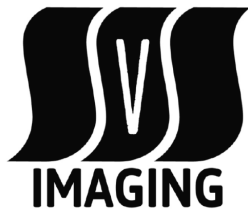


IMAGING PERFORMED BY

SVS Mobile Imaging MI 734-637-7711
svsimagingmi@gmail.com

**PATIENT**

Maverick Temple

SPECIES

Canine

BREED

Great Dane

SEX

Neutered Male

AGE

8 Years

WEIGHT

153 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging Michigan

REFERRING VET

Highland Vet Hospital

INVOICE

35825

DATE

2/23/22

PRESENTING CLINICAL SIGNS

Intermittent bilious vomiting (every other day). Owner feels patient's eyes appear icteric occasionally as well. Slightly decreased appetite.

Abnormal PE/Chem/CBC/UA Results: Rads: no obvious blockage or FB. Liver appears smaller than normal. Liver enzymes are elevated on labs, everything else wnl.

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 prostate is normal in size (1.9 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 (8.8 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 (9.5 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 0.58 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 0.61 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. **The spleen is visualized intercostally, so all comments refer to the visualized areas of spleen.

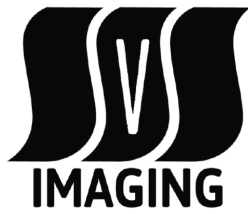
Liver

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 gall bladder 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 is moderately distended with gas and fluid. The visible portions of gastric wall visualized appeared to be of a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers appears adequate, but unfortunately only a minimal amount of gastric wall is visible. Evaluation is hindered by intraluminal material and the size of the patient.

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.

ULTRASONOGRAPHIC FINDINGS

- 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.
- Moderately distended gastric lumen with gas and fluid – The significance of this is unclear. Correlate with feeding history and abdominal radiographs. The pyloric region is not visualized due to patient size.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

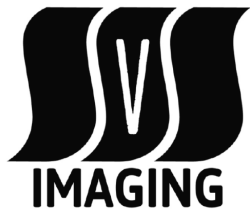
No significant lesions were visualized associated with the spleen or GI tract. The stomach is moderately distended, and there is no obstruction visualized, but unfortunately with a patient this size, it is difficult to image the pylorus adequately. Additionally, no focal lesions are visualized in the liver, but there are many causes for liver enzyme elevations, which cannot be diagnosed by ultrasound alone. Depending on the magnitude and type of liver enzyme elevation present, you could consider:

- Liver function test
- Testing for Leptospirosis
- Fine needle aspirate if coagulation parameters are normal
- Testing for Cushing's if it is a primary ALP elevation
- If these steps are taken and there is no significant response to treatment for acute liver injury (antibiotics, Ursodiol, supportive treatment, etc.), then consider obtaining a liver biopsy.

The size and depth of this dog's chest limits evaluation somewhat. A contrast CT scan of the abdomen could be considered if better resolution is desired.

