

PATIENT

PRESENTING CLINICAL SIGNS

Theia Radi

SPECIES

Canine

BREED

Siberian Husky

SEX

Spayed Female

AGE

4 Years

WEIGHT

64.8 Pounds

INTERPRETED BY

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

IMAGING BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

MountainView AH

REFERRING VET

Dr. Hill

INVOICE

36472

DATE

3/24/22

PAWS Request Form: Chief Concern / Provisional Diagnosis: ~ 1. chronic vomiting/esophageal reflux noted on recent rads. 2. elevated hepatic values Relevant Medical History and Physical Exam findings: ~ initially presenting for chronic/progressive cough w/ depressed appetite and energy level. cbc unremarkable, chem w/ elevated hepatic enzymes. hx chronic GI/reflux; seems to be diet responsive Recent Diagnostics: Relevant Laboratory Results / Abnormalities: ~ potassium 3.8 (4-5.4) ALT 870 (18-121), AST 74 (16-55), ALP 764 (5-160), GGI 26 (0-13) UA unremarkable. T\$ WNL Current medications (include full name, dosage and frequency): ~ clavamox, enrofloxacin, omeprazole Relevant Radiograph Findings(email radiographs if available): ~ Study: Lateral and ventrodorsal views, four images of the thorax are available. Radiographic findings: Mild concentric thickening of the tracheal wall by soft tissue opaque material. Throughout the lung lobes is a chronic bronchial pattern, and peribronchial cuffing by soft tissue opaque material. Several of the bronchial walls are lined by thin mineralization. Multiple, small (<3mm diameter), well defined soft tissue opaque nodules are seen randomly distributed throughout all lung lobes. Thin, non-divergent pleural fissure lines. On the lateral view is a sessile fat to weakly soft tissue opaque structure in the cranioventral mediastinum spans the first and second sternabrae. The pulmonary vasculature and cardiac silhouette are normal. A small amount of soft tissue opaque fluid is within the caudal esophagus. The caudoventral margins of the hepatic silhouette extend to the plane of the xiphoid and the gastric axis is shifted cranially. The remainder of the included cranial abdomen is normal. No other abnormalities identified. Conclusions: 1. Lower airway disease such as chronic allergic or infectious bronchitis (such as bacterial). DDx. concurrent tracheitis. Pulmonary nodules may be consistent with end on the vessels and bronchial mineralization. 2. Tangent beam artifact or pleural fibrosis. DDx: small volume pleural effusion. 3. Esophageal reflux. DDx: secondary to gastritis or pancreatitis. 4. Sternal reactive or neoplastic lymphadenopathy. DDx: effect of mediastinal fat stores. 5. Individual variant hepatic size. DDx: chronic inflammatory hepatopathy and fibrosis. Consider with historic laboratory results. Comments: The clinical sign of cough may be secondary to chronic lower airway disease and/or esophageal reflux. Bronchoalveolar lavage may be useful in obtaining samples for cytology, culture, and sensitivity.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

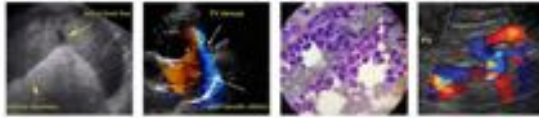
Urinary System

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 (5.74 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 (5.48 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



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The left adrenal gland is normal in size measuring 0.47 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.

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The right adrenal gland is normal in size measuring 0.66 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.

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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.

SEX

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Liver

The liver is subjectively normal in size, and hypoechoic 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.

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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 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.

INTERPRETED BY

Kathleen Sennello DVM,
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(Small Animal Internal
Medicine)

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 measured 0.44 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

IMAGING BY

Loetitia Saint-Jacques,
LVT

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.

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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.

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Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are no enlarged lymph nodes. Sublumbar lymph nodes measure at 0.63 cm in width, and there are occasional prominent mesenteric lymph nodes at 0.33, 0.34 cm. The omentum is of normal echogenicity.

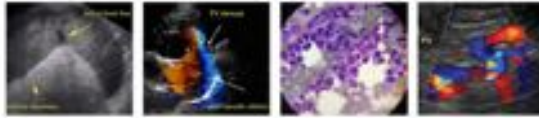
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ULTRASONOGRAPHIC FINDINGS

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- Hypoechoic, heterogeneous 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.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ultrasonographic changes in the liver were relatively mild. Unfortunately, the sonographic changes do not always reflect the severity or cause of the hepatopathy. The scan today supports a primary hepatopathy as no severe biliary changes were observed.

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- Consider close evaluation of history for possible toxic changes examine medications, diet, dietary indiscretion etc...

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- Consider PCR on urine/serum for leptospirosis (if not on antibiotics)/serology if recent antibiotic history

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- If not already done, consider pre and post prandial bile acids to evaluate liver function

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- Consider Fine needle aspirate if round cell neoplasia is on your differential list (25 g needle, normal coags)

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- If no response to supportive care (denamarin, fluids, antibiotics,+/- ursodiol etc...) Consider liver biopsy with samples obtained for histopathology, culture, and copper levels.

