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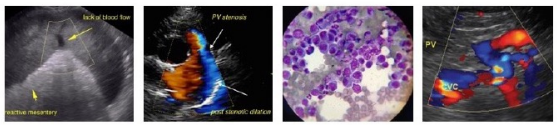

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Magenta Anderson

SPECIES

Canine

BREED

Viszla

SEX

Spayed Female

AGE

10 Years

WEIGHT

26.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Southside Pet Hospital

REFERRING VET

Dr. Velez

INVOICE

36282

DATE

3/18/22

PRESENTING CLINICAL SIGNS

Hyporexia and occasional vomiting early this week , was being treated for corneal ulcers by a board certified Ophthalmologist but has recovered now . Currently on Tacrolimus OU SID. Has a chronic history of elevated liver enzymes since 2019 PE showed mild lethargy , normal hydration , abdominal palpation - No fluid wave - suspected hepatomegaly?
Abnormal PE/Chem/CBC/UA Results: Lymphocytes 0.9 (1.1-5.0 x 109/L) Albumin 25 (27-39 g/L) ALT 974 (19-121 U/L) ALP 890 (5-160 U/L) 4DX Negative Leptospira Witness test : Negative - See attached lab results

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 (6.68 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 (6.13 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 0.77 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 0.86 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 in size and severely heterogenous in echotexture with focal mottling. The visible portions of the vasculature and biliary tract appear normal. The majority of the hepatic parenchyma is severely nodular with too numerous to count hypoechoic, discrete nodules varying in size from approximately 0.5-2.0 cm. These could represent hypoechoic solid nodules or some of them could represent cystic lesions. Minimal normal hepatic tissue is visualized, but there is a small area visualized near the gall bladder.

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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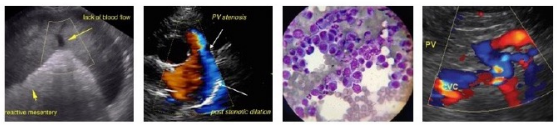

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Gastrointestinal

The stomach is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. 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 layering 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 uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Visualized peristalsis appears appropriate. While there are no discrete mass effects visualized, there are some areas of bowel that appeared corrugated and inflamed.

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

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

- Severely nodular liver – Findings are concerning for underlying neoplastic change, although the chronicity of the liver enzyme elevations is not typical for this presentation.
- Mildly thickened small intestine with some corrugated areas – The mild intestinal thickening could be normal in this individual, and I suspect the corrugation is associated with the gastrointestinal upset.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is severely nodular with just a small amount of “normal” appearing parenchyma. Underlying neoplasia would have to be a very big concern.

Recommend a fine needle aspirate of the liver. If cytology is diagnostic, then recommend consultation with a veterinary oncologist regarding treatment options and prognosis.

If cytologic diagnosis cannot be obtained, then consider a liver function test and a liver biopsy, provided coagulation parameters are normal. Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.

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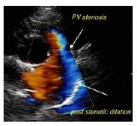
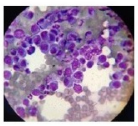
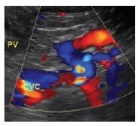

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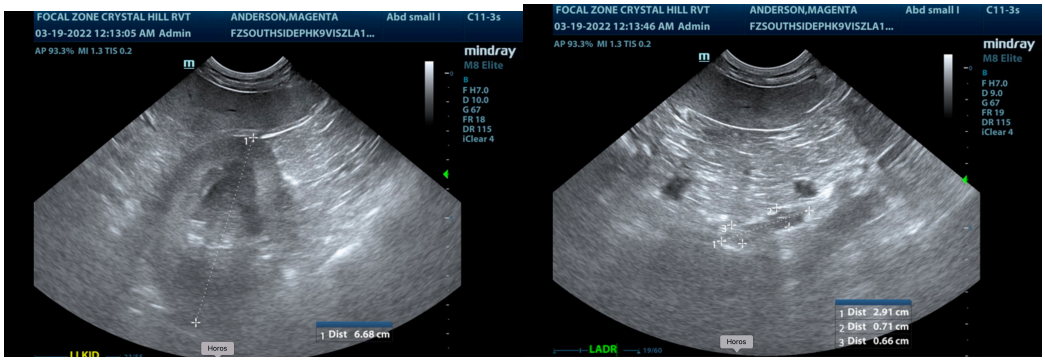

