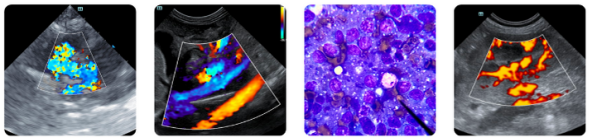



**PATIENT**

Daisy Yuckin

**SPECIES**

Canine

**BREED**

Collie Dachshund Mix

**SEX**

FS

**AGE**

8 years

**WEIGHT**

14.7 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Gira

**HOSPITAL NAME**

Southpointe VH

**REFERRING VET**

Dr. Nadbrzezna

**INVOICE**

11705

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## PRESENTING CLINICAL SIGNS

Assessment for liver condition due to bloodwork results.

Abnormal PE/Chem/CBC/UA Results: ALT 701 U/L 18 - 121 AST 218 U/L 16 - 55 ALP 219 U/L 5 - 160 Bilirubin - Total 5.3 µmol/L 0 - 5.2 Total T4 10.1 nmol/L 13 - 53

## 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 (4.72 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 (5.44 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 0.36 cm at the cranial pole and 0.42 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.

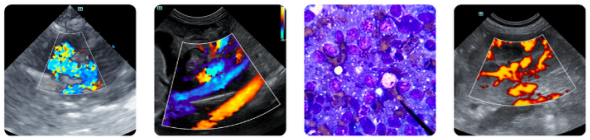
The right adrenal gland is normal in size measuring 0.51 cm at the cranial pole and 0.5 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

### *Spleen*

The spleen is subjectively normal in size (1.85 cm) and the echotexture is homogenous. The splenic capsule is smooth with no visible 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, mildly hyperechoic with rounded margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. In the left mid caudal region of the liver the margins are rounded, creating the impression of a very subtle, isoechoic mass effect visualized measuring 3.21 cm x 4.1 cm. Findings could be consistent with a rounded/bulging liver lobe.





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The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

### *Gastrointestinal*

The stomach contains minimal luminal contents. It measures at a normal thickness of 0.69 cm 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 (0.39 cm in wall thickness) and the jejunum measured as normal (0.25 cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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 visible/mildly mottled in both limbs. 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. There are occasional prominent/slightly enlarged abdominal lymph nodes. These include a hepatic lymph node measuring 0.87 cm x 1.31 cm, a sub lumbar lymph node measuring 0.26 cm in width, and a jejunal lymph node measuring 0.36 cm. The omentum is of normal uniform echogenicity.

## ULTRASONOGRAPHIC FINDINGS

- Pancreatic changes most consistent with mild pancreatic remodeling.
- Hyperechoic, mildly heterogenous, rounded liver with an ill-defined isoechoic “mass effect”/bulging liver lobe. The diffuse hepatic changes are non-specific and can be seen with vacuolar hepatopathy, reactive change, nodular hyperplasia or, less likely, inflammatory/immune-mediated disease, infiltrative neoplasia, or other hepatopathy. The isoechoic structure described most consistent with a rounded liver lobe. A poorly defined mass effect cannot be ruled out.
- Occasional prominent abdominal lymph nodes. Findings are most consistent with reactive lymph nodes. Early neoplastic lymph nodes cannot be ruled out.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver appears large and mildly hyperechoic and heterogenous with rounded margins particularly in the mid caudal left region. In some view this creates somewhat of a “mass effect” but a discrete mass cannot be confirmed. No significant lesions are visualized associated with the gallbladder or bile duct making a primary hepatopathy most likely. Consider the following:

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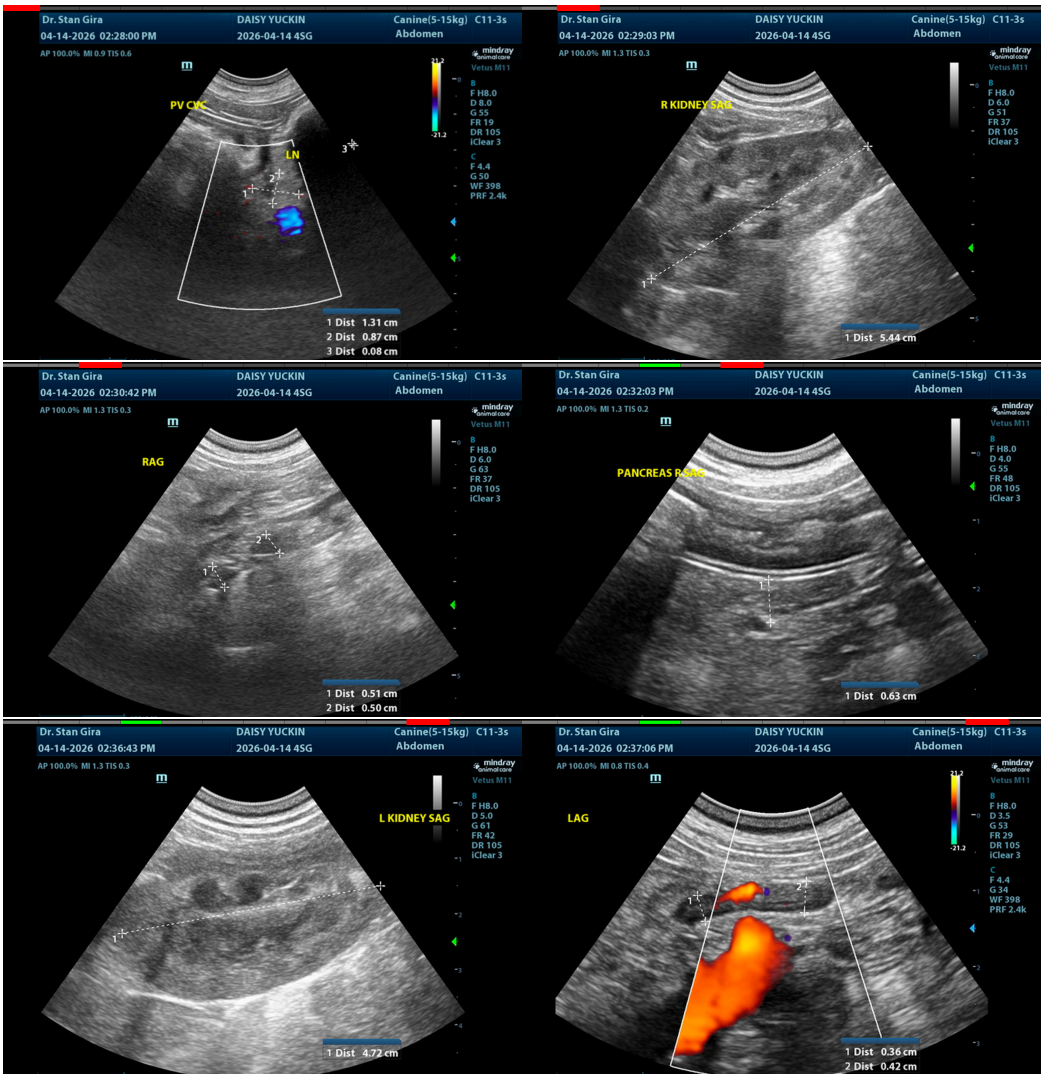
- Recommend pre- and post-prandial bile acids.
- Recommend a fine needle aspirate of the liver for cytologic evaluation (provided coagulation parameters are appropriate.)
- If clinically appropriate, consider leptospirosis screening.
- Consider empirical therapy for acute liver injury (if this is believed to be acute?) with denamarin, ursodiol +/- a course of antibiotics.

If values are persistently elevated despite taking these measures, ultimately, biopsies of the liver with samples for histopathology, culture, and copper levels may be warranted. Additionally, you could consider repeat imaging in the future, looking for the progression of today's lesions.



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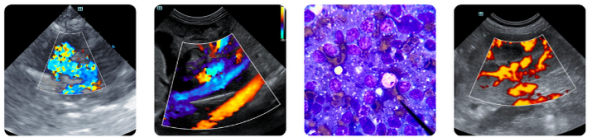

