



PATIENT

Ernie McGreen

SPECIES

Canine

BREED

Bernese Mtn Dog

SEX

Neutered Male

AGE

4 Years

WEIGHT

61 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Lupole

INVOICE

25119

DATE

9/1/21

PRESENTING CLINICAL SIGNS

Presented at our hospital for not eating well for 6 days. Went to RDVM yesterday and did BW (elevated liver values), Ampicillin injection given SQ and medications sent home. Today patient still not eating, owner hand pill med and patient vomited, also lethargic. Previous Health Concerns: none Current Medications: Flagyl 500mg (2) BID, Amoxicillin 500mg (2) BID, Hepatic Enzyme(Hepatoa 3 SID) Appetite/When did they eat last: not eating (ate some turkey last night) Abnormal PE/Chem/CBC/UA Results: Rdm Bloodwork 8/31/21: ALT 1236; LYM 0.91; HGB 18.4; MCH 25.8; MCHC 35.2; RDWc 16.6; PLT 178; PCT 0.19; PDWc 38.8 Bloodwork 9/1/21: pcO2 23.3; ph 7.486; lac 5.70;alt *** ;alp 218 Rads 9/1/21: wnl

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 prostate is normal in size 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 (8.71 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.

The right kidney has a normal shape and size (8.2 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.

Adrenal Glands

The region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect.

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. 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 in size and hypochoic 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.

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.



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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.

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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.)

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Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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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

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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.

Free Abdomen

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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.

ULTRASONOGRAPHIC FINDINGS

- Large, hypoechoic, 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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Medicine)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver appears large, hypoechoic and very mottled. These are non-specific changes that can be seen with inflammatory disease, infiltrative disease (round cell neoplasia, etc.), etc. This profile of liver enzyme elevations (primary ALT elevation) is most consistent with acute injury. The scan today supports a primary hepatopathy, as no severe biliary changes were observed. In these types of cases, I would typically recommend:

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- Consider close evaluation of history for possible toxic changes examine medications, diet, dietary indiscretion etc...
- 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
- Consider Fine needle aspirate if round cell neoplasia is on your differential list (25 g needle, normal coags)
- If no response to supportive care (denamarin, fluids, antibiotics,+/- ursodiol etc...) Consider liver biopsy with samples obtained for histopathology, culture, and copper levels.
- Recommend 3-view thoracic radiographs and abdominal radiographs.

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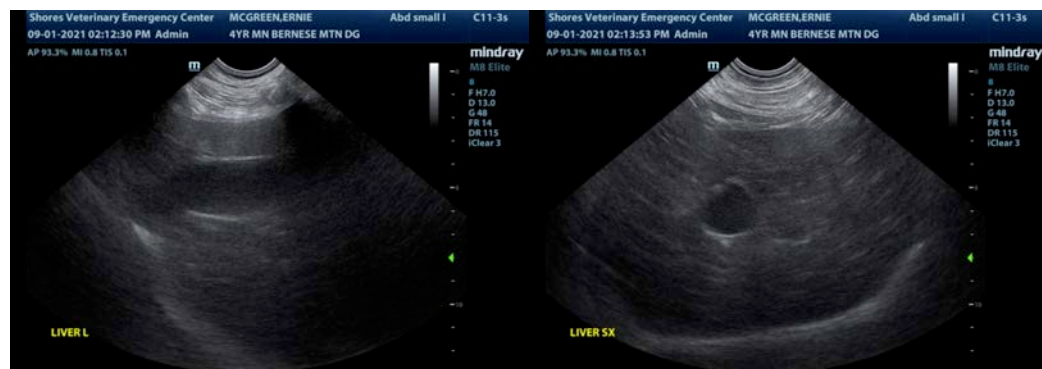
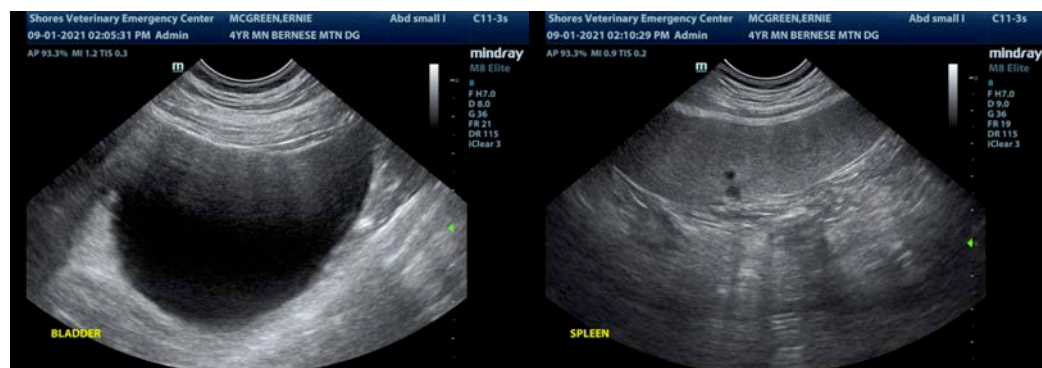
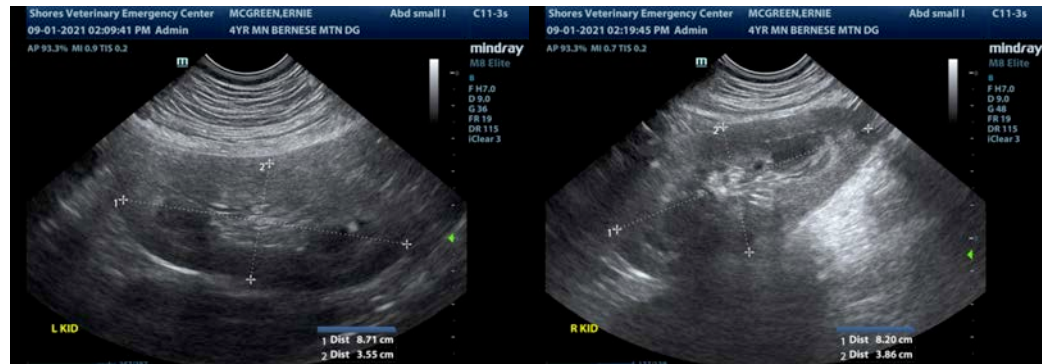
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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