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Clinical Sonography & Telecytology
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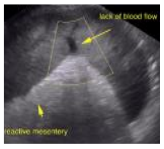
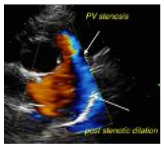
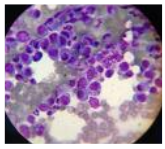
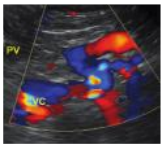

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Uva Heitzmann

SPECIES

Canine

BREED

Labrador Retriever X

SEX

Spayed Female

AGE

7 Years

WEIGHT

46.2 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Bailes

HOSPITAL NAME

All Creatures Great & Small VC, Corvallis, OR

REFERRING VET

Dr. Beth Marszewski

INVOICE

15143

DATE

5/12/22

PRESENTING CLINICAL SIGNS

History: seen 3/15/22 for annual exam; hx of chronic NSAID use. Bloodwork performed and elevated liver values noted. NSAIDs discontinued; denamarin started and bloodwork rechecked 1 month later and liver values doubled. Owner has noticed patient has started urinating in the house.

Abnormal PE/Chem/CBC/UA Results:Overweight, otherwise NSF on PE Bloodwork done 3/15/22: CBC: UR Chem: TP (9.6), Glob (6.1), ALT (301), AP (178). Recheck labwork 4/28/22: ALT (574), AST (179), AP (302)

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 2.0 cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (5.11 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 (6.6 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 0.44 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 borderline large in size, measuring 1.1 cm at the cranial and 1.0 cm at the caudal pole x 3.87 cm in length. 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 subjectively large in size and irregular in shape. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There is a hypoechoic cystic lesion, measuring 1.1 cm and several large ill-defined subtle hypoechoic lesions, measuring 3.3 cm, 5.1 cm and 1.27 cm in diameter.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

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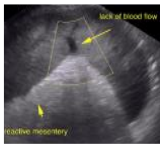
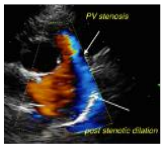
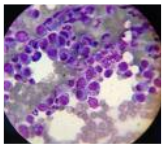
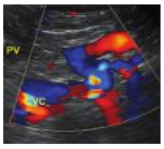

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Gastrointestinal

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.

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 jejunum measured as normal (0.37 cm) 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/region 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.

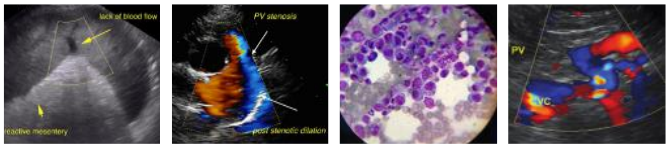
ULTRASONOGRAPHIC FINDINGS

- Large heterogeneous liver with ill-defined hypoechoic lesions. 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. The hypoechoic lesions could represent ill-defined mass effects or focal irregularities in the parenchyma. These could represent benign or cancerous lesions.

- Borderline large right adrenal gland. Right adrenomegaly could be consistent with neoplasia (e.g., adenoma, carcinoma, pheochromocytoma), hyperplasia, inflammation, other. No focal mass lesion is visualized. The adrenal just appears somewhat large, and it is difficult the margins clearly in this deep chested dog.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is large and heterogeneous with some ill-defined bulging mass lesions. These could represent benign lesions or cancerous lesions. Chronic active hepatitis is a concern in female Labradors, so I would generally recommend a biopsy of the liver, as cytology cannot determine the architecture to make this diagnosis. In this individual, I might consider recommending a contrast CT scan to get a better evaluation of the irregularities visualized within the hepatic parenchyma and the likelihood for the need for surgical resection versus biopsy +/- fine needle aspirate. I recommend three-view thoracic radiographs and testing for Leptospirosis.



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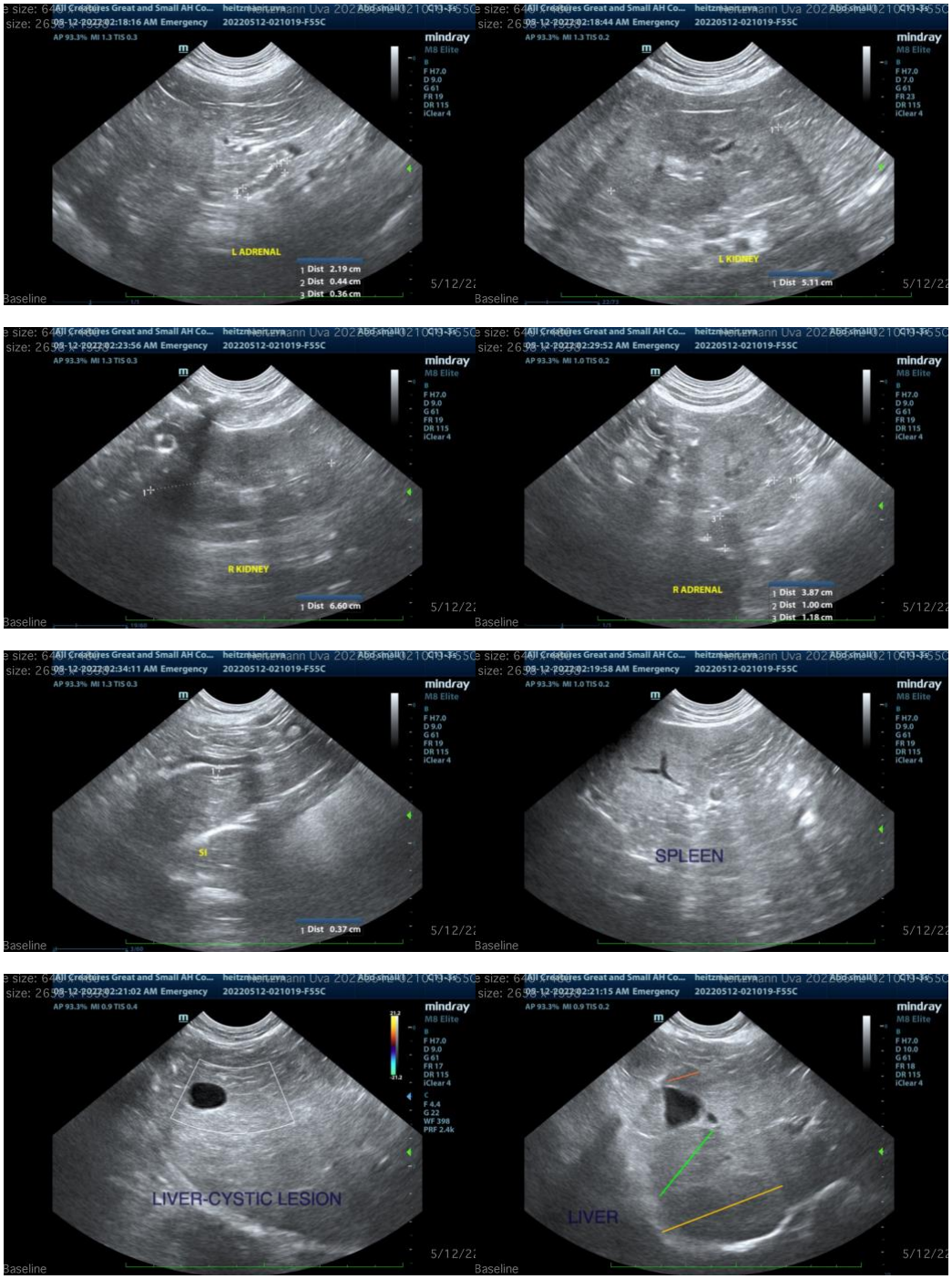
The right adrenal gland is significantly larger than the left, but it is difficult to clearly see the margins to get adequate measurements. A CT scan would better clarify the right adrenal and determine if intervention is recommended. I recommend blood pressure evaluation and if signs of Cushings are present, adrenal function testing.



The information and recommendations provided are based on the images presented by the

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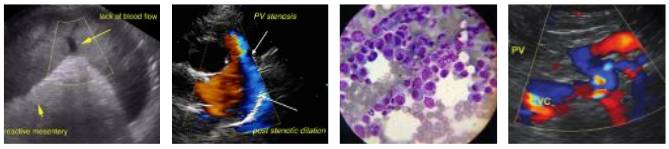

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referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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