

PATIENT PRESENTING CLINICAL SIGNS

Acadia McGrath

SPECIES

Canine

BREED

Lab

SEX

Spayed Female

AGE

11 Years

WEIGHT

78 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

South Side Pet Hospital

REFERRING VET

Dr. Honda

INVOICE

46644

DATE

4/13/23

Has been feeling well overall but Alex was concerned as was not eating her raw food as well in the last couple of days and always goes for it. Energy seems great, drinking normally - no incr or decr. Normal stools and urination. No v/d/c/s. Felt her nose looks different and has some hair loss on her tail. Has continued on Vit E and Ursodiol, and Spectra Sclera yellow OU, nose has M1 pigment loss M1 yellow tinge, patch of alopecia on dorsal surface of tail, no secondary lesions noted, rest of coat nsf Current Medications Metronidazole 250mg - 1 tab SID, Hepaticlear, Ursodial 250mg - 1 SID

Abnormal PE/Chem/CBC/UA Results: CBC:nsf Biochem:Urea low at 2; Alb M1 low at 26; glob normal 31; glucose normal at 4.5; ALT 489, ALP 1108, TBili 179.1 and Conj Bili 80.6, Amy and Lip both M3 incr. 4Dx: all negative

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. 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 calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

The left kidney has a normal shape and size (7.07 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 (7.36 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 0.58 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.

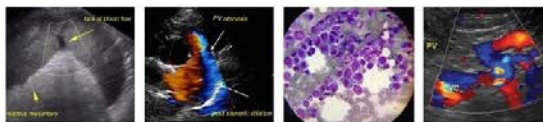
The right adrenal gland is normal in size measuring 1.03 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

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 normal in size but irregular in shape and diffusely nodular. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. The liver is diffusely nodular and irregular. There is an irregular area measuring 4.9 cm x 5.26 cm with similar appearing parenchyma, which could represent a mass effect or a prominent area of the liver lobe.



PATIENT

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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 mild and 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.

BREED

Lab

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.)

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

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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.

WEIGHT

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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.

INTERPRETED BY

Kathleen Sennello DVM,
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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.

IMAGING PERFORMED BY

Kelly Reschny

ULTRASONOGRAPHIC FINDINGS

- Echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Irregular, diffusely nodular liver – Findings are concerning for diffuse regenerative nodules/early cirrhosis, but other differentials are possible. Recommend a liver biopsy.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver appears irregular and diffusely nodular, possibly with a mass effect or prominent area of liver lobe. Given the lab work findings and the suggestions of possible liver failure (low albumin, low BUN, etc.), and the breed and sex of this patient, I would be concerned about advanced chronic active hepatitis and possibly early cirrhosis. To get a full picture of what's going on, it's likely that a liver biopsy with histopathology and copper levels would be necessary, with care taken to ensure that clotting times are normal. Biopsy results would help to determine the prognosis, type, extent of disease, and the best way to treat this individual.

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There is a focal irregularity evident on the liver that could be a mass effect or an irregular lobe of liver. A contrast CT scan could be considered prior to biopsy to better evaluate the hepatic parenchyma.