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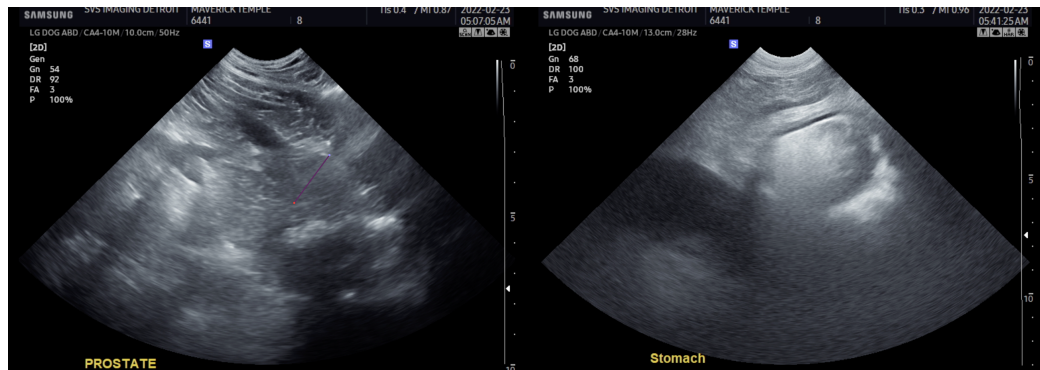
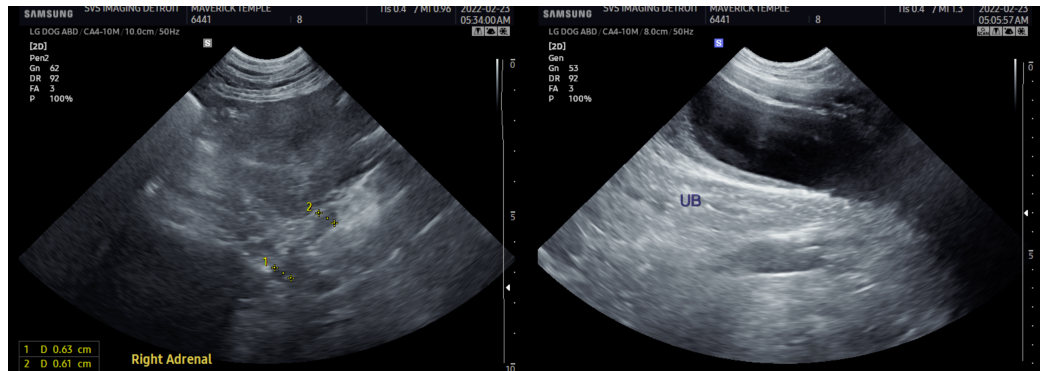
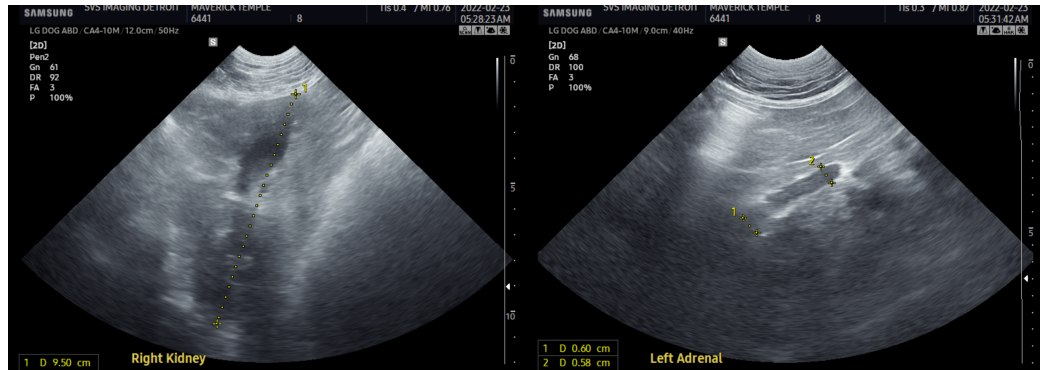
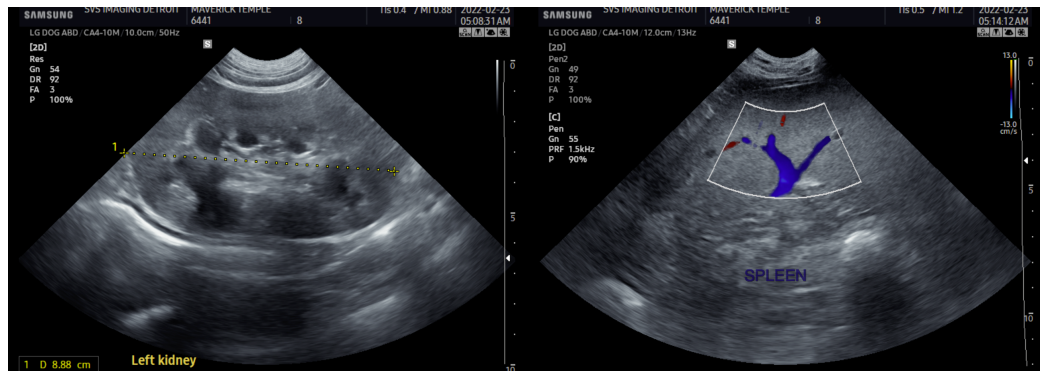
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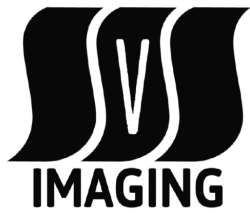
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PATIENT

Maverick Temple

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.

SPECIES

Canine

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)

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