



PATIENT PRESENTING CLINICAL SIGNS

Penny Perini
Acute onset of anorexia, weight loss, lethargy, vaccinated for leptospirosis, leptospirosis snap + Current meds: Cerenia, Entyce.

SPECIES

Canine
Abnormal PE/Chem/CBC/UA Results: ALT 555, AST 204, GGT 15, Bili elevated, normal CBC.

BREED

Mixed

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Spayed Female

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths, sediment, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

AGE

6y 8m

The area of the aortic trifurcation was free of pathology.

WEIGHT

49#

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured – cm in length. The right kidney measured – cm in length.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
and Feline)

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured – cm width at the caudal pole and – cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured – cm width at the caudal pole and – cm width at the cranial pole.

IMAGING PERFORMED BY

Val Shumskaya

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

HOSPITAL NAME

North Jersey Animal
Hospital

REFERRING VET

Dr. Riedel

Liver/ Gallbladder

The liver was subjective mild enlargement, areas of capsular symmetry. Generalized non homogenous hypoechoic hepatic parenchyma exhibiting moderate coarse echotexture parenchyma remodeling. Indistinct yet increased prominent portal vasculature borders and intermittent subtle isoechoic intraparenchymal nodules. Example of liver nodule 2.0 cm in diameter. Subjective normal to adequate hepatic vascular volume. No obvious evidence of intrahepatic or extrahepatic shunt. The gallbladder was non-distended in size with mildly prominent to hyperechoic gallbladder wall and primarily anechoic content with moderate nonorganized mildly hyperechoic gallbladder sediment. The cystic and common bile ducts were normal.

INVOICE

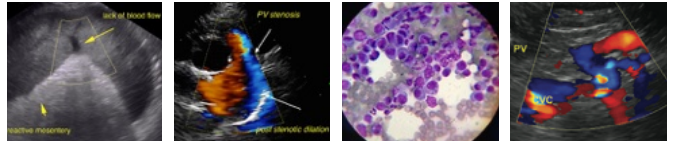
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DATE

7/18/2023

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained a mild amount of retained non shadowing ingesta/chyme. No evidence of mechanical pyloric outflow obstruction.



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The small intestine presented intact wall layering with a maintained normal wall layer ratio. Similar appearing segmental nonshadowing intestinal ingesta/chyme. No obstructive pattern. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.

SPECIES

Canine

Normal visible colon wall layers were present with apparent formed feces in lumen.

BREED

Mixed

Pancreas

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

SEX

Spayed Female

Free Abdomen

Pockets of scant perihepatic to peritoneal free fluid.

AGE

6y 8m

No overtly visualized or significant omental lymphadenopathy. Generalized mild increased omental echogenicity.

WEIGHT

49#

ULTRASONOGRAPHIC FINDINGS

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DVM, DABVP (Canine
and Feline)

Primary Findings

- Non-homogenous hypoechoic non-uniform/nodular liver – non-specific sonographically subjective of acute on chronic hepatopathy criteria. Non-specific hepatitis (viral, bacterial, leptospirosis toxin) is favored with consideration for hyperplasia, hematopoiesis, potential fibrosis, and occult hepatic neoplasia, all possible.
- Moderate gallbladder sediment – not consistent with mucocele criteria potential cholestasis.
- Gastroenteritis pattern with mild non shadowing gastric and segmental intestinal ingesta.
- Mild increased generalized omental echogenicity with scant perihepatic/peritoneal free fluid.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further assessment of the liver may include assuming normal clotting status and using 25-gauge needle hepatic FNA cytology and leptