

PATIENT

Chance Sasada

SPECIES

Canine

BREED

Dachshund

SEX

Neutered Male

AGE

13 Years 7 Months

WEIGHT

22.5 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Mount Rose AH

REFERRING VET

Dr. Lori Burnham

INVOICE

25990

DATE

9/30/21

PRESENTING CLINICAL SIGNS

Canine/Feline: Canine Age: 13 years 7 months Breed: Dachshund Female/Male: MN HISTORY: Chronic history of liver enzyme elevation, mild to moderate, since 2015. ALT has been highest at 160; ALP has been highest at 550. ALT and ALP are currently 144 and 477 respectively. Patient is on Denamarin. PHYSICAL EXAM: T- 102.2 CRT: < 2s BCS: 3.5/5 P- 110 mm: pink Weight: 22.56 lbs R- 20 Dehydration: 0% EENT: Dental calculus 2/4 CV/Resp: WNL GI: Abdomen palpates WNL, non-painful, no masses or organomegaly Musk: No joint abnormalities. Muscles are symmetrical. No pain elicited on manipulation/exam. Integ: Several SQ lumps of varying sizes suspected to be lipomas LN: All peripheral LN palpate WNL Neuro: WNL Urogen: WNL, no obvious visible or palpable abnormalities LABORATORY FINDINGS: Abnormal CBC Values: Mild thrombocytosis at 538 Abnormal Chemistry Values: ALT 144, ALP 477. The remainder of the chemistries are normal. Abnormal UA Values: Not performed recently RADIOGRAPHIC FINDINGS (email radiographs if available): -No current radiographs. REASON FOR ULTRASOUND: Investigate cause for liver enzyme elevation.

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 (0.9 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 (4.8 cm). Overall echogenicity is slightly hyperechoic with poor 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 (4.9 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. A non-obstructive nephrolith is noted. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

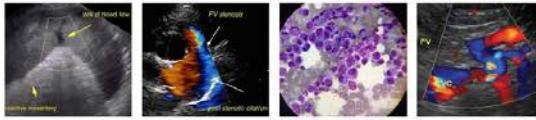
Adrenal Glands

The left adrenal gland is normal in size measuring 0.64 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 0.52 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.



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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 portions of the vasculature and biliary tract appear normal. There are occasional ill-defined, hypoechoic nodules measuring 1.12, 1.14 cm. Additionally, there is a 0.71 cm hypoechoic cystic lesion observed.

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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. There is a 1.3 cm shadowing mineralization evident in the neck of the gallbladder. There is no evidence of an obstruction.

SEX

Neutered Male

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.

AGE

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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. Jejunum wall measured 0.28 cm. 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.

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Pancreas

The pancreas is prominent and mottled compared to the surrounding isoechoic 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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PRIMARY FINDINGS

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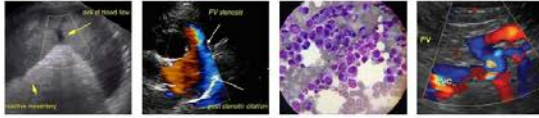
- Large, mottled liver with ill-defined, hypoechoic nodules and a hyperechoic cyst – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.
- Mottled, prominent pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Moderate gallbladder sludge with an intraluminal mineralization/stone – The significance of the aggregated gallbladder sludge is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.

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SECONDARY FINDINGS

- Mildly decreased corticomedullary distinction of the kidneys and occasional non-obstructive nephroliths – The bilateral renal findings are consistent with age-related change.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes observed in the liver are non-specific and can be consistent with a chronic benign condition, but something more concerning (like smoldering hepatitis or neoplasia) cannot be excluded as a possibility (but may be less likely?).

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- Recommend liver function test to determine if the chronic liver enzyme elevation has impaired function.
- 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 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 differential list (25 g needle, normal coags)
- If no response to supportive care (denamarin +/- antibiotics, ursodiol, etc.) you could consider liver biopsy with samples obtained for histopathology, culture, and copper levels.

