

PATIENT

Goldie Jobe

PRESENTING CLINICAL SIGNS

Chief Concern / Provisional Diagnosis: ~
distended abdomen, decreased appetite,
medications administered inappropriately at home (denamarin and ursodiol were discontinued and the
vetprofen and galliprant were given together)~

SPECIES

Canine

BREED

Lab Retriever

Relevant Medical History and Physical Exam findings: ~
distended abdomen, uncomfortable
osteoarthritis~
subtle weight loss

SEX

Spayed Female

Recent Diagnostics:
Relevant Laboratory Results / Abnormalities: ~~
hx elevated liver enzymes
alt 2030 was 454 8/4/21
alp 4201 was 1444 8/4/21

AGE

12 Years 7 Months

tbili 1.8 8/4 was 0.5 9/28
ca elevated 12.2
cpl normal
Current medications (include full name, dosage and frequency): ~
restarted ursodiol at 500 mg po sid
denamarin po sid
d/c vetprofen
restart galliprant when p. is eating on her own
entyce started 9/28

WEIGHT

85

Relevant Radiograph Findings(email radiographs if available):
no rads

INTERPRETED BY

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

quick scan revealed large amount of debris in gall bladder w/ distension - 9/28~~

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

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, or masses. There is a small string of hyperechoic, non-shadowing objects in the dependent portion of the urinary bladder, most consistent with small calculi or sandy debris. These are most likely small enough to pass, but I recommend correlating with abdominal radiographs, urinalysis and culture.

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REFERRING VET

Dr. Bridget Landon

The left kidney has a normal shape and size (6.87 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.

INVOICE

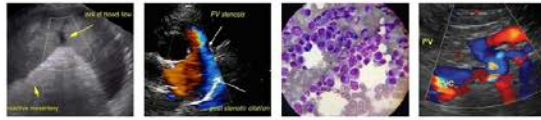
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The right kidney has a normal shape and size. Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

DATE

9/30/21

Adrenal Glands



PATIENT

Goldie Jobe The left adrenal gland is normal in size measuring 0.77 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.

SPECIES

Canine The right adrenal gland is normal in size measuring 0.62 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.

BREED

Lab Retriever **Spleen**
The spleen is subjectively normal in size. The spleen echotexture is heterogenous and mottled, the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is an ill-defined, hypoechoic nodule measured 0.81 cm within the parenchyma.

SEX

Spayed Female **Liver**

AGE

12 Years 7 Months The liver is subjectively normal 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 are numerous ill-defined, hyperechoic nodules seen within the hepatic parenchyma, measuring 2.01, 1.6, and 1.5 cm. Additionally on the left side there is an ill-defined, hyperechoic region that contains two small hypoechoic cysts.

WEIGHT

85 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 large amount of non-organized echogenic debris. There is a 0.84 cm hyperechoic shadowing structure in the region of the neck of the gallbladder, most consistent with a stone. Additionally, distally there are some shadowing, hyperechoic structures that could be consistent with small mineralizations within the bile duct.

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(Small Animal Internal
Medicine)

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. Jejunum wall measured 0.39 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

INVOICE

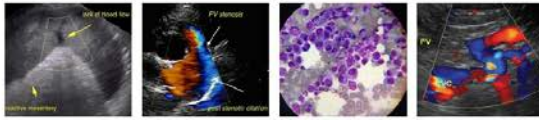
The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

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Free Abdomen

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Goldie Jobe Evaluation of the peritoneal cavity did not reveal any evidence of effusion. Mild mesenteric lymphadenopathy is noted. There are rare mesenteric lymph nodes that are prominent, one measuring 0.55 cm, another measuring 0.31 cm. The omentum is of normal uniform echogenicity.

