



PATIENT PRESENTING CLINICAL SIGNS

Strega Sanchez

ADR. Episodes of ptyalism and hyporexia. Possible exposure to leptospirosis during field study with owner in mid March. Lepto PCR was negative and MAT results were WNL for currently vaccinated dog in early April. Patient current on four way vaccine.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Previous azotemia resolved. Liver values have increased. Blood work results emailed. Current Medications Not currently on medication. Previously treated with 150 mg doxycycline BID for 21 days. Last dose was 14 days ago

BREED

Nova Scotia Duck
Tolling Retriever

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Spayed Female

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.

AGE

12 Years

The left kidney has a normal shape and size (6.97 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.

WEIGHT

60.9 Pounds

The right kidney has a normal shape and size (6.95 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.

INTERPRETED BY

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

Adrenal Glands

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.

IMAGING PERFORMED BY

Sara Hansen

The right adrenal gland is normal in size measuring 0.70 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.

HOSPITAL NAME

West Hills AH

Spleen

The spleen is subjectively normal in size. The spleen echotexture is heterogenous and mottled, the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There are two ill-defined, subtle hypoechoic nodules visualized in the parenchyma. One measures 1.3 cm. The other measures 1.4 cm.

REFERRING VET

Dr. Glaze

Liver

The liver is subjectively normal in size, and echogenicity 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.

INVOICE

37795

DATE

5/19/22

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.


PATIENT *Gastrointestinal*

Strega Sanchez

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.

SPECIES

Canine

BREED

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

SEX

Spayed Female

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.

AGE

12 Years

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.

WEIGHT

60.9 Pounds

Free Abdomen
INTERPRETED BY

 Kathleen Sennello DVM,
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(Small Animal Internal
Medicine)

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.

Other

A brief view of the heart was submitted. No significant pericardial effusion was seen.

IMAGING PERFORMED BY

Sara Hansen

ULTRASONOGRAPHIC FINDINGS
HOSPITAL NAME

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- Mildly mottled spleen with two hypoechoic nodules – There are several, non-cavitated, hypoechoic splenic nodules visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- 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.

REFERRING VET

Dr. Glaze

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
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No significant lesions are visualized associated with the liver or gastrointestinal tract. If liver enzymes are persistently elevated despite treatment, consider additional evaluation.

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- Recommend liver function testing with pre- and post-prandial bile acids.
- Recommend a fine needle aspirate of the liver (as long as coagulation parameters permit), but keep in mind that a biopsy may be necessary to diagnose many forms of canine liver disease.



PATIENT

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Additionally, two small hypoechoic splenic nodules are visualized. Consider a fine needle aspirate and continued monitoring with ultrasound. Splenectomy with histopathology should be considered if cytology is abnormal or the lesions are enlarging.

SPECIES

Canine

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.

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Nova Scotia Duck Tolling Retriever

Additionally, consider primary gastrointestinal disease or esophageal disease for the ptyalism and inappetence, as these lesions are not always visualized on ultrasound. Recommend 3-view thoracic radiographs (as previously recommended) to evaluate the esophagus, and upper GI endoscopy if a GI lesion is strongly suspected.

SEX

Spayed Female

AGE

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WEIGHT

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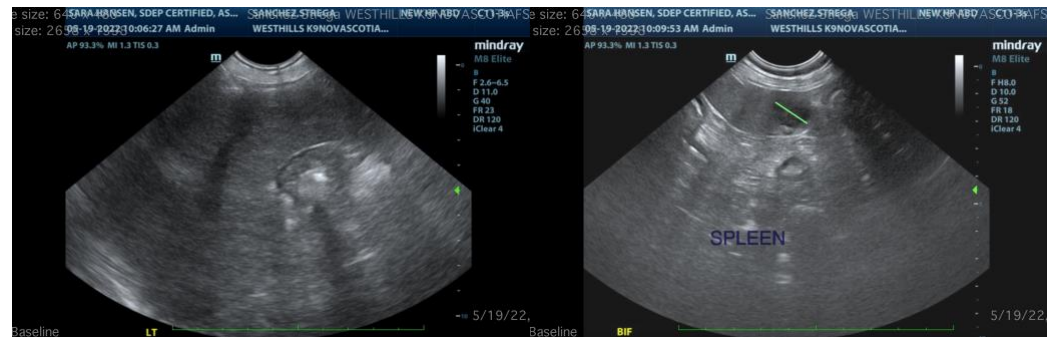


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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

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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Tolling Retriever

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

SEX

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