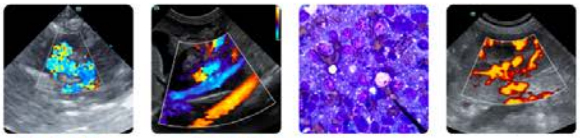


SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Chrissy Yang

SPECIES

Canine

BREED

Mini Australian Shepherd

SEX

Spayed Female

AGE

14.5 Years

WEIGHT

9.8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

East Credit Veterinary Hospital

REFERRING VET

Dr. Webster

INVOICE

75039

DATE

5/7/26

PRESENTING CLINICAL SIGNS

Acute onset of inappetence, lethargy, tachypnea and diarrhea, one episode of vomiting. History of grade 5/6 heart murmur never worked up. PE - resp rate 52/min, HR 175, low temp 36.6C.
Has been on Metronidazole

Abnormal PE/Chem/CBC/UA Results: Recent bloodwork revealed mild anemia, reticulocytosis, neutropenia, monocytosis, SDMA and BUN elevations and Creatinine high normal, ALT mod to markedly elevated.

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 (3.97 cm) with a small cystic lesion in the cortex measuring 0.38 cm. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no surrounding inflammation. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.49 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no surrounding inflammation. 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 0.55 cm at the cranial pole and 0.34 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.

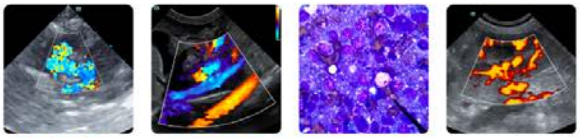
The right adrenal gland is normal in size measuring 1.3 cm at the cranial pole and 0.65 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of 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 large and rounded. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The biliary tract is normal. The vasculature appears prominent and somewhat congested. No focal nodules or cystic lesions are observed.



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The gall bladder lumen is moderately distended. The gallbladder wall is slightly prominent/thickened, measuring at 0.27 cm. 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 <0.7cm 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. Jejunum wall measures 0.28 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 region of the body of the pancreas is prominent and mottled compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

There is a small to moderate amount of free abdominal fluid. No lymphadenopathy. There is diffusely reactive mesentery, particularly in the cranial abdomen.

ULTRASONOGRAPHIC FINDINGS

- Age related changes visualized associated with both kidneys.
- Pancreatic changes consistent with mild pancreatitis in the region of the body/cranial abdomen.
- Large, 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. The prominent vasculature is concerning for possible hepatic congestion.
- Mildly thickened gallbladder wall – Findings are suggestive of possible gallbladder edema. Mild inflammation cannot be ruled out.
- Small to moderate free abdominal fluid – Suspect pericardial/pleural effusion cranial to the diaphragm.

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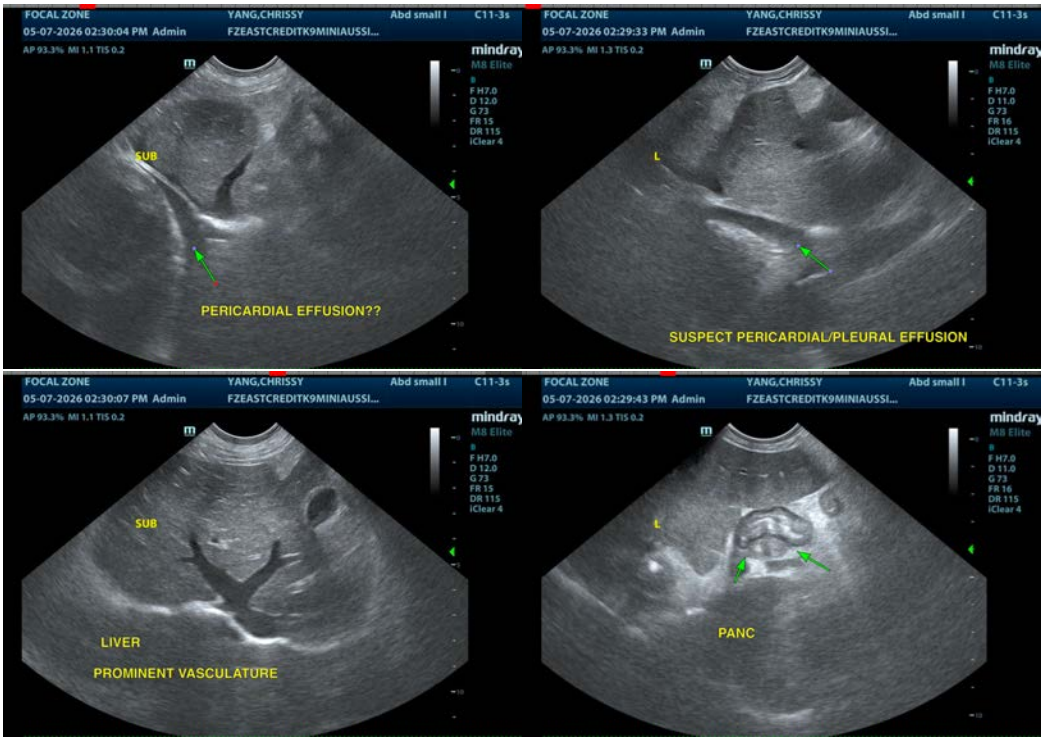
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is severely enlarged with rounded margins and heterogeneous parenchyma. Additionally, the vasculature appears somewhat prominent, and there is the hint of possible effusion cranial to the diaphragm, possibly pericardial or pleural effusion (or both?). There could be a primary hepatopathy, but there is also concern for possible cardiac disease or similar. Strongly recommend a cardiac ultrasound and 3-view thoracic radiographs.

