

PATIENT

Charlie Gillespie

PRESENTING CLINICAL SIGNS

SPECIES

Canine

BREED

Havanese

SEX

Neutered Male

Breed: Havanese Female/Male: Male Spayed/Intact: Neutered Age: 12.5 years Weight: 18.8 lbs.
HISTORY: P has had elevating liver enzymes, even on Denamarin and (previously) antibiotics. 8/2/21: ALKP- 140 (25-212 U/L), ALT- 227 (10-125 U/L) 9/14/21: AlkP = 814, ALT = 291, AST = 38 (normal). Rest of bloods WNL. P is feeling completely fine at home. P is on 2.5 mg Pimobendan PO BID. Physical Exam: Weight: 18.8 lbs. CRT: 1 sec mm: pink / moist Dehydration: 0% BCS: 3/5 EENT: OU lenticular sclerosis. No nasal discharge noted; Oral cavity- Grade 2/4 dental disease. CV/Resp: Grade 1-2/6 murmur ausculted, normal sounds all lung fields GI: Abdomen palpates WNL, non-painful, no masses or organomegaly Musk: No joint abnormalities. Muscles are symmetrical. No pain elicited on manipulation/exam. Integ: Soft SQ lump on the mid-ventral thorax. Skin appears WNL today. Approx. 3 cm soft SQ lump - left dorsal flank (Needle aspirate previously - fatty) w/ seb adenoma dorsal to the soft lump. LN: All peripheral LN palpate WNL Neuro: WNL Urogen: WNL, no obvious visible or palpable abnormalities REASON FOR ULTRASOUND: • Check for causes of liver enzyme elevations

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

AGE

12.5 Years

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.

WEIGHT

18.8 Pounds

The prostate is normal in size (0.67 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.

INTERPRETED BY

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

The left kidney has a normal shape and size (4.5 cm). Overall echogenicity is slightly hyperechoic with mildly reduced corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. Pinpoint non-obstructive nephroliths are present. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

The right kidney has a normal shape and size (4.3 cm). Overall echogenicity is slightly hyperechoic with mildly reduced corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. Pinpoint non-obstructive nephroliths are noted. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

HOSPITAL NAME

Mount Rose AH

Adrenal Glands

The left adrenal gland is normal in size measuring 0.5 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.

REFERRING VET

Dr. Katie Weldon

The right adrenal gland is normal in size measuring 0.64 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.

INVOICE

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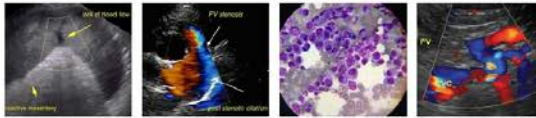
Spleen

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.

DATE

9/30/21

Liver



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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 numerous ill-defined nodules visualized within the parenchyma. A hyperechoic nodule measured 0.91 cm. Two hypoechoic nodules measure 0.67, 0.89 cm.

SPECIES

Canine

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

SEX

Neutered Male

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

12.5 Years

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

WEIGHT

18.8 Pounds

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 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.

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.

Other

A brief view of the heart was submitted. No significant pericardial effusion was seen.

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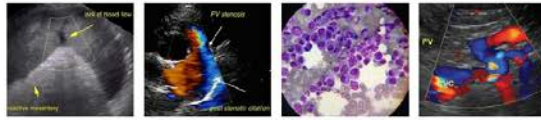
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PRIMARY FINDINGS

- Large, heterogeneous liver with ill-defined hyper- and hypoechoic nodules – 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.
- Prominent, mottled pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.

SECONDARY FINDINGS

- Mildly reduced corticomedullary distinction in both kidneys with pinpoint non-obstructive nephroliths – The bilateral renal findings are consistent with age-related change.



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ultrasonographic lesions visualized in the liver are moderate and non-specific. The scan today supports a primary hepatopathy, as no severe biliary changes were observed.

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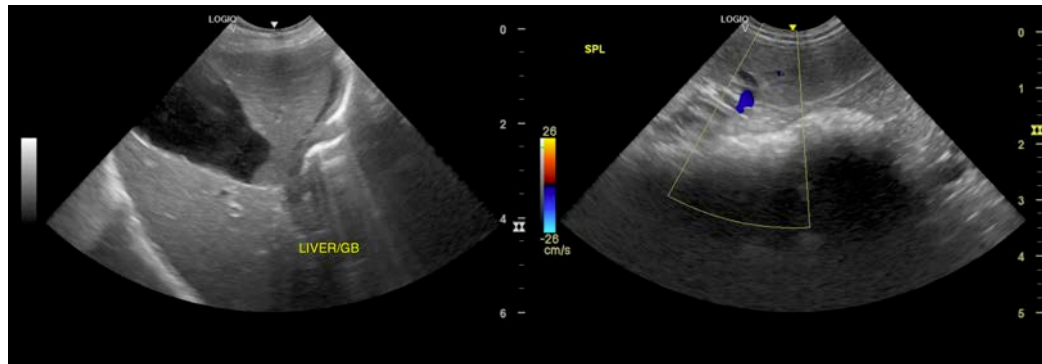
- Consider close evaluation of history for possible toxic changes examine medications, diet, dietary indiscretion etc.
- Consider PCR on urine/serum for leptospirosis (if not on antibiotics)/serology if recent antibiotic history
- If not already done, consider pre and post prandial bile acids to evaluate liver function
- 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, fluids, antibiotics,+/- ursodiol etc...) Consider liver biopsy with samples obtained for histopathology, culture, and copper levels.