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



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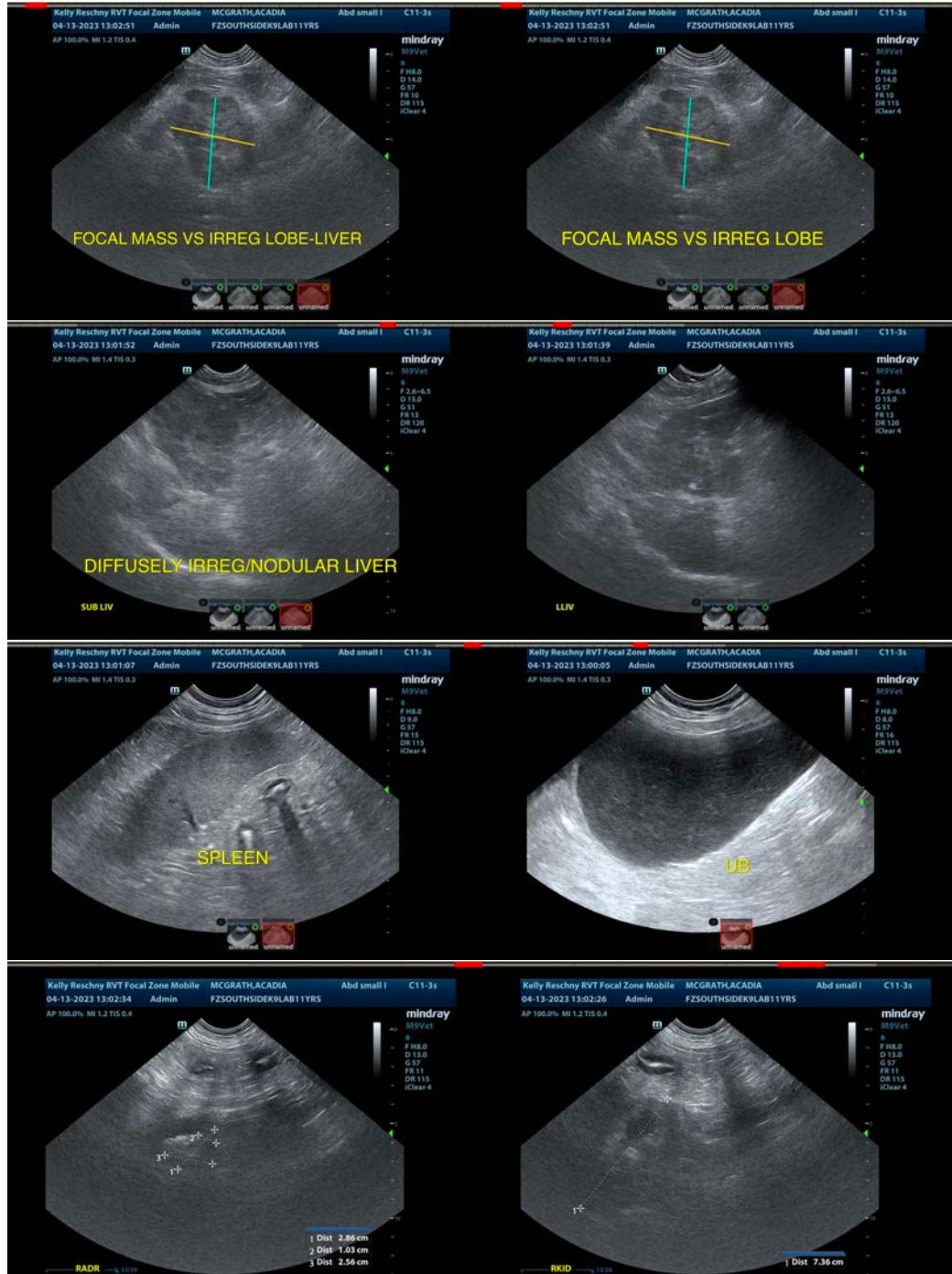
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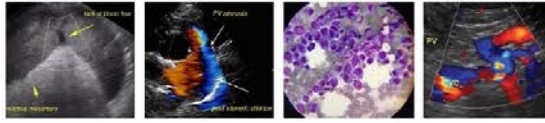
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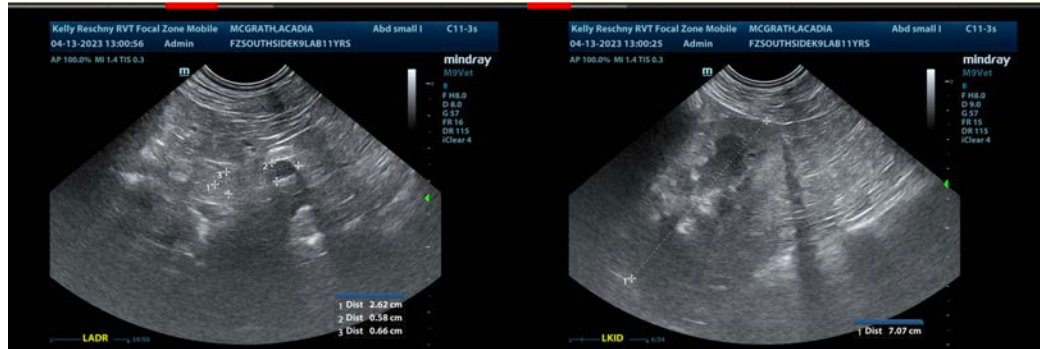
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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