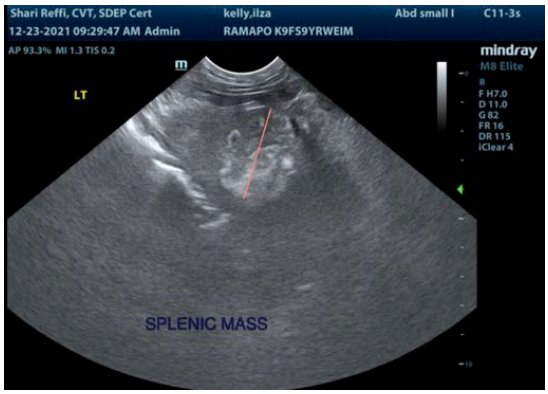
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

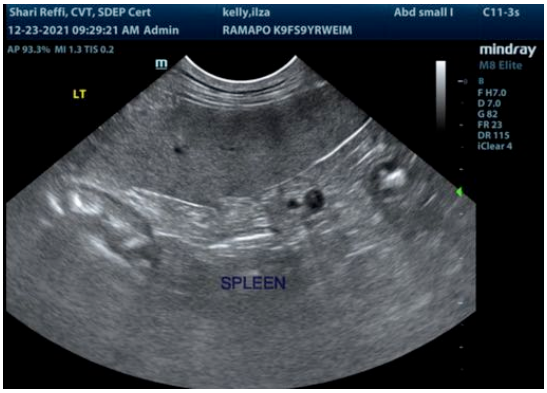
An elevation in the ALP and mild elevation in ALT is expected in dogs on Phenobarbital, but the significant of an ALT elevation is abnormal. Ultrasonographically no focal lesions were observed in the liver. I recommend:

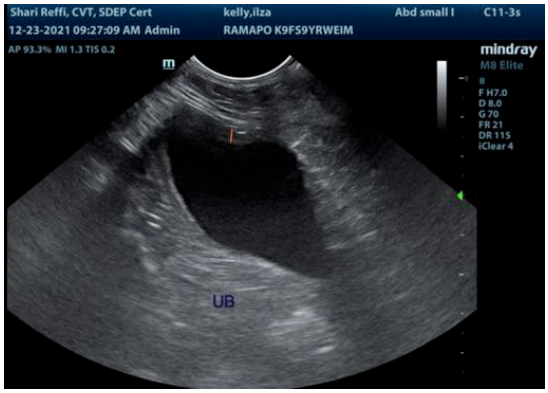
- Recommend Phenobarbital levels.
- Recommend liver function test and possible FNA of the liver.
- Consult a veterinary neurologist regarding weaning off of the Phenobarbital and switching to a newer generation anti-convulsant such as Keppra or Zonisamide as this will be less liver toxic. It is entirely possible that this is a Phenobarbital toxicity.
- Consider screening for Leptospirosis.
- If splenectomy is performed consider liver biopsy at the same time.

A large hyperechoic nodule/mass effect is visualized in the spleen. Consider splenectomy for both therapeutic and diagnostic purposes. A FNA can be considered, but eventually I think you would want to remove this mass for risk of it rupturing. I recommend three view thoracic radiographs. Consider a liver biopsy at the time of splenectomy.

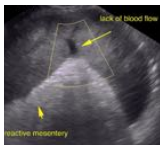
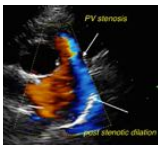
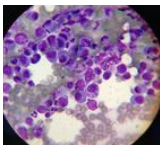
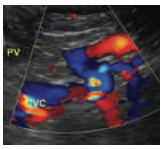








SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Ilza Kelly

SPECIES

Canine

BREED

Weimaraner

SEX

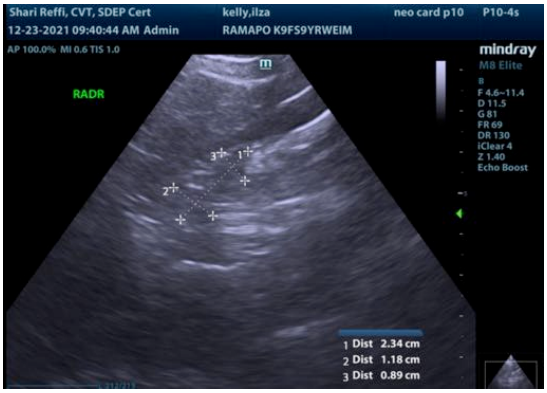
Spayed Female

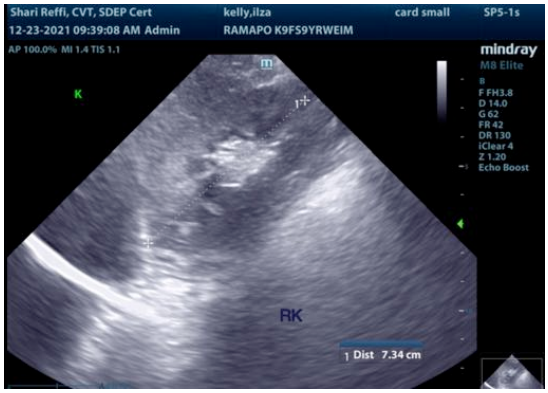
AGE

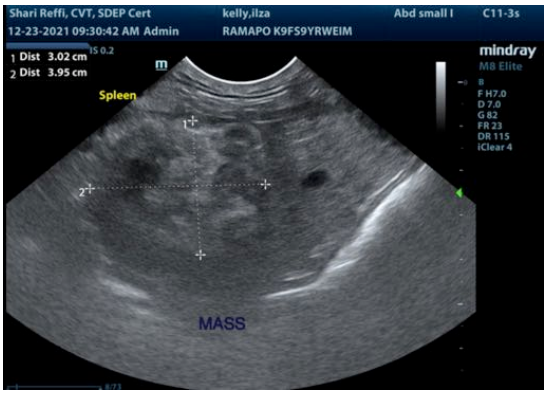
9 ½ years

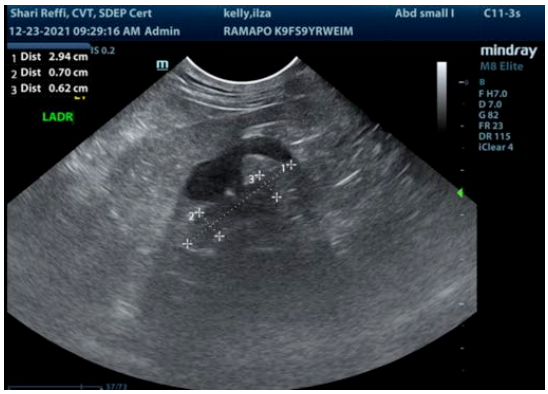
WEIGHT

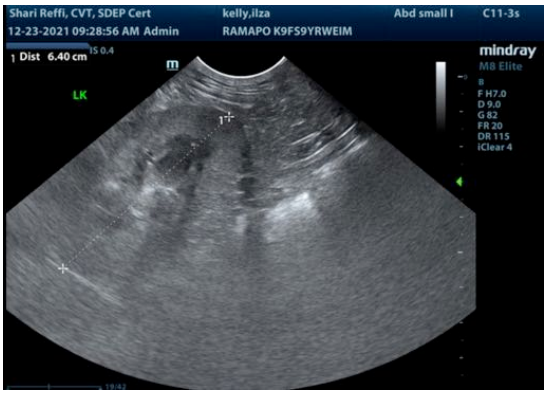
-











INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Ramapo Valley AH

REFERRING VET

Dr. Duhr

INVOICE

94899

DATE

12/23/21

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