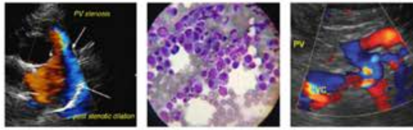
IMAGING PERFORMED BY

SVS Mobile Imaging MI 734 - 637 - 7711

svsimagingmi@gmail.com



SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Chase Scopone

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered Male

AGE

7 Years

WEIGHT

11.5 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Vet Select Animal Hospital of Dearborn

INVOICE

37940

DATE

5/25/22

PRESENTING CLINICAL SIGNS

Routine blood panel showed abnormalities. Exam was normal other than mild weight loss.
Abnormal PE/Chem/CBC/UA Results: Liver values were elevated on 4/28/22 lab work. Clavamox and Denamarin treatment were instituted. A recheck of lab work on 5/18 showed no improvement, in fact liver values worsened. We will send lab results separately.

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, or masses. There are numerous moderate sized, hyperechoic shadowing calculi visualized in the dependent portion of the urinary bladder (likely 3-5), varying in size from approximately 0.40-0.65 cm.

The prostate is normal in size (0.81 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (3.6 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.

The right kidney has a normal shape and size (3.52 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 0.40 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 0.40 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.

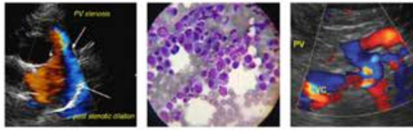
Spleen

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. There is a small hypoechoic nodule visualized within the parenchyma, measuring 0.64 cm x 0.70 cm.

Liver

The liver is normal to slightly small in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. There is a prominent tortuous vessel visualized within the hepatic parenchyma which could represent a left divisional intrahepatic shunt or a vascular variant.

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

Chase Scopone

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered Male

AGE

7 Years

WEIGHT

11.5 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Vet Select Animal Hospital of Dearborn

INVOICE

37940

DATE

5/25/22

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 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.

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 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

- Multiple shadowing stones visualized within the urinary bladder – recommend abdominal radiographs to correlate the number and size of stones present in addition to a urinalysis and culture.

- Small, hypoechoic nodule within the spleen – There is a non-cavitated, hypoechoic splenic nodule visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.

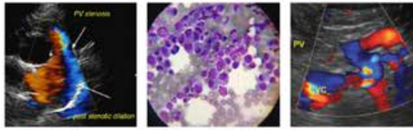
- Borderline small liver with prominent/irregular intrahepatic vessel- the significance of this is unlear, it could represent an intrahepatic shunt or an abberant vessel.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal parenchymal lesions are visualized associated with the liver, and the gallbladder appears relatively normal. There is an irregular vessel visualized, which could be associated with the bladder stones and small liver (or may be incidental). If bile acids are extremely elevated (>80), consider a contrast CT to obtain better resolution and to pick up more subtle vascular lesions. I do not suspect this is completely responsible for the significant ALT elevation that is currently going on.

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

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



PATIENT

Chase Scopone

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered Male

AGE

7 Years

WEIGHT

11.5 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Vet Select Animal Hospital of Dearborn

INVOICE

37940

DATE

5/25/22

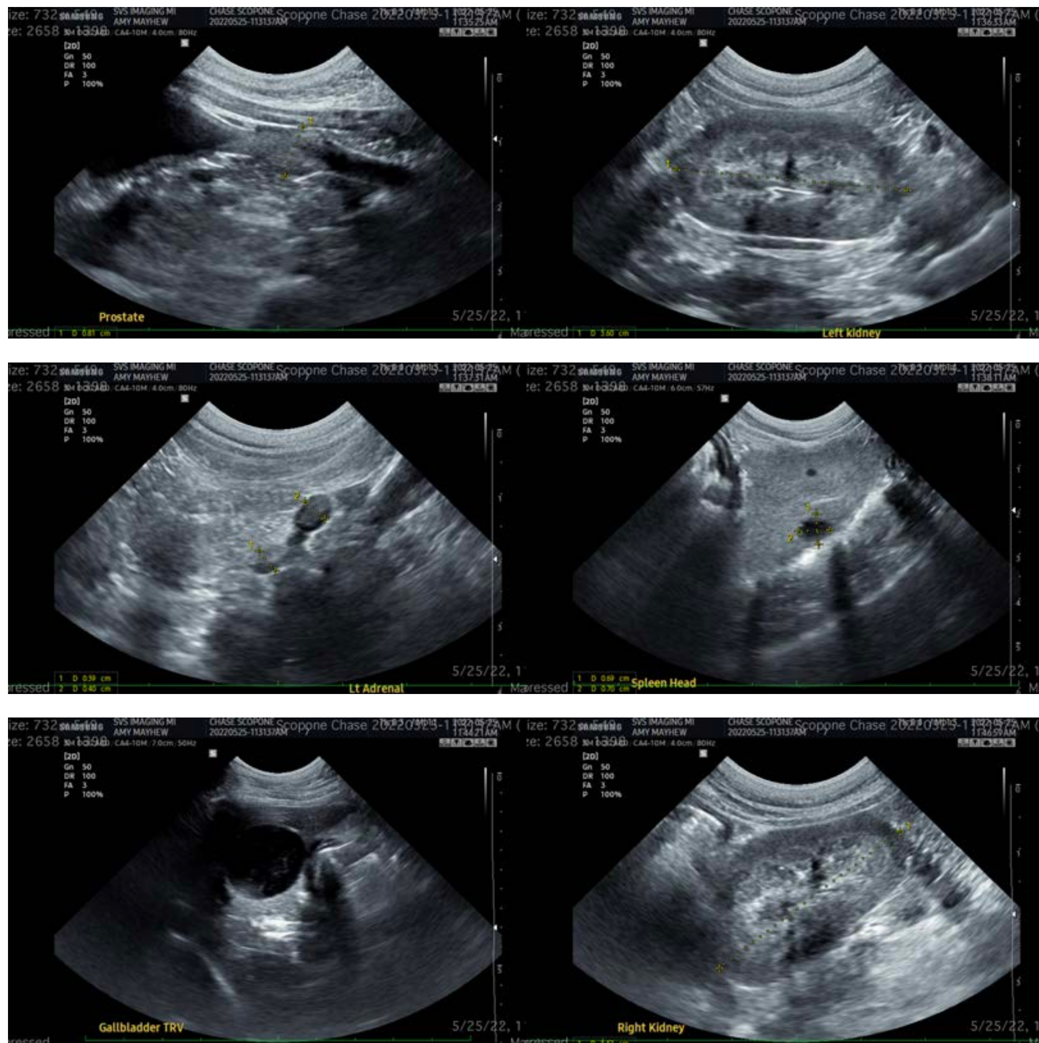
- If not already done, consider pre and post prandial bile acids to evaluate liver function
- Consider Fine needle aspirate if round cell neoplasia is on your differentia list (25 g needle, normal coags)

