



PATIENT

Coco Sestal

SPECIES

Canine

BREED

Havanese

SEX

Neutered Male

AGE

2 Years

WEIGHT

17.2 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Jessica Miller

HOSPITAL NAME

Legacy AH

REFERRING VET

Dr. Potenzone

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37941

DATE

5/25/22

PRESENTING CLINICAL SIGNS

Positive Lepto after 2wks of ABX. Liver count went up by 400 pts - screen liver/GB. Current meds: Dx vet. Hepato support, Liver Tonic, Clavamox, fluid
Abnormal PE/Chem/CBC/UA Results: ALT 800 (5/20/22), ALT 600 and T.Bili 1.2 (5/23/22), residual WNL

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 prostate is normal in size (0.78 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 (4.41 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 (4.55 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 0.45 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 0.41 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 subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

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.



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Gastrointestinal

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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

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.

SEX

Neutered Male

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

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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

WEIGHT

17.2 Pounds

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

- No significant lesions visualized on today's exam

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal hepatic lesions are visualized on today's exam, and the biliary tract appears relatively normal. Unfortunately, there are many causes for elevations in liver enzymes that cannot be definitively diagnosed by ultrasound alone. The history reports a positive Leptospirosis test. The significance of this would depend on the type of test performed (antibody, PCR, etc.) and the sample it was performed on (urine versus blood, etc.). This can also vary depending on when the patient was last vaccinated, recent antibiotic use, etc. it would be unusual for Leptospirosis not to respond to a course of Amoxicillin, at least in the acute phase, so it is smart to look for other causes. With the age and breed of this patient, a liver shunt would need to be considered. I do not see evidence of a shunting vessel, but these can be difficult to visualize, and sometimes contrast CT is required to clearly visualize the shunting vessel. A significant bilirubin elevation is very unusual with a liver shunt, so primary liver disease also needs to be considered.

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- Recommend pre- and post-prandial bile acids. I don't typically do this when the bilirubin is elevated, but it is very mild, and typically shunts have bile acids >80.
- Consider a fine needle aspirate as long as coagulation parameters are normal.

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- If bile acids are >80 and fine needle aspirate is not helpful, then consider a contrast CT scan to look for a lesion not visualized on today's exam.

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- Consider the need for possible liver biopsy.



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- Be sure to consider any medications or exposure to toxins, etc., which could be contributing. Rarely, some patient's can get an ALT elevation from Clavamox (for example, some patient can get an elevation in ALT from Clavamox).

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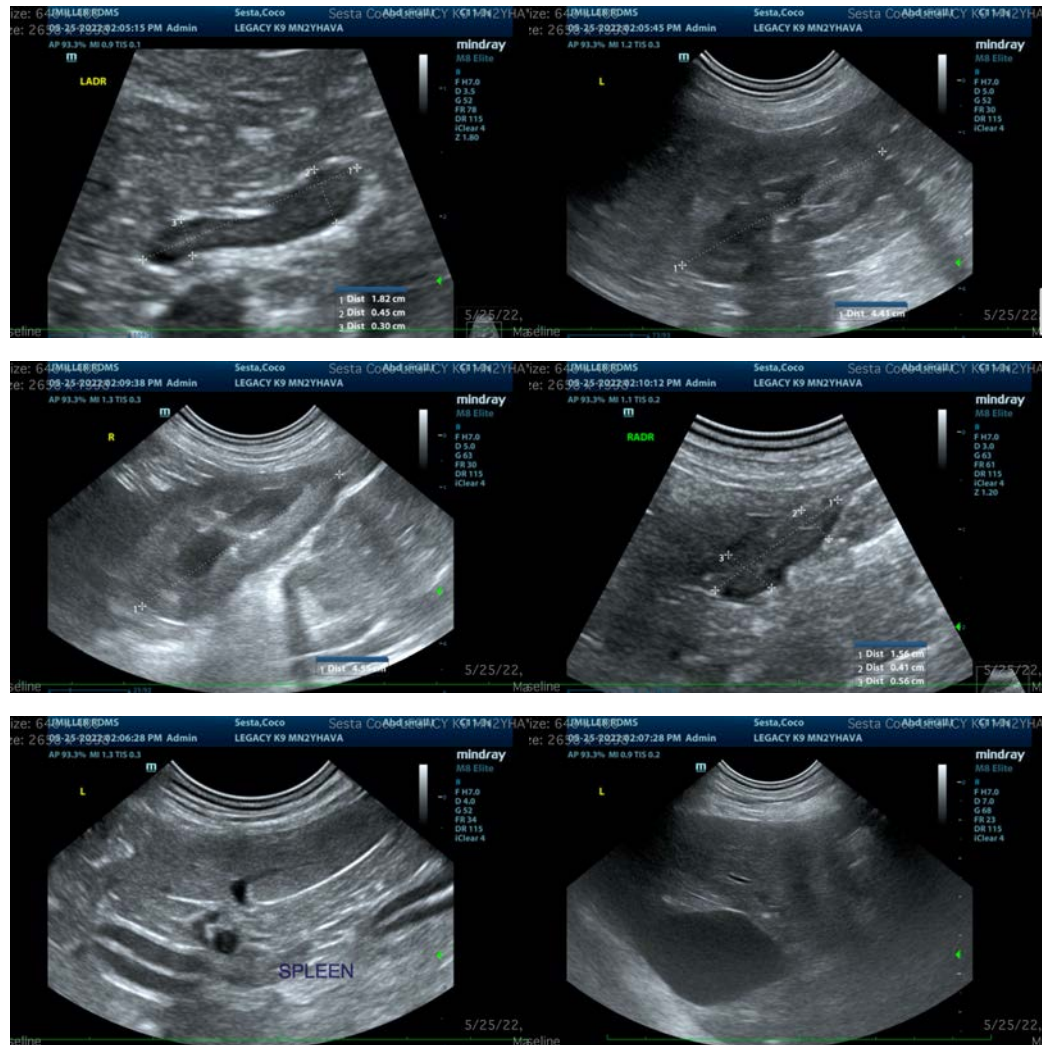
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

kathleen.sennello@sonopath.com