



**PATIENT**

Molly Gorchinsky

**SPECIES**

Canine

**BREED**

Yorkie

**SEX**

Spayed Female

**AGE**

15 years

**WEIGHT**

3.25 kg

**PRESENTING CLINICAL SIGNS**

History: Liver disease. Vomiting and anorexic. Currently on Cerenia. Markedly elevated ALT, AST, ALP, Bilirubin and Cholesterol.

**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 left kidney has a normal shape and size (3.25 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 (3.29 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.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kelly Reshny, RVT

**HOSPITAL NAME**

Nelson AH

**REFERRING VET**

Dr. Frederick

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.38 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 0.51 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**

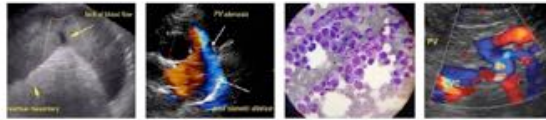
The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed. The gallbladder lumen is significantly distended. The wall of the gallbladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. Shadowing from the stomach precludes full evaluation of the bile duct.

**INVOICE**

91737

**DATE**

9/8/21



**PATIENT**

**Gastrointestinal**

Molly Gorchinsky

The stomach is moderately distended with shadowing material that can be consistent with normal ingesta and gas or possibly foreign material. The gastric wall appears somewhat thickened. There was reduced detail of wall layering and measured 0.51 cm, but maximal thickness is approaching 0.9 cm. No focal lesions were observed.

**SPECIES**

Canine

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

**BREED**

Yorkie

**SEX**

Spayed Female

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.

**AGE**

15 years

**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.

**WEIGHT**

3.25 kg

**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.

**INTERPRETED BY**

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

**ULTRASONOGRAPHIC FINDINGS**

**IMAGING PERFORMED BY**

Kelly Reshny, RVT

**PRIMARY FINDINGS:**

- Heterogenous 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.
- Shadowing material in the gastric lumen. I recommend to correlate this with feeding history as this may represent ingesta or foreign material. If this patient was fasted correlate with radiographs as delayed gastric emptying or foreign material in the stomach would be differentials.

**HOSPITAL NAME**

Nelson AH

**REFERRING VET**

Dr. Frederick

**SECONDARY FINDINGS:**

- Decreased corticomedullary distinction in both kidneys. The bilateral renal findings are consistent with age-related change.

**INVOICE**

91737

**DATE**

9/8/21



**PATIENT**

Molly Gorchinsky

**SPECIES**

Canine

**BREED**

Yorkie

**SEX**

Spayed Female

**AGE**

15 years

**WEIGHT**

3.25 kg

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Kelly Reshny, RVT

**HOSPITAL NAME**

Nelson AH

**REFERRING VET**

Dr. Frederick

**INVOICE**

91737

**DATE**

9/8/21

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The liver appears mildly heterogenous, but I do not observe any focal lesions. There is hard shadowing material in the stomach, which made it difficult to visualize the liver in its entirety and made it difficult to visualize the common bile duct. The gallbladder is somewhat distended, but the wall appears healthy and there is no surrounding inflammation, but I cannot rule out biliary disease based on this scan. Correlate this finding with radiographs.

- 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
- Consider Fine needle aspirate if round cell neoplasia is on your differential list (25 g needle, normal coags)
- Consider a GI panel to get a quantitative PLI level to look for evidence of pancreatic inflammation not seen on ultrasound.
- Recommend three view thoracic radiographs.
- If no response to supportive care (Denamarin, fluids, antibiotics,+/- Ursodiol etc...) Consider liver biopsy with samples obtained for histopathology, culture, and copper levels.





**PATIENT**

Molly Gorchinsky

**SPECIES**

Canine

**BREED**

Yorkie

**SEX**

Spayed Female

**AGE**

15 years

**WEIGHT**

3.25 kg

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Kelly Reshny, RVT

**HOSPITAL NAME**

Nelson AH

**REFERRING VET**

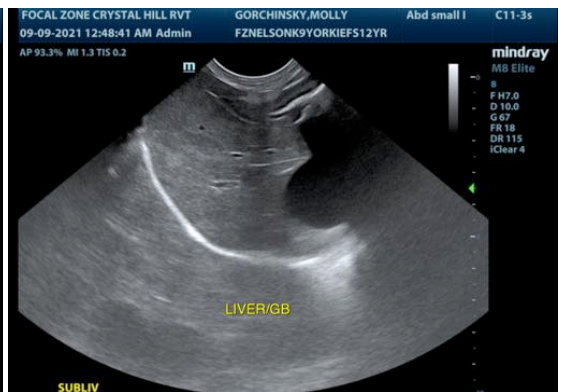
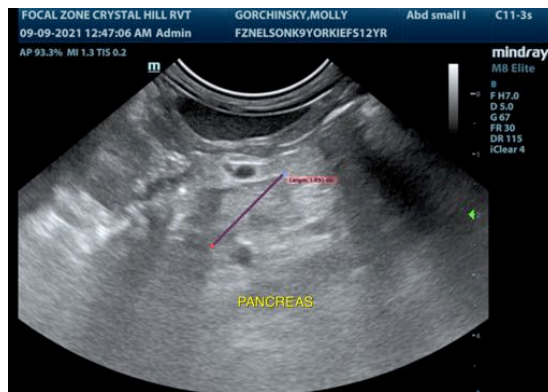
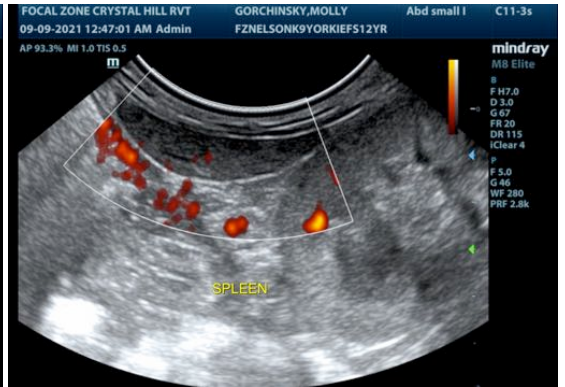
Dr. Frederick

**INVOICE**

91737

**DATE**

9/8/21



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