



PATIENT

Jack Bartus

SPECIES

Canine

BREED

Chinese Crested

SEX

Neutered Male

AGE

16 Years 3 Months

WEIGHT

15.4 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Leal

HOSPITAL NAME

Blairstown AH

REFERRING VET

Dr. Clegg

INVOICE

40865

DATE

8/30/22

PRESENTING CLINICAL SIGNS

Started with anorexia and some vomiting. Significant increase in hepatic values. Alk phos - 1639, ALT - 3622, AST - 620, bilirubin total - 2.2 (unconjugated - 0.9, conjugated - 1.3). GGT - 56. Lyme negative, anaplasma positive CBC all WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly 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 (0.85 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 (4.75 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal 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 (4.45 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal 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 0.60 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 0.49 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, irregular, and heterogeneous with rounded margins. The visible portions of the vasculature appear normal. There are numerous lesions visualized within the liver. There are multiple large, lobulated, complex cystic structures, the largest of which measures approximately 3.6 cm x 4.0 cm. Additionally, there is a thicker walled cystic structure (3.2 cm x 1.8 cm) that appears to have some echogenic debris within it. This could represent a deflated cystic structure, an abscess, etc. Additionally, there are some cystic regions that appear to have intraluminal soft tissue or debris, which could represent dilated intrahepatic bile ducts. Some of the tissue surrounding these lesions is coarse and irregular. The caudate lobe is particularly rounded, and the left lobe is irregular and projects caudally, almost creating a mass effect. The gallbladder and bile duct appear relatively normal.



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The gall bladder lumen is moderately distended. The wall of the gall bladder has mild irregular polypoid projections and there is a mild amount of non-organized echogenic debris. The bile duct is visualized measuring 0.25 cm.

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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.

BREED

Chinese Crested

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 measures 0.51 cm. Jejunum wall measures 0.37 cm. 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.

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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.

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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.

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ULTRASONOGRAPHIC FINDINGS

- Large, irregular, heterogeneous liver with numerous complex cystic lesions and possibly dilated intrahepatic bile ducts – 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 cystic structures could be associated with cystadenomas, biliary carcinomas, etc.
- Decreased corticomedullary distinction in both kidneys – The bilateral renal findings are consistent with age-related change.
- Mild gallbladder polyps – The significance of the gall bladder polyps and debris is unclear. This could represent an early mucocele, cholestasis, or chronic inflammation, or could be an incidental finding.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is very abnormal with heterogeneous parenchyma, rounded irregular margins (creating mass effects). Additionally, there are numerous complex cystic structures, some with thick walls and echogenic intraluminal material, which could represent infected cystic lesions or abscesses. Some of these deform the hepatic margins somewhat. These could be associated with cystadenomas, biliary carcinoma, etc. Recommend a fine needle aspirate of the margins of the cystic regions as well as draining and culturing the cystic regions.

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Some of the areas appear to resemble dilated intrahepatic bile ducts filled with either soft tissue or thickened biliary secretions. Consider a contrast CT scan to better evaluate the extent of these lesions and if surgical intervention is possible.

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Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.

