

PATIENT

Bear Heinrich

PRESENTING CLINICAL SIGNS

Removed approximately 850ml serosanguinous fluid from abdomen. Muscle atrophy along spine apparent. US done and report to follow. PCV/TP 5% /0 on fluid in house. abdominal tap on the 13th and the 28th as well prev SONOPATH report attached

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: LABS and cytology of abdominal fluid attached- from april and july(improved) elevated liver values and other abnormalities. pt/ptt normal.

BREED

Retriever x German Shepherd

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Neutered Male

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

5 Years

The prostate is normal in size (1.3 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.

WEIGHT

66 Pounds

The left kidney has a normal shape and size (8.97 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. There are rare cortical cysts observed.

The right kidney has a normal shape and size (5.9 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 0.63 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

Loetitia Saint-Jacques, RVT

The right adrenal gland is normal in size measuring 0.71 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

Options Vet Clinic

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.

REFERRING VET

Dr. Jeanie Errington

Liver

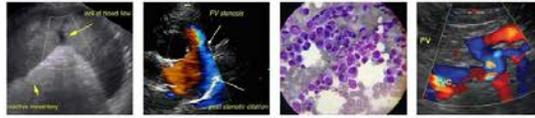
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The liver is small in size with irregular nodular peripheral margins. The parenchyma is heterogeneous echotexture with indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. The small nature and diffuse nodular changes are most consistent with a cirrhotic liver.

DATE

8/10/21



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Bear Heinrich 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.

SPECIES

Canine

Gastrointestinal

BREED

Retriever x German Shepherd

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.

SEX

Neutered Male

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.

AGE

5 Years

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

WEIGHT

66 Pounds

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.

Free Abdomen

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Evaluation of the peritoneal cavity revealed a very large amount of free anechoic abdominal fluid. No 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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

- Small diffusely nodular liver – most consistent with a cirrhotic liver. Biopsy would be necessary to confirm.
- Mottled, irregular pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Large volume ascites – likely secondary to portal hypertension and cirrhosis.

HOSPITAL NAME

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REFERRING VET

Dr. Jeanie Errington

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The images of the liver reviewed today represent a very small, very nodular liver, most consistent with a cirrhotic liver. Previously reviewed ultrasound reports a large, bright liver. I suspect that was an inflammatory process that has progressed and is now more end stage. In these patients, liver values (ALT, ALP) will often drop due to lack of viable parenchyma, so this does not necessarily reflect an improvement. They will often improve on antibiotics and supplemental therapy, as it can treat hepatic encephalopathy if any is present.

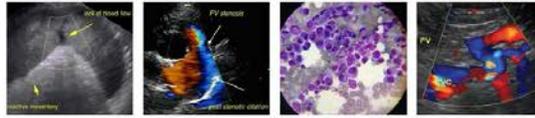
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Definitive diagnosis would require a biopsy, and a biopsy would be necessary to determine if there is any hope for repair, but I suspect this is an advanced process due to the low glucose/low BUN noted on lab work. Consider a liver function test (pre- and post-prandial bile acids) to confirm liver dysfunction. It



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is impossible to know what treatment is recommended without a biopsy. Supportive care would be safe, which would be low-grade antibiotics such as Metronidazole, H₂ antagonist for ulceration, nausea medications, Denamarin +/- Ursodiol, but prognosis is very guarded.

SPECIES

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BREED

Retriever x German Shepherd

SEX

Neutered Male

AGE

5 Years

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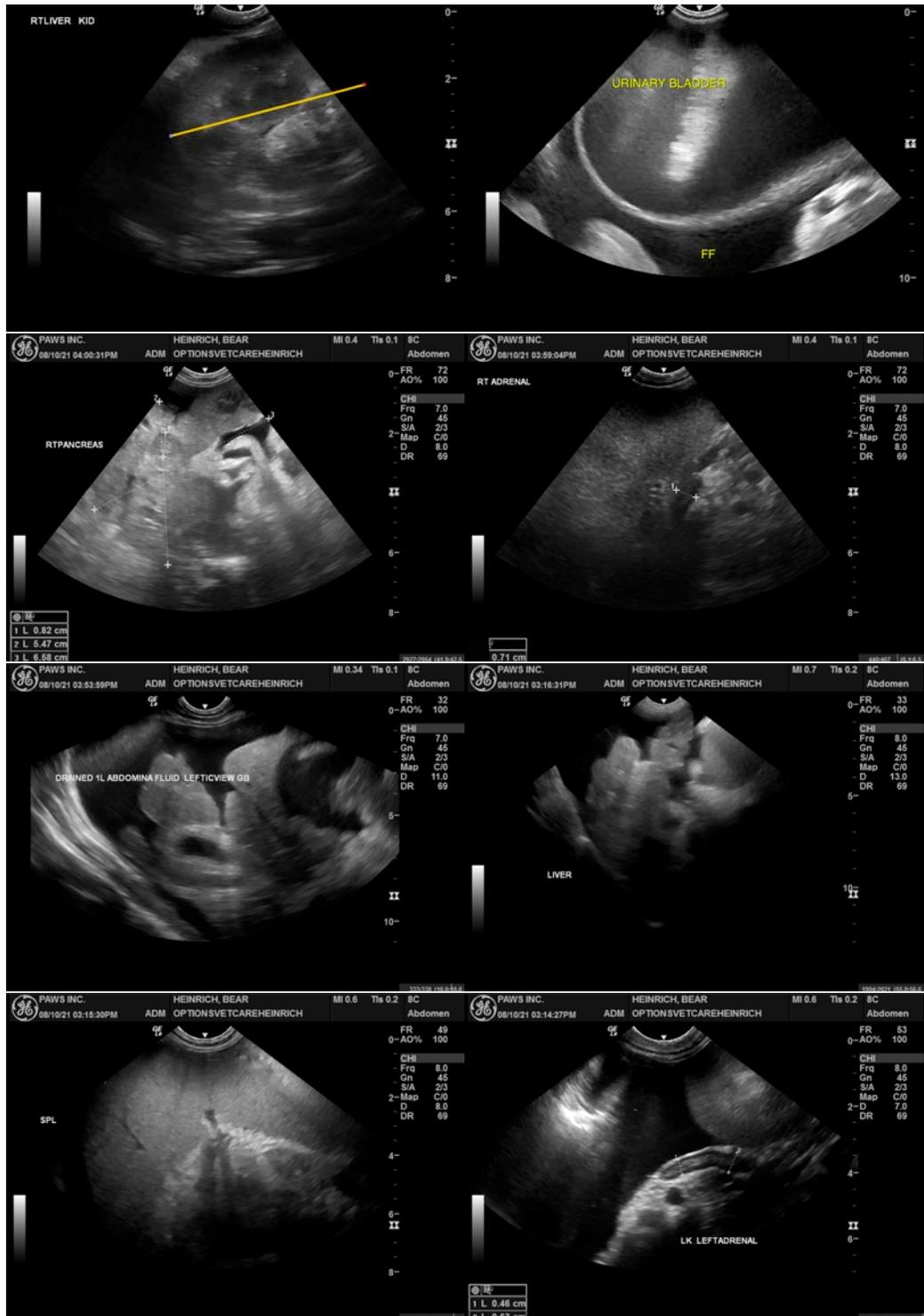
Dr. Jeanie Errington

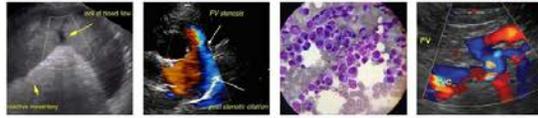
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SPECIES

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Retriever x German Shepherd

SEX

Neutered Male

AGE

5 Years

WEIGHT

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

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