

PATIENT

Auggie Simmons

PRESENTING CLINICAL SIGNS

SPECIES

Canine

No sedation- O has noticed he has been lethargic, shaking and breathing heavy x1 week. O has noticed he has gained weight and seems bloated. Does have lyme disease, eating and drinking has increased. On HWP. Elevated liver values

BREED

Mini Schnauzer

Abnormal PE/Chem/CBC/UA Results: Thoracic rads - enlarged liver, no evidence of cardiac disease- ACTH WNL- LABS attached ALP 234, ALT 136, GGT1, Ca 11.7, TRIG 1371 CHOL 358, Pres PSL 201

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

10 Years 11 Months

The prostate is normal in size (0.92 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

23 Pounds

The left kidney has a normal shape and size (4.84 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)

The right kidney has a normal shape and size (5.03 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.

IMAGING BY

Loetitia Saint-Jacques,
LVT

Adrenal Glands

The left adrenal gland is normal in size measuring 0.48 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

Sierra Oaks VS

The right adrenal gland is normal in size measuring 0.51 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.

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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.

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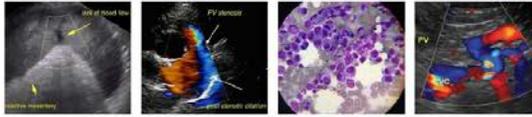
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Liver

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

DATE

8/24/22



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Auggie Simmons portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

SPECIES

Canine

The gallbladder lumen is significantly distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily hyperechoic and shadowing. There are two ill-defined stones noted, one measuring 1.76 cm, one measuring 2.61 cm. The cystic and common bile ducts are normal/not visible.

BREED

Mini Schnauzer

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.

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

AGE

10 Years 11 Months

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.

WEIGHT

23 Pounds

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.

INTERPRETED BY

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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.

IMAGING BY

Loetitia Saint-Jacques,
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ULTRASONOGRAPHIC FINDINGS

- Distended gallbladder with two shadowing calculi – I suspect this is an incidental finding, but continued monitoring of the gallbladder is warranted.
- 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.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

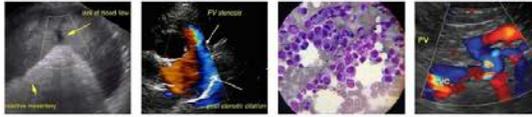
No focal lesions are visualized associated with the liver to explain the elevations in liver enzymes reported. There are two ill-defined shadowing structures within the gallbladder, most consistent with calculi. There is no obvious inflammation of the gallbladder wall, but continued monitoring is warranted for signs of obstruction, cholestasis, etc. Consider chronic Ursodiol therapy and

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Auggie Simmons continued monitoring (particularly if liver enzymes continue to rise, and/or abdominal pain develops). Occasionally these stones can be dissolved (very rarely). These are my recommendations for the liver enzyme elevations:

SPECIES

Canine

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

BREED

Mini Schnauzer

- Consider PCR on urine/serum for leptospirosis (if not on antibiotics)/serology if recent antibiotic history
- If not already done, consider pre and post prandial bile acids to evaluate liver function

SEX

Neutered Male

- If the ALP is significantly elevated relative to the ALT and symptoms consistent with cushings are present, consider adrenal function testing (ACTH stim)
- Consider Fine needle aspirate if round cell neoplasia is on your differentia list (25 g needle, normal coags)

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

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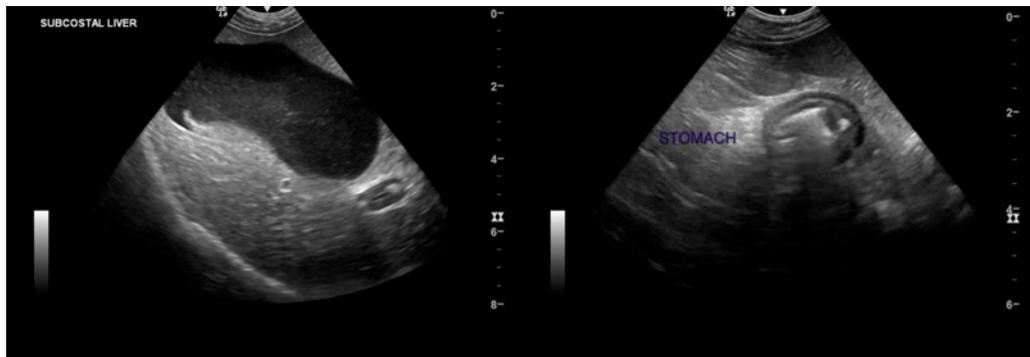
An obvious cause for the symptoms reported is not identified. Recommend 3-view thoracic radiographs, evaluate for possible lumbar pain, etc. Additionally, some dogs with hypertriglyceridemia do not feel well. Recommend an ultra low-fat diet (such as Royal Canin GI low-fat) and reevaluation of triglycerides after a strict 12-24 hour fast. If they remain significantly elevated, then further workup is warranted.