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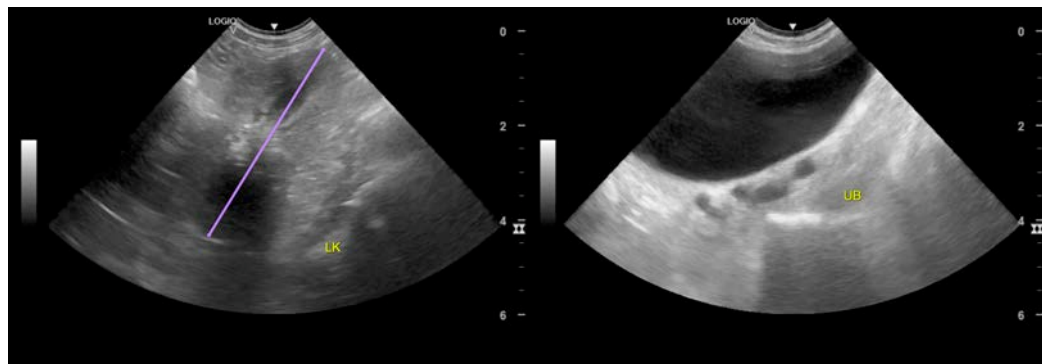


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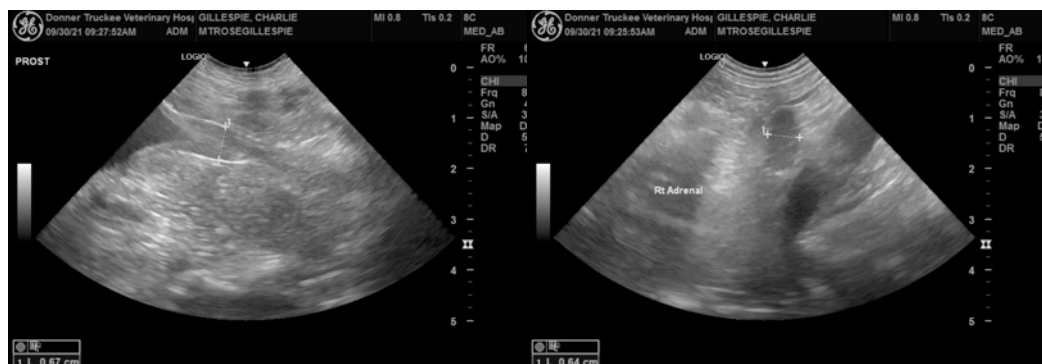
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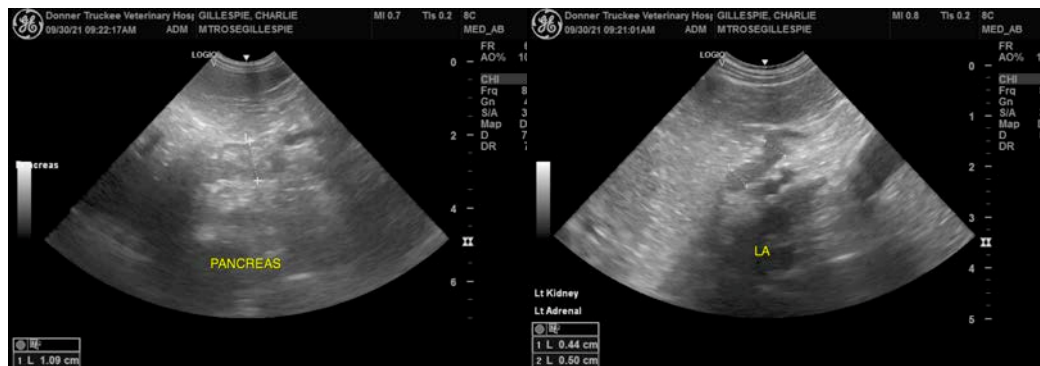
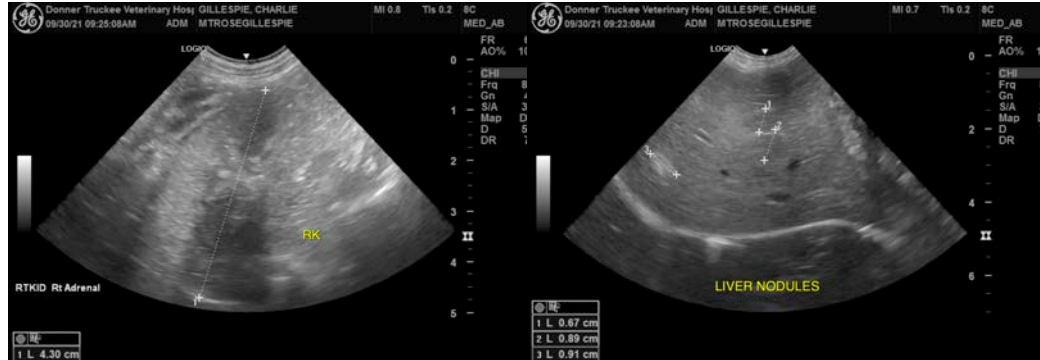
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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