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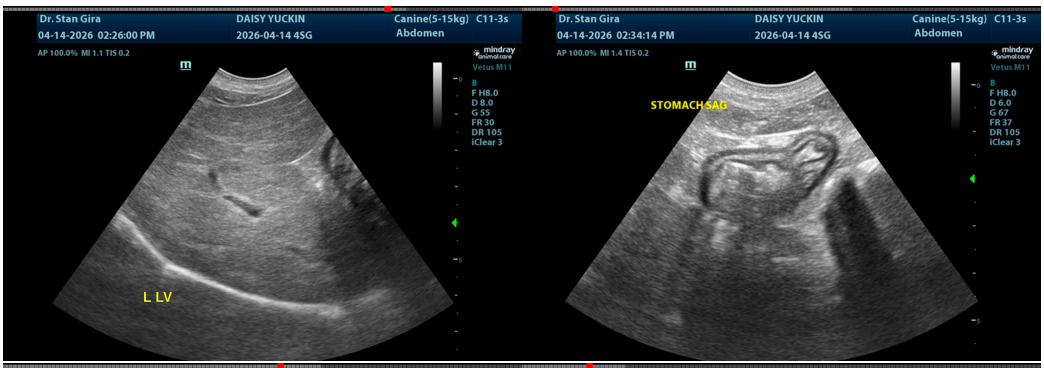


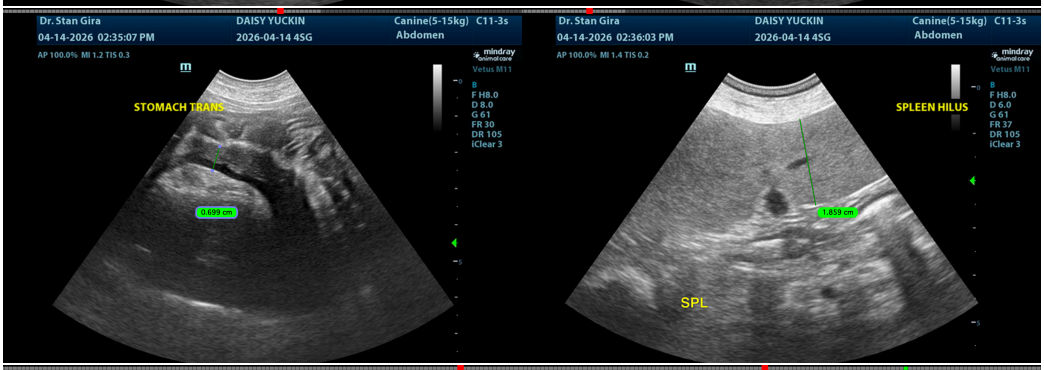


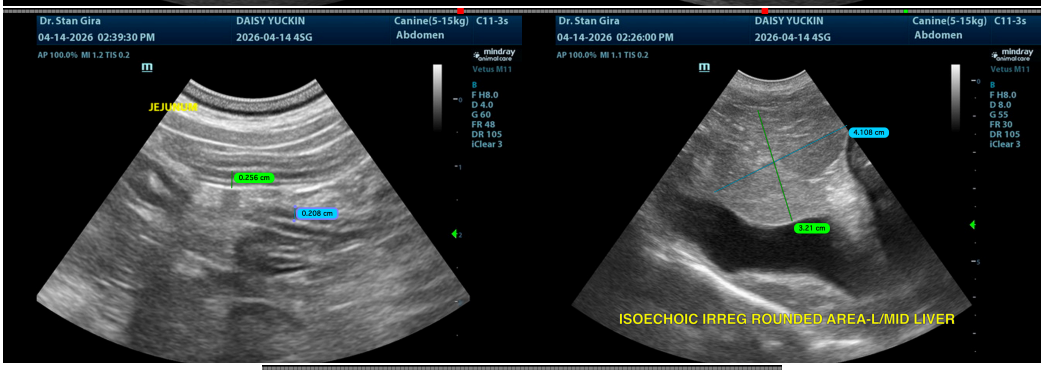


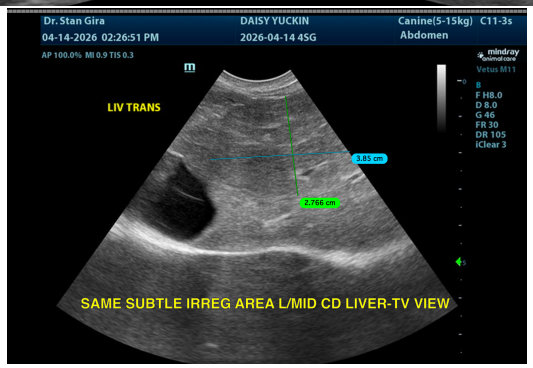


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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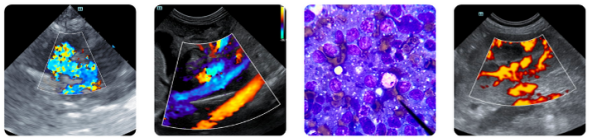

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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

info@sonopath.com