There is generalized inflammation in the abdomen, and the free fluid is causing some edema in the bowel and the gallbladder wall appears mildly thickened/edematous. These changes could be secondary to pancreatitis, the effusion, etc., but right-sided cardiac disease can have these changes as well.

Consider empirical treatment for pancreatitis. If cardiac disease is ruled out, consider fluid sampling for fluid analysis and cytology and possible workup for a primary hepatopathy, including a fine needle aspirate (provided coagulation parameters are normal), and pre- and post-prandial bile acids to assess liver function.



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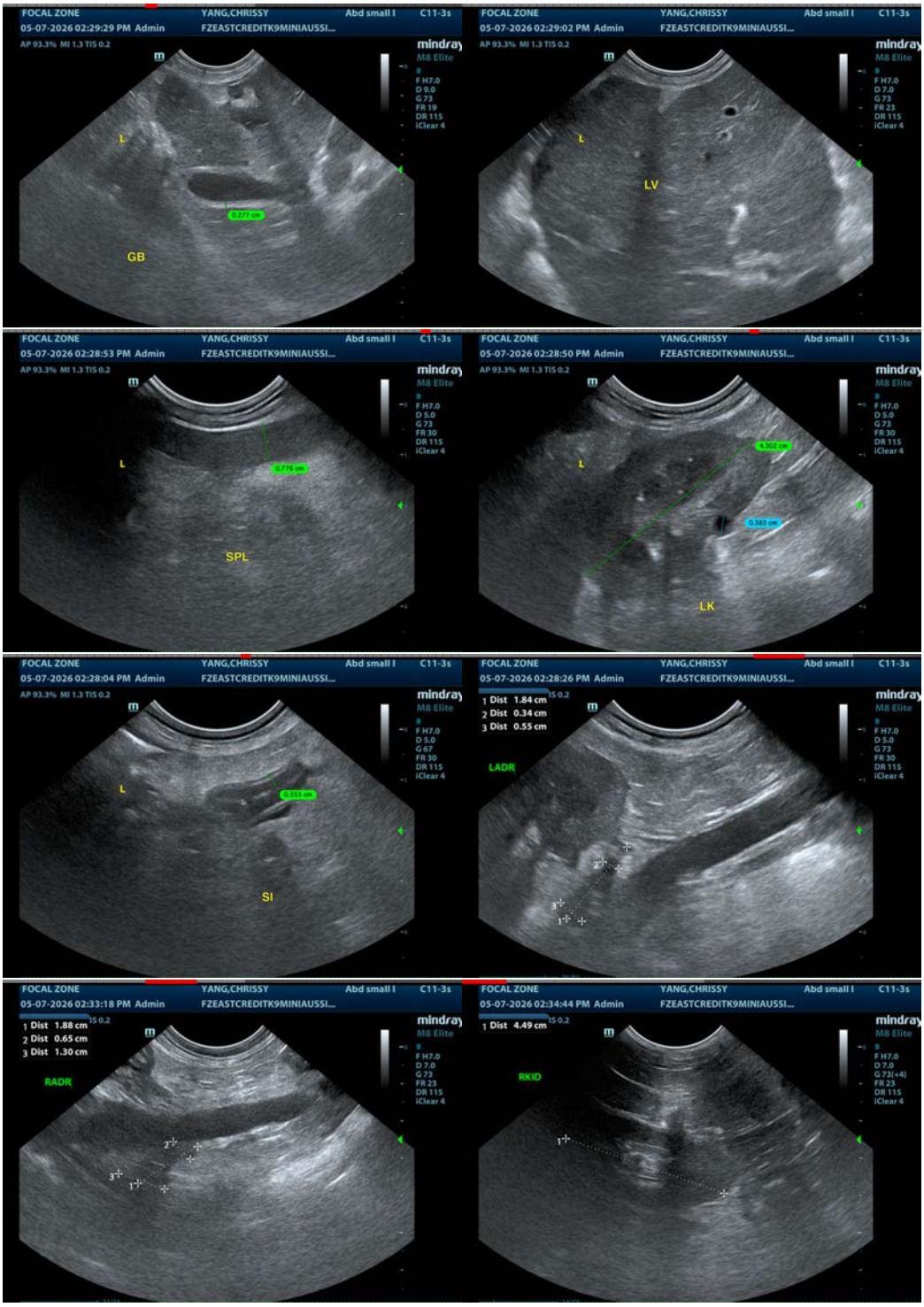

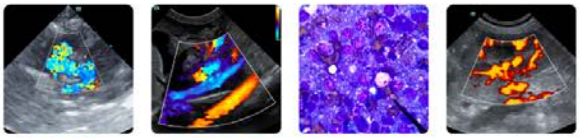

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com