



PATIENT

Rowan McClean

SPECIES

Canine

BREED

Labrador Retriever

SEX

Neutered Male

AGE

2.5 Years

WEIGHT

25 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Donna Markland

HOSPITAL NAME

Island Mobile Paws VS

REFERRING VET

Duncan Animal
Hospital

INVOICE

25711

DATE

9/21/21

PRESENTING CLINICAL SIGNS

Rowan presented on September 20, 2021 for decreased appetite (eating treats but not regular kibble) and vomiting over the past several days. He is also drinking very little. An in-house chemistry panel showed increased ALP, ALT, and TBili. CBC showed a normal HCT with significant reticulocytosis. UA showed very concentrated urine with bilirubin present. Rowan has always had a lower body condition score. He is vaccinated for leptospirosis. There are no previous blood panels for comparison. A small sample of fluid was collected and submitted for analysis. It appeared to be a transudate.

Abnormal PE/Chem/CBC/UA Results: September 20, 2021: CBC: HCT=41/7% (37.3-61.7) Reticulocytes=260.6K/microliter (10-110) Chem: ALT=298 U/L (10-125) ALP=217 U/L (23-212) TBili=23 (0-15) Normal but included due to liver issues: Urea=2.7 mmol/L (2.5-9.6) Alb=25 g/L (23-40) Glob=42 g/L (25-45) Glucose=6.83 mmol/L (4.11-7.95) Total WBC were normal, but machine did not read differential % or numbers. UA: usg=1.053 +++ bilirubin

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder and prostate were not clearly visualized.

The left kidney has a normal shape and size (7.23 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 (6.68 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 small, mottled and irregular in shape. The parenchyma consists of groupings of hypoechoic nodules, creating an irregular nodular silhouette. No normal liver was 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.

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.

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

The area of 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

A large amount of anechoic free fluid is present. No mesenteric lymphadenopathy noted. The omentum is generally of normal echogenicity.

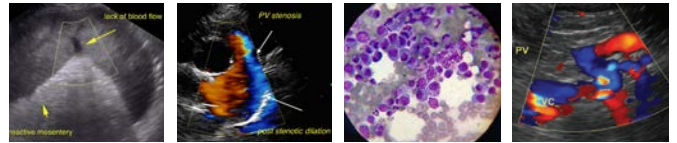
ULTRASONOGRAPHIC FINDINGS

- Small, severely nodular, heterogeneous liver – most consistent with severe nodular hyperplasia with concern for cirrhosis. This is most commonly a result of chronic inflammation. A neoplastic process is considered less likely.
- Large volume free abdominal fluid – likely secondary to portal hypertension.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is small and severely nodular with concerns for cirrhosis. I suspect a fine needle aspirate would be of limited benefit, but you could consider one to rule out the possibility of a neoplastic process (seems very unlikely). I suspect the changes observed are regenerative nodules. Recommend 3-view thorax, PCR for Leptospirosis if there is no recent history of antibiotics, and a biopsy of the liver for histopath, copper levels, +/- culture provided coagulation parameters are within normal limits. I suspect the fluid is present due to portal hypertension, and secondary to cirrhosis.





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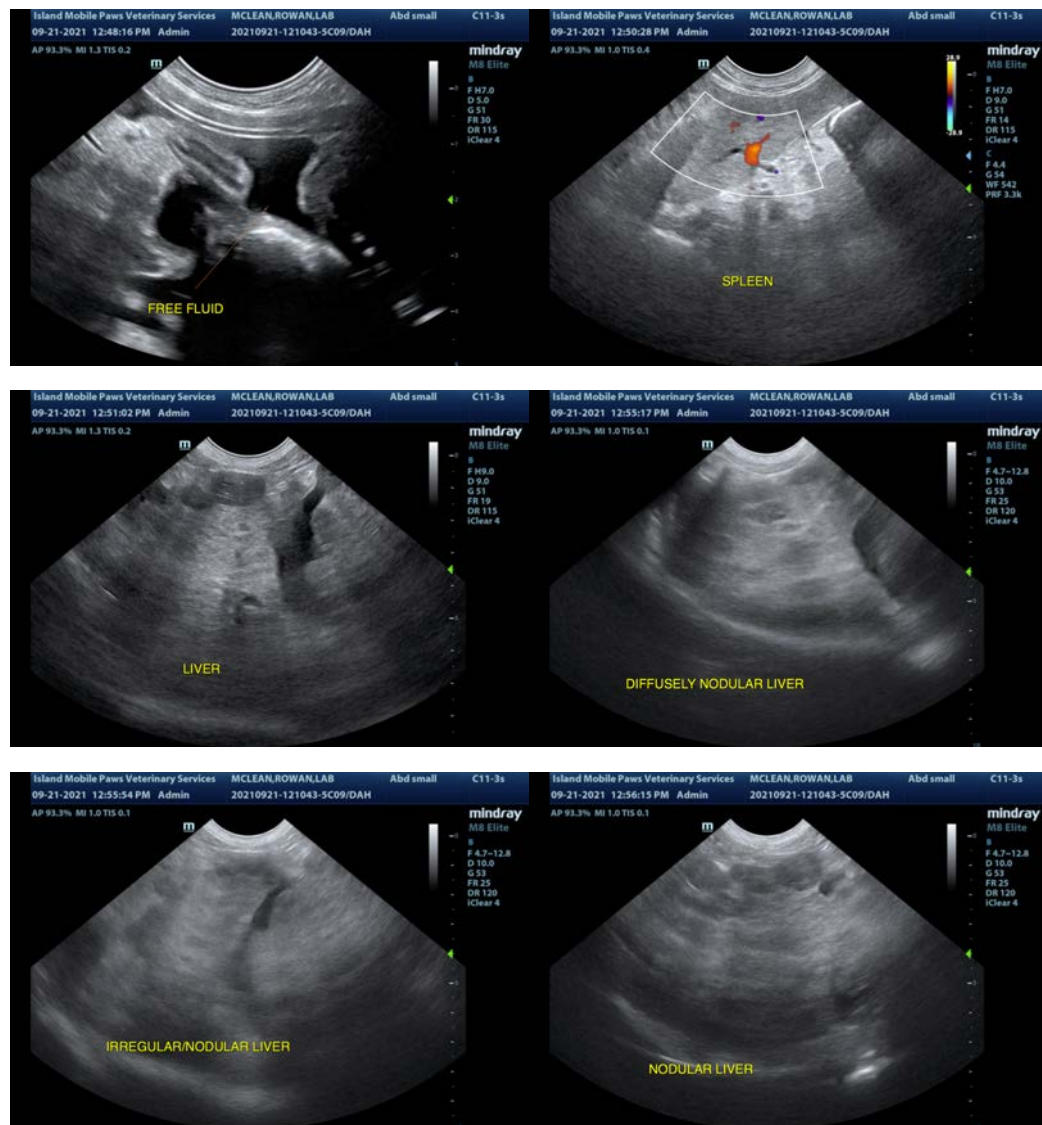
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)
kathleen.sennello@sonopath.com