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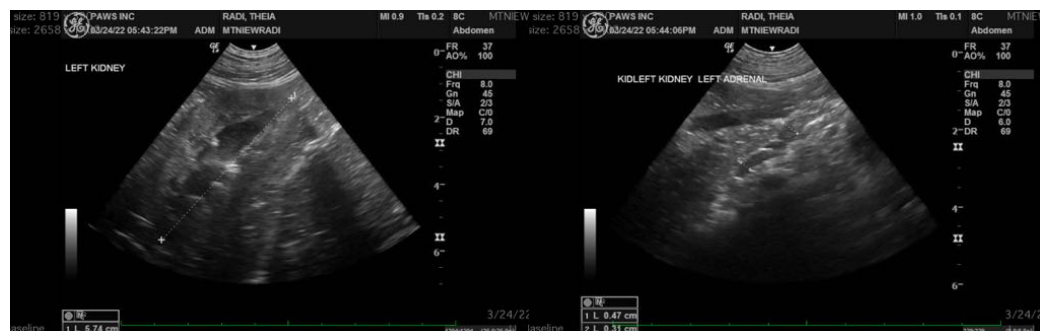
This patient has significant issues which appear to be presenting with both intrathoracic (pulmonary and esophageal) and intrabdominal (elevated liver values) signs. No significant intrabdominal lesions were noted so this enzyme elevation could be reactive or could be concurrent to the intrathoracic issues. Further work up of the pulmonary/esophageal issues seems warranted with possible BAL, esophageal fluoroscopy +/- scoping. Additionally the steps above can help to evaluate for a concurrent liver issue.

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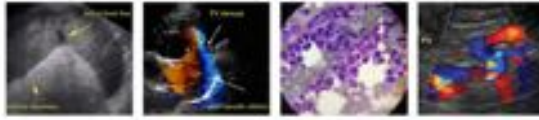


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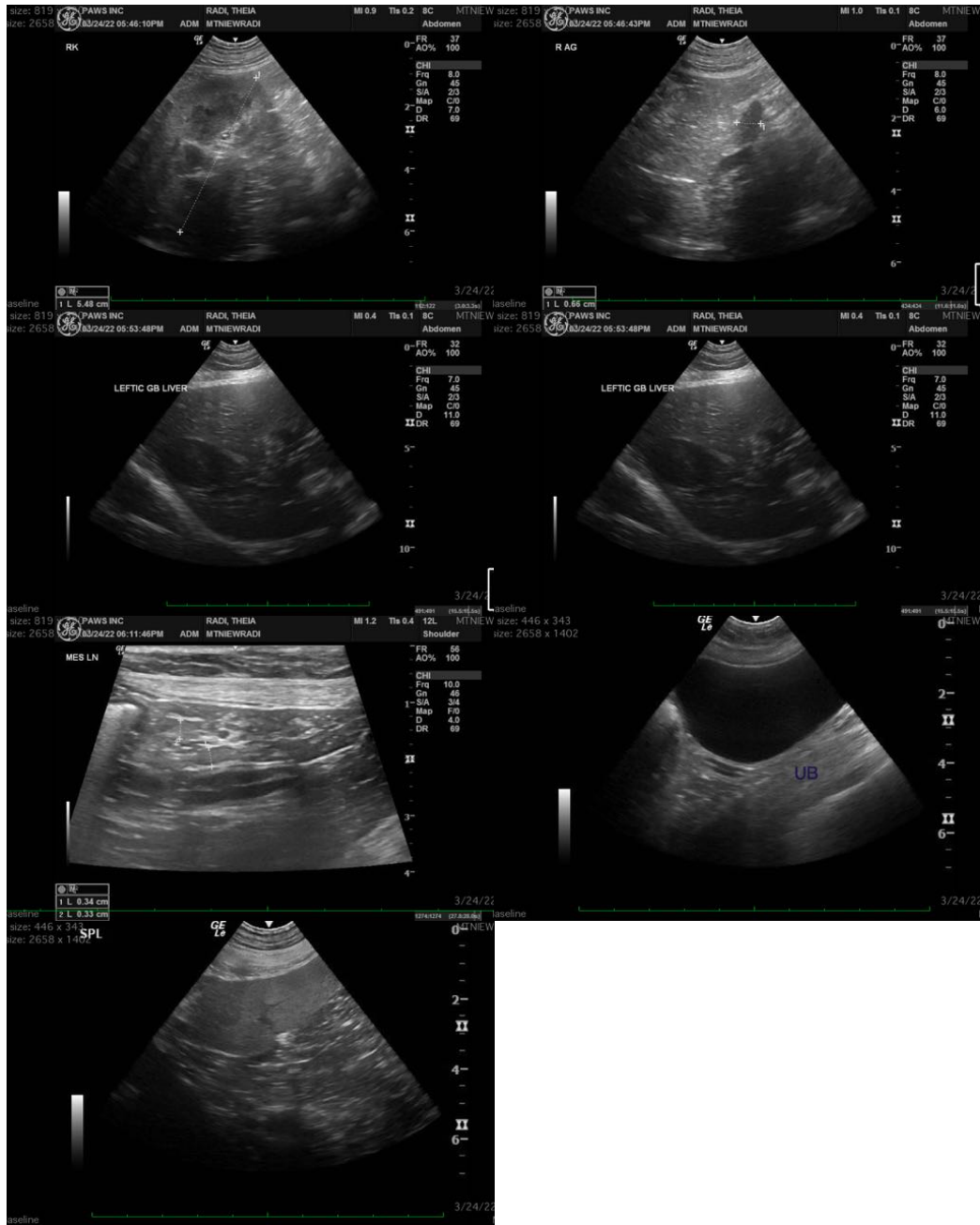
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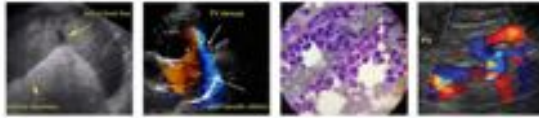
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology



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that was not visible in the image/video clips provided.

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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.

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