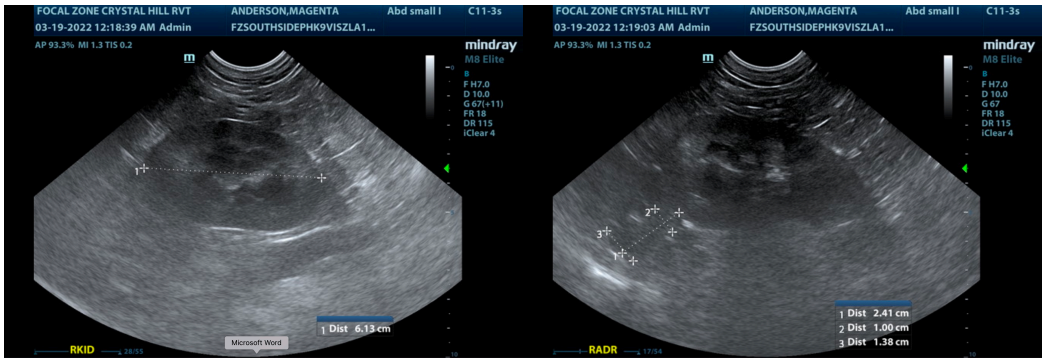

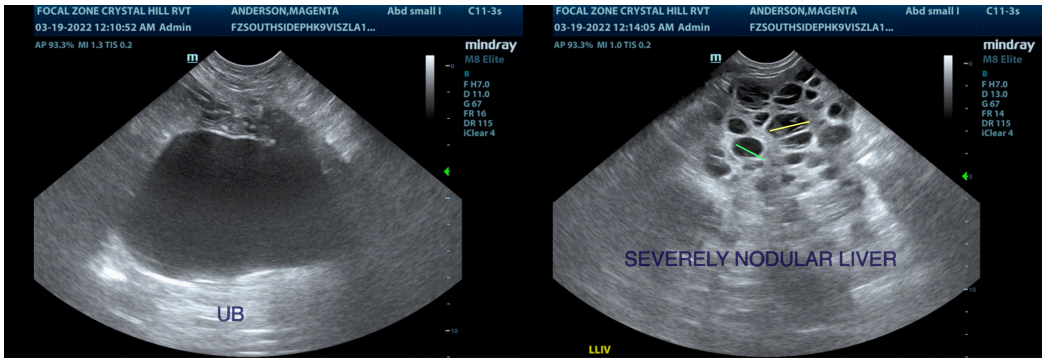

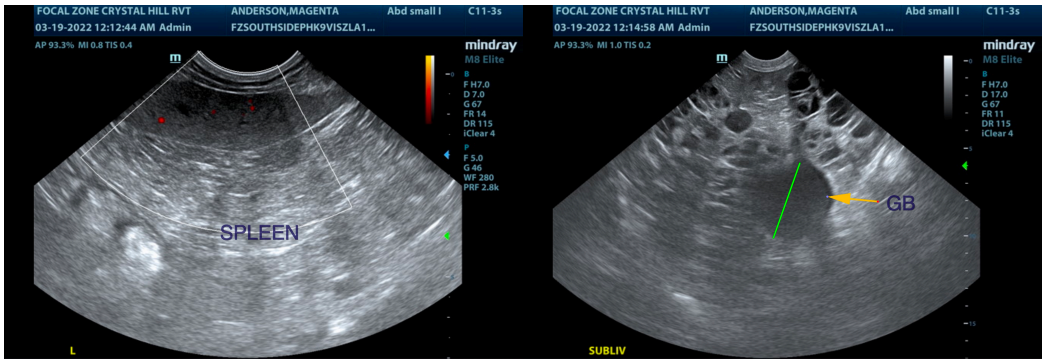

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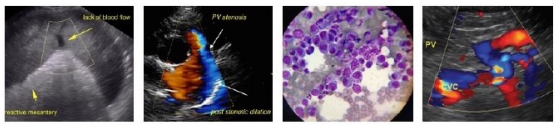

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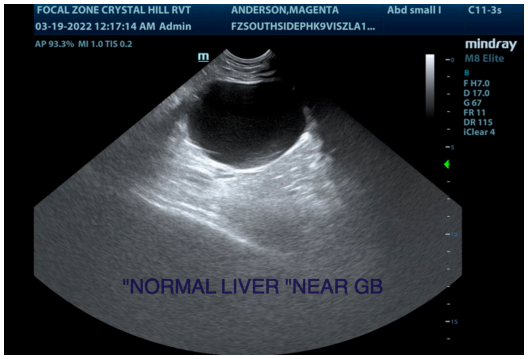

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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