There appears to be a large mineralization within the gallbladder and moderate gallbladder sludge. Continued monitoring for progression of gallbladder disease is recommended.

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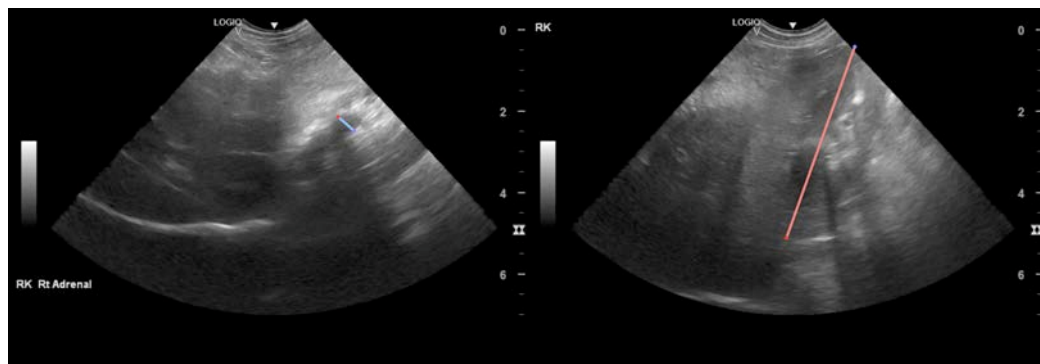
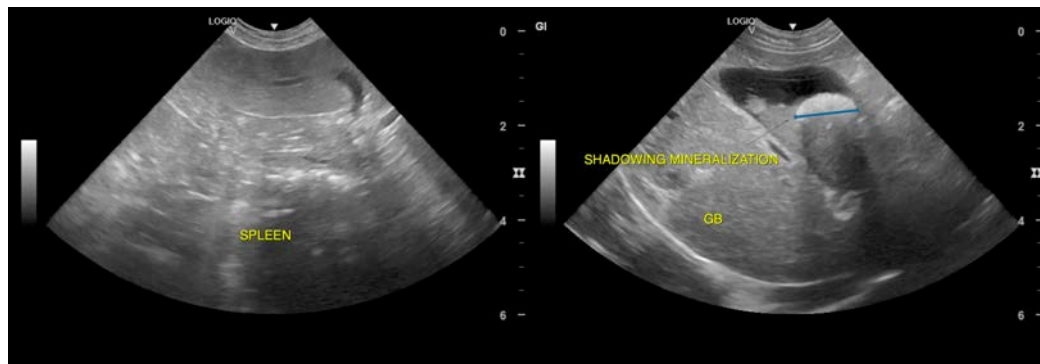
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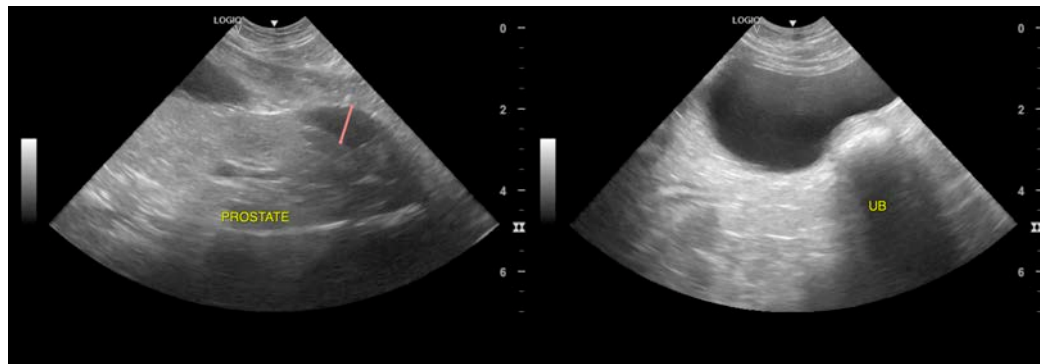
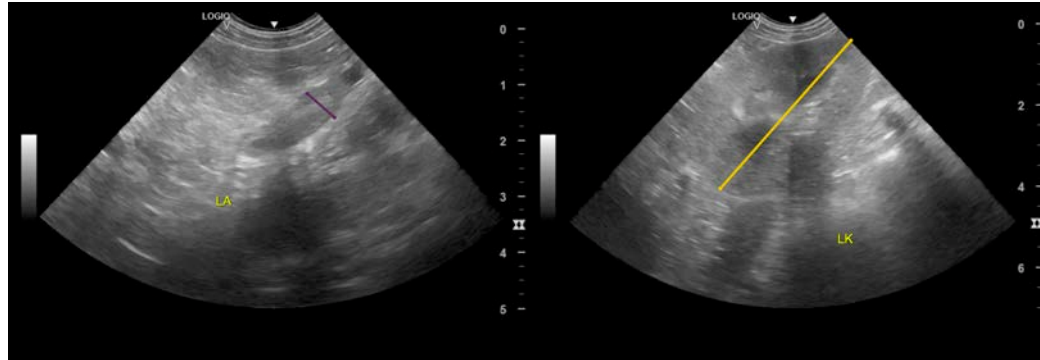
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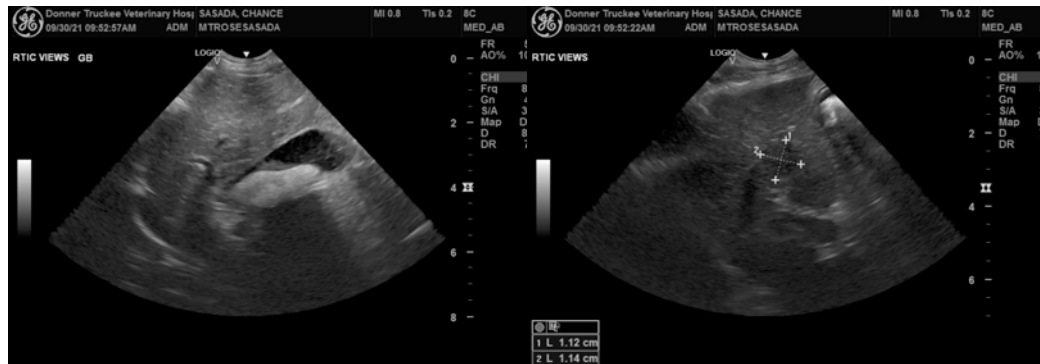