SPECIES

Canine *Other*

Canine

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

BREED

Lab Retriever

ULTRASONOGRAPHIC FINDINGS

SEX

Spayed Female

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- Heterogeneous, irregular, somewhat nodular 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.
- Large gallbladder sludge with suspected stones – There is a large amount of debris present with some mineralizations. There is no surrounding free fluid, and there is no overt inflammation surrounding the gallbladder.
- Mildly mottled spleen with an ill-defined, hypoechoic nodules – There is a non-cavitated, hypoechoic splenic nodule visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Hyperechoic material in the dependent portion of the urinary bladder – most consistent with small calculi/mineralized debris (sand). Recommend continued monitoring, urinalysis and culture, and radiographs to correlate size.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is very heterogeneous with ill-defined nodules and an abnormal region visualized on the left side, which could be consistent with focal remodeling, etc., or could be neoplastic/inflammatory change. My suspicion is that you're dealing with a primary hepatopathy, but additionally the gallbladder has a large amount of sludge and small mineralizations associated with it. It is clear that there is a hepatopathy present, but it is not 100% clear how much the gallbladder is contributing to this issue. Options for treatment/further diagnostics include:

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- Fine needle aspirate of the liver if coagulation parameters permit this. (This does not always differentiate the cause of the issue but can help to rule out round cell neoplasia.) These results are pending.
- If stable enough can consider supportive care with antibiotics, antiemetics, fluids and choleretics (ursodiol)
- Consider a GI panel (Texas A&M university) for a quantitative PLI (can help identify post hepatic partial obstruction (pancreatitis) or enzyme activation secondary to GI inflammation.
- Lastly if changes are persistent consider referral to a board-certified veterinary surgeon for a liver biopsy and evaluation of the gall bladder intra-op (remove if appears diseased).
- Recommend 3-view thoracic radiographs.
- Recommend an ionized calcium to determine if the elevated serum calcium is significant.



