

PATIENT

Jasper Button

PRESENTING CLINICAL SIGNS

SPECIES

Canine

sedated and placed on Oxygen mask-Chief Concern: Elevated ALP/ ALT, low platelet count
Diagnosis: ddx: hepatitis, hepatomegaly, neoplasia, IMTP Dx: periodontal dz P originally presented for a dental procedure/ growth removal on 8/9/2022, pre-op bw revealed elevated ALP/ ALT and a marked decreased platelet count. We ran the CBC 3 times in house with multiple samples, each time the PLT count came back too low to read. Per AL, post pone the dental so we could send blood out to lab.

BREED

Havanese

Abnormal PE/Chem/CBC/UA Results: ALT= 277, ALP= 1217, PLT=24 (platelet count on the in-house machines was too low to read). Medications: gabapentin 100 mg PO BID

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Intact 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

12 Years 6 Months

The visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

WEIGHT

16.2 Pounds

The left kidney has a normal shape and size (4.4 cm) with numerous cortical cysts. Overall echogenicity is slightly hyperechoic with poor 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)

The right kidney has a normal shape and size (5.38 cm) with small cortical cysts. Overall echogenicity is slightly hyperechoic with poor 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.

IMAGING BY

Loetitia Saint-Jacques,
LVT

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.

HOSPITAL NAME

Valley Vet Clinic

The right adrenal gland is normal in size measuring 0.69 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.

REFERRING VET

Dr. Megan Plateman

Spleen

The spleen is large, hyperechoic and mildly mottled. The blood flow through the hilus and splenic parenchyma appears normal. There are at least two hypoechoic lesions visualized within the parenchyma, one measuring 0.50 cm and a second measuring 0.62 cm.

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Liver

The liver is large in size, and normal in 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.

SPECIES

Canine

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The gall bladder lumen is significantly distended. Some areas of the wall appear mildly thickened with adherent debris. There is a large amount of primarily non-organized echogenic debris with some focal hyperechoic shadowing areas, most consistent with stones/mineralizations. There is no evidence of bile duct dilation. These changes can be consistent with an early gall bladder mucocele.

SEX

Gastrointestinal

Intact Male

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.

AGE

12 Years 6 Months

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. Duodenum wall measured 0.39 cm. Jejunum wall measured 0.31 cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

WEIGHT

16.2 Pounds

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.

INTERPRETED BY

Kathleen Sennello DVM,
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(Small Animal Internal
Medicine)

Pancreas

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.

IMAGING BY

Loetitia Saint-Jacques,
LVT

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. The sublumbar lymph nodes are somewhat prominent. The left measures 0.42 cm. The right measures 0.44 cm. Mesenteric lymph nodes are visualized at 0.31 and 0.37 cm. The omentum is generally of normal echogenicity.

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Other

Caudal to the stomach and medial to the spleen, there is an irregular heterogeneous small mass effect measuring approximately 0.93 cm x 1.18 cm. It appears intimately associated with the vasculature, and there is a suspected thrombus in this region.

REFERRING VET

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

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PRIMARY FINDINGS

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- Large, hyperechoic, somewhat mottled spleen with hypoechoic nodules –Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.

BREED

Havanese

- 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.

SEX

Intact Male

- Large gallbladder debris with suspected stones – The significance of the aggregated gallbladder sludge is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.

AGE

12 Years 6 Months

ULTRASONOGRAPHIC FINDINGS

- Decreased corticomedullary distinction in both kidneys with small cortical cysts – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.

WEIGHT

16.2 Pounds

- Mild generalized lymphadenopathy – Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a moderate lymphadenomegaly present. 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.

INTERPRETED BY

Kathleen Sennello DVM,
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(Small Animal Internal
Medicine)

- Small nodule/mass effect/lymph node caudal to the stomach with the suspected vascular thrombus. This lesion could represent an abnormal lymph node, a pancreatic nodule, etc.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING BY

Loetitia Saint-Jacques,
LVT

The liver is large and heterogeneous with no distinct focal lesions. Additionally, the gallbladder has a large amount of intraluminal debris adherent to the gallbladder wall, and stones visualized. Recommend medical management for cholecystitis with Ursodiol +/- antibiotics, but close monitoring of the gallbladder and bloodwork is warranted, as this could progress into a surgical lesion.

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There is a small, irregular mass effect/nodule visualized caudal to the stomach and in the region of the pancreas. This could represent an abnormal lymph node, a pancreatic nodule, etc. There appears to be soft tissue visualized within the vasculature in this area, which is concerning for a thrombus. Consider the possibility of a hypercoagulable state in this patient. Recommend evaluation of a urine protein to creatinine ratio, a blood pressure, etc. This could also be secondary to neoplastic disease.

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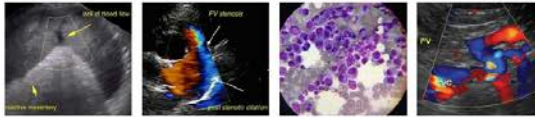
The spleen is large and has hypoechoic nodules. Consider a fine needle aspirate of the spleen if a manual platelet count permits.

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There are numerous prominent mesenteric lymph nodes in the abdomen, but this could be reactive secondary to a primary issue.

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The pancreas appears somewhat mottled and slightly prominent, but this could be consistent with previous episodes of pancreatitis and remodeling.

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Havanese

In an ideal situation, I would also recommend liver function test and a fine needle aspirate of the liver, but some of these diagnostics are challenging to do if the platelet count is low enough to be of concern. A contrast CT scan of the abdomen would be helpful to better delineate the small mass effect caudal to the stomach, and to better evaluate the suspected thrombus and the extent of this issue.

SEX

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

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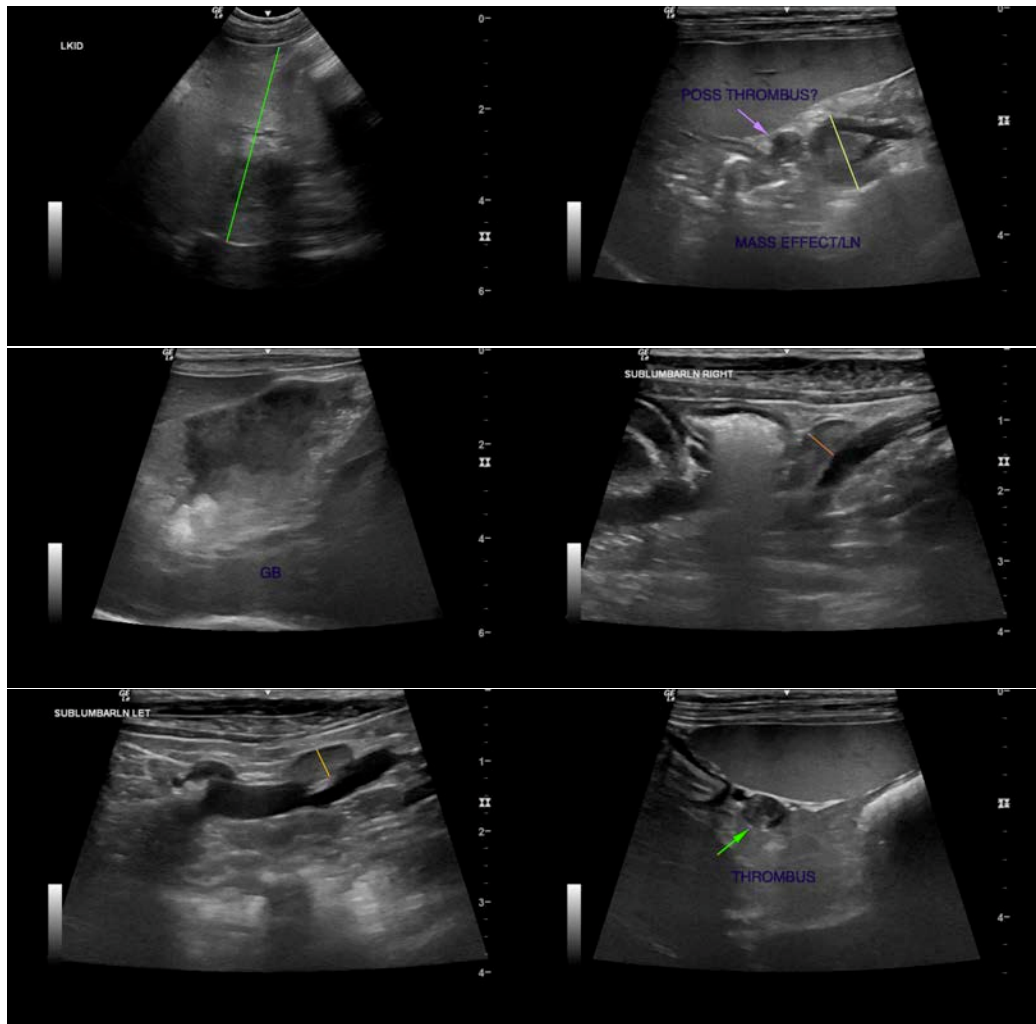
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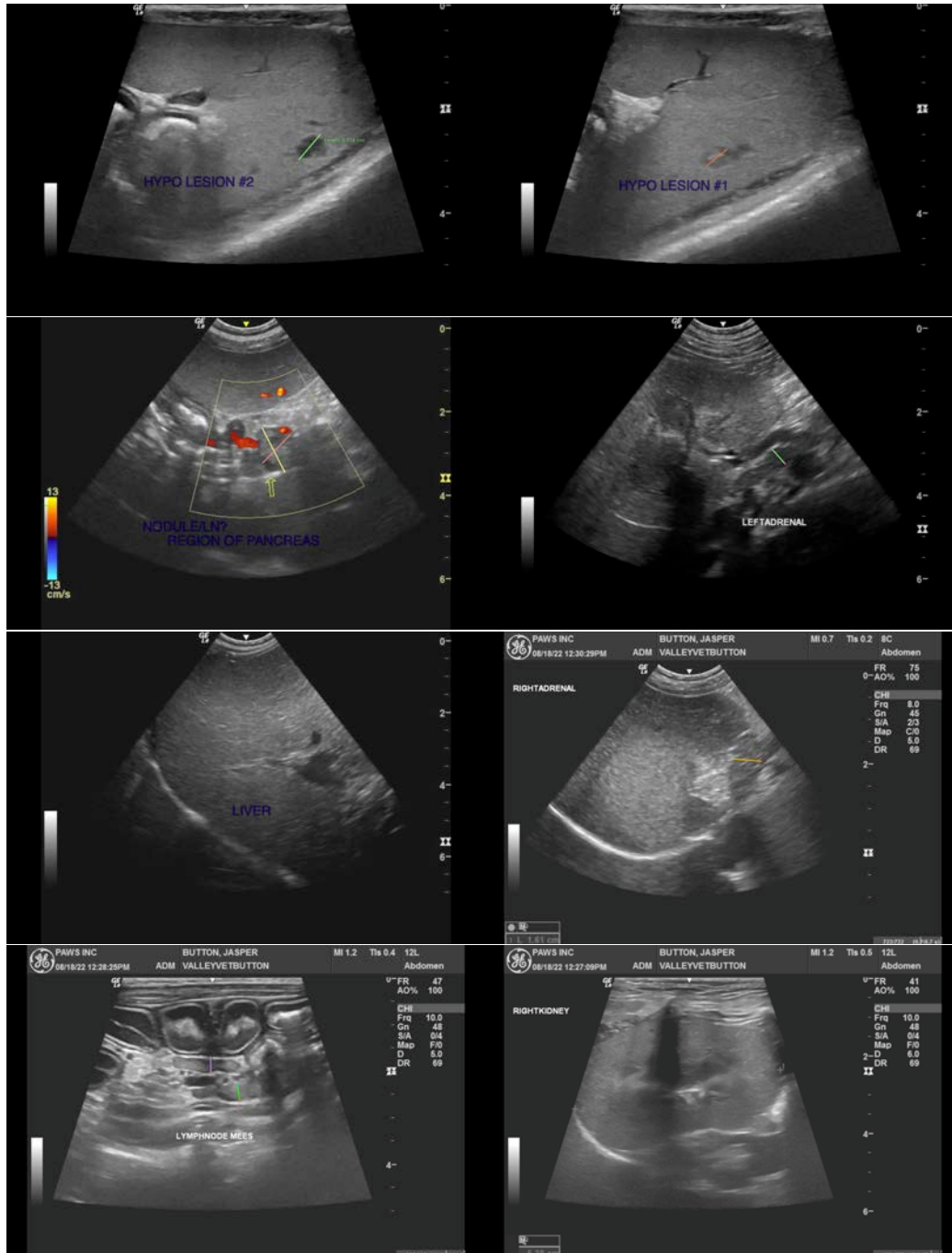
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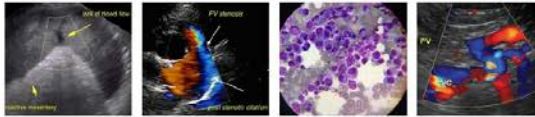
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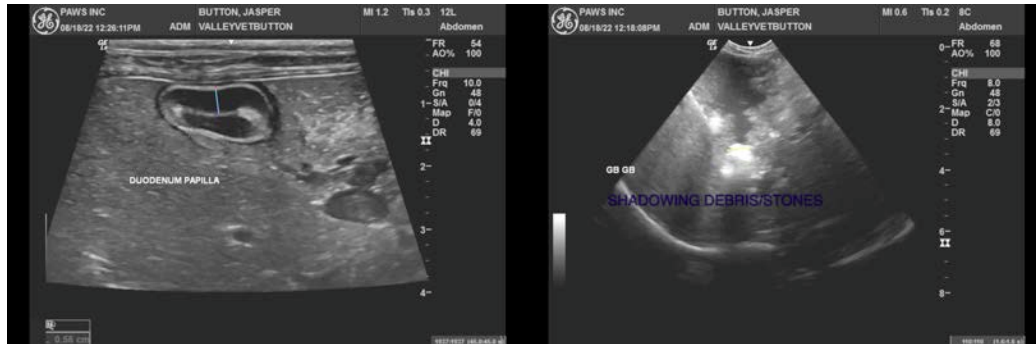
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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