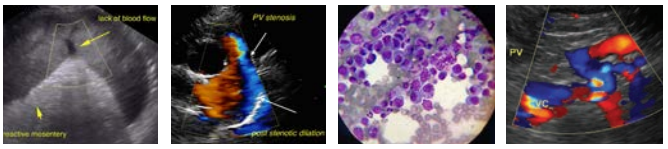
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
SonoPath.com
1-800-838-4268 info@sonopath.com



PATIENT
Sonny Ricciardi

SPECIES
Canine

BREED
Maltese

SEX
Neutered Male

AGE
10 Years

WEIGHT
6 Pounds

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

IMAGING PERFORMED BY
Diane McFadden

HOSPITAL NAME
Rockaway AH

REFERRING VET
Dr. Maniar

INVOICE
25789

DATE
9/24/21

PRESENTING CLINICAL SIGNS

anorexia, hepatopathy
Abnormal PE/Chem/CBC/UA Results: elevated GGT

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 (3.04 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 (3.66 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 left adrenal gland is normal/small in size measuring 0.17 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 0.32 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

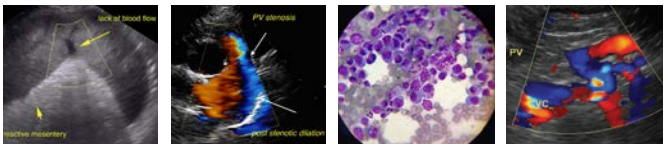
The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is normal/small in size, and 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. There is a 0.95 cm nodule visualized in the splenic parenchyma.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible. There is no evidence of surrounding free fluid or inflammation.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Sonny Ricciardi

SPECIES
Canine

BREED
Maltese

SEX
Neutered Male

AGE
10 Years

WEIGHT
6 Pounds

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

IMAGING PERFORMED BY
Diane McFadden

HOSPITAL NAME
Rockaway AH

REFERRING VET
Dr. Maniar

INVOICE
25789

DATE
9/24/21

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. Duodenum wall measured 0.34 cm. Jejunum wall measured 0.26 cm. 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 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

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.

PRIMARY FINDINGS

- Borderline small, heterogeneous liver with a hyperechoic nodule – 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.

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

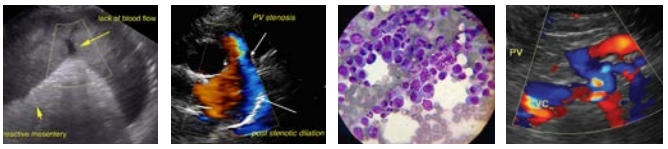
SECONDARY FINDINGS

- Borderline small adrenals – I suspect this is normal for this very small dog, but if electrolyte changes are present, consider testing for Addison's disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver changes are non-specific. Correlate liver size with abdominal radiographs (which provide a much more accurate estimate of liver size). The gallbladder has a moderate amount of hyperechoic debris, but it does not appear overly distended, and the wall is not thickened. I do not perceive any surrounding inflammation.

The history reports an elevation in GGT. Without an elevation of other liver enzymes, it is difficult to determine the significance of this. Correlate with other blood work results, as this could be a primary gastrointestinal problem, pancreatitis (despite no evidence of pancreatitis on ultrasound), or a primary hepatopathy or biliary disease. If biliary disease is strongly suspected based on elevation of additional liver enzymes, consider reevaluation of the gallbladder with ultrasound in 24-48 hours to look for ultrasonographic progression and worsening of lab values. Consider a liver function test if liver disease



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Sonny Ricciardi

SPECIES

Canine

BREED

Maltese

SEX

Neutered Male

AGE

10 Years

WEIGHT

6 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

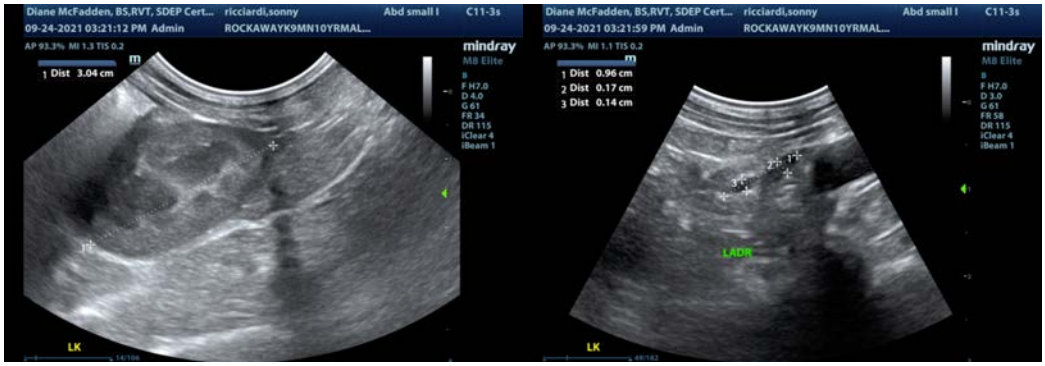
INVOICE

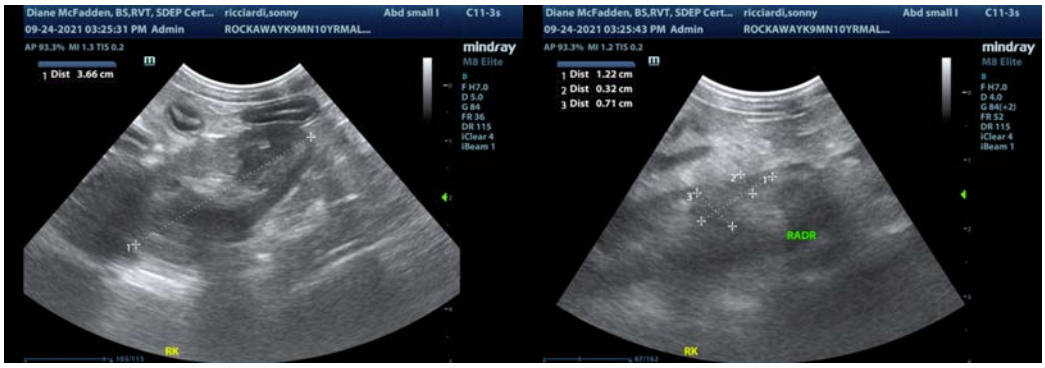
25789

DATE

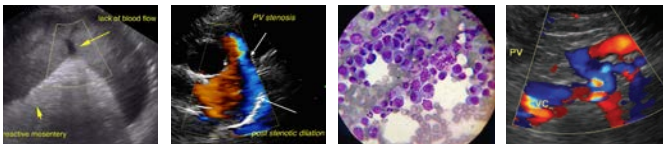
9/24/21

is suspected as a cause. Consider testing for Leptospirosis and possibly a fine needle aspirate of the liver. The hyperechoic nodule is of questionable significance, but should be monitored. Recommend 3-view thoracic radiographs and whole body radiographs.





SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Sonny Ricciardi

SPECIES

Canine

BREED

Maltese

SEX

Neutered Male

AGE

10 Years

WEIGHT

6 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

INVOICE

25789

DATE

9/24/21

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