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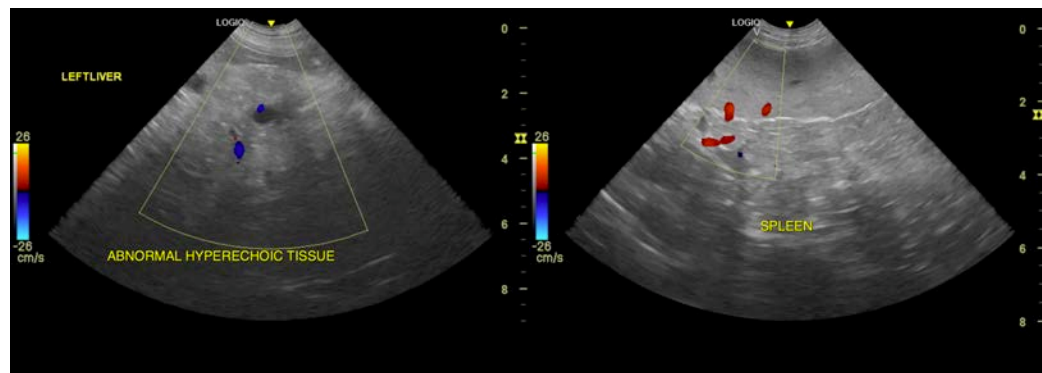
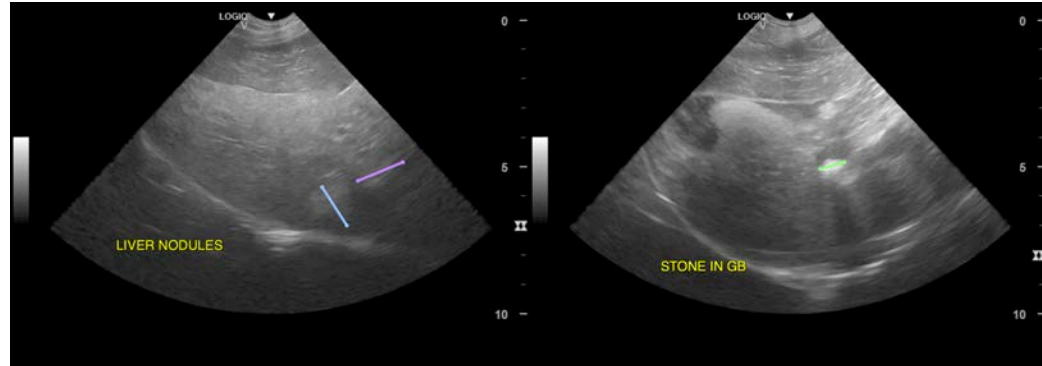
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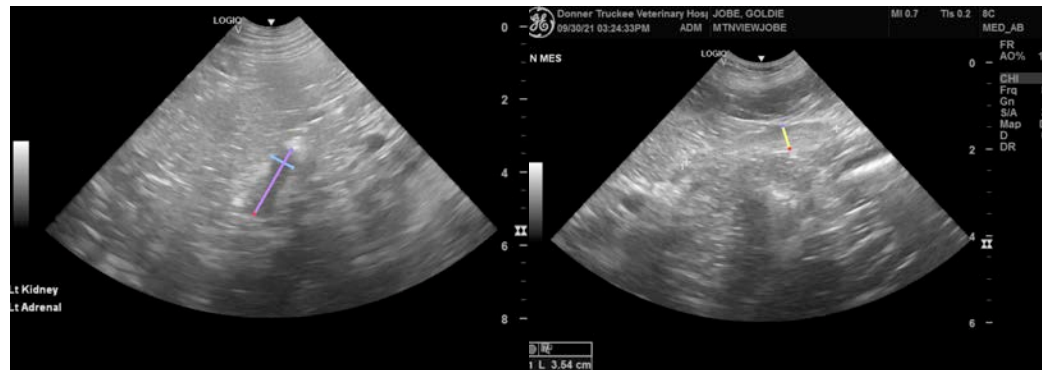
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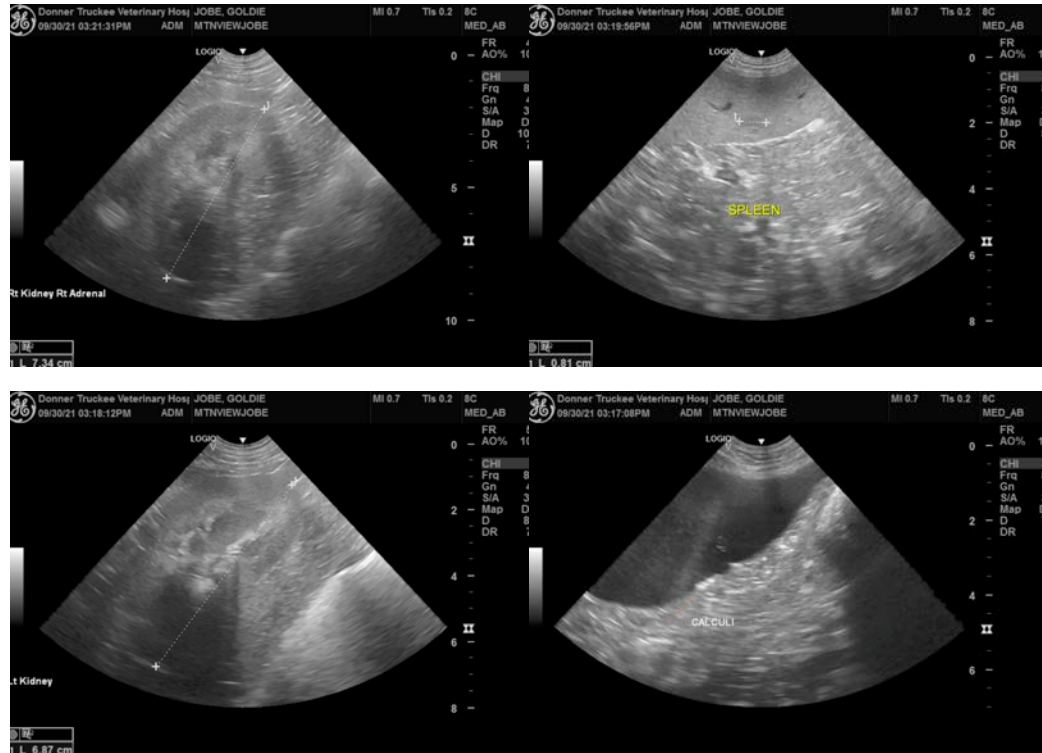
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

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)

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