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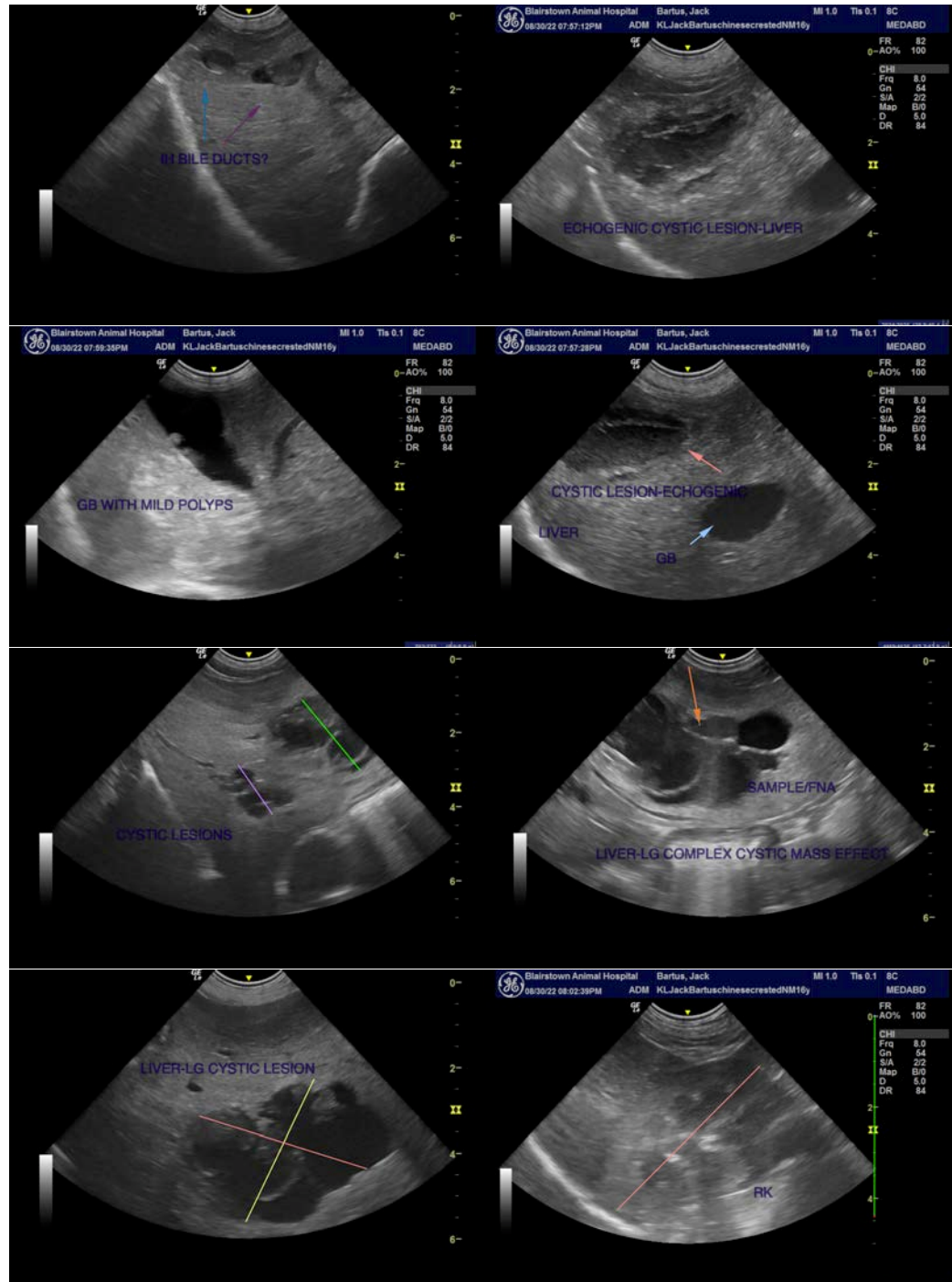
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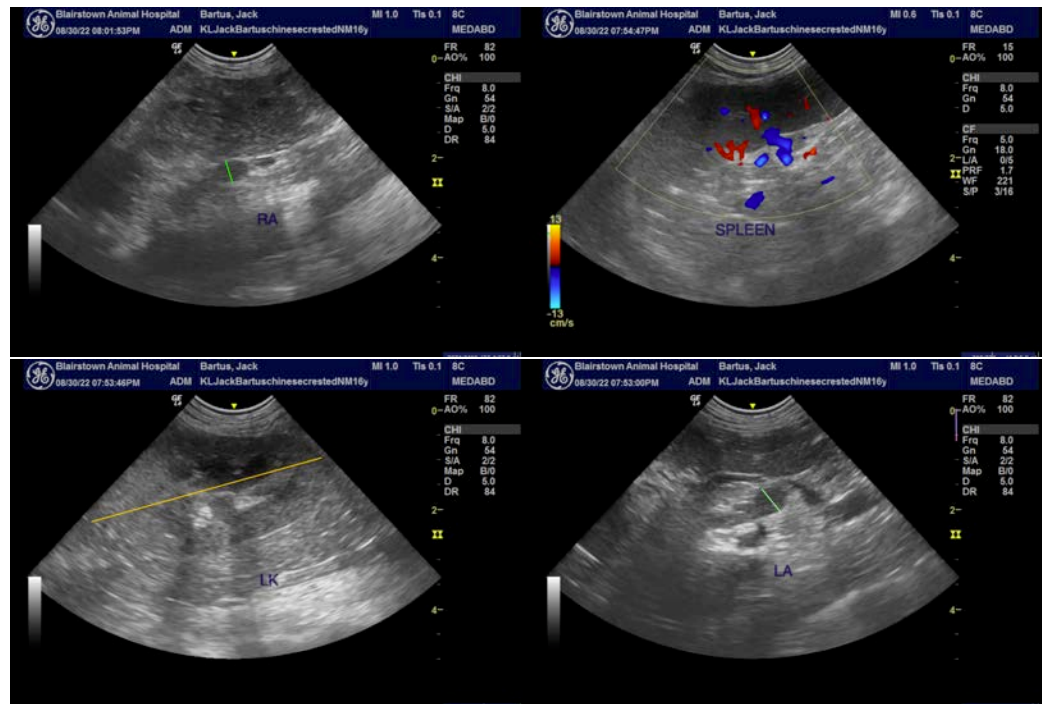
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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