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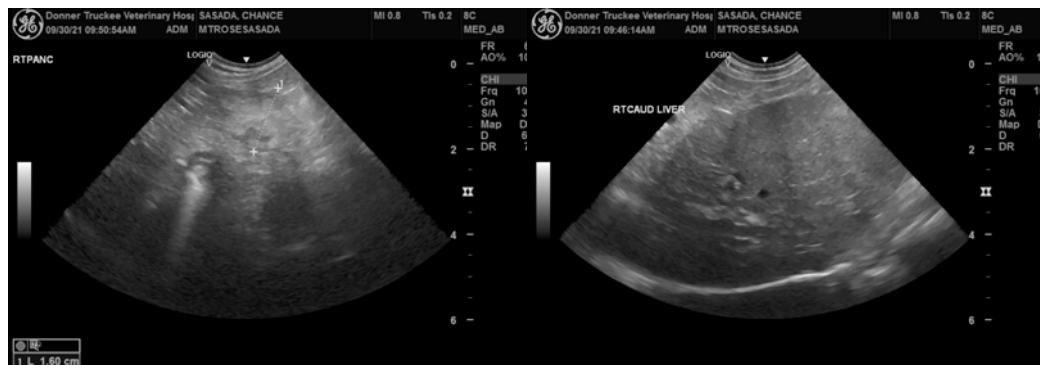
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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kathleen.sennello@sonopath.com

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