  Recommend contrast CT scan to evaluate the hapatic vsculature.

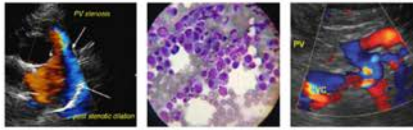
- If no response to medical care (denamarin, antibiotics,+/- ursodiol etc...) Consider liver biopsy with samples obtained for histopathology, culture, and copper levels.

There is a small, hypoechoic nodule visualized within the spleen. Options moving forward include a fine needle aspirate of this lesion or continued monitoring with ultrasound.

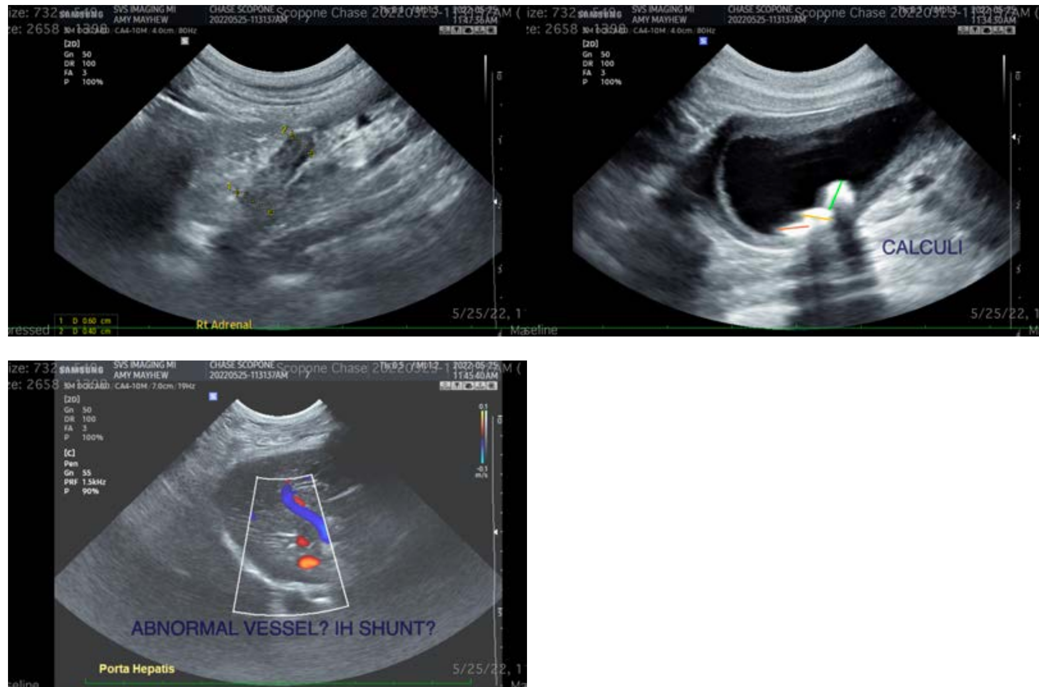
The visualized stones are unlikely to pass. If there is no evidence of a urinary tract infection, I would consider removal via cystotomy (with analysis) and consider the possibility of a liver biopsy at the time of surgery.



IMAGING PERFORMED BY
SVS Mobile Imaging MI 734 - 637 - 7711
svsimagingmi@gmail.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



PATIENT

Chase Scopone

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered Male

AGE

7 Years

WEIGHT

11.5 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Vet Select Animal Hospital of Dearborn

INVOICE

37940

DATE

5/25/22

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)

kathleen.sennello@sonopath.com