INTERPRETED BY

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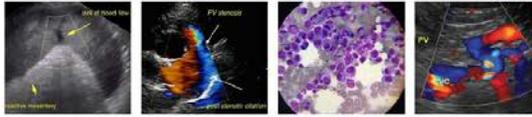
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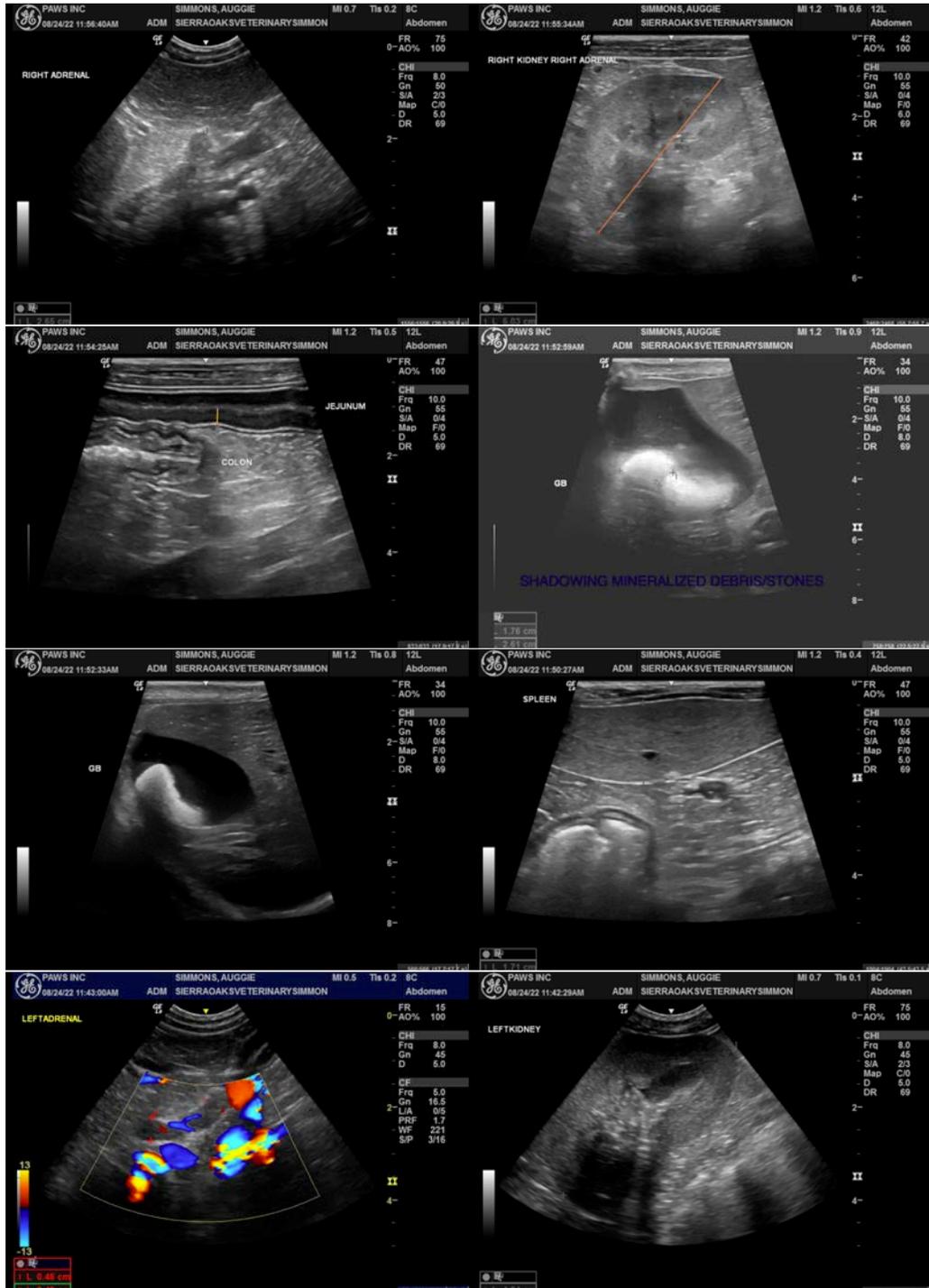
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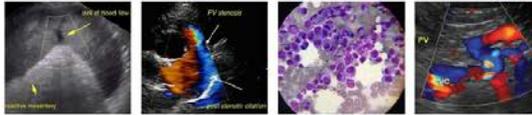
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

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.

BREED

Mini Schnauzer

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)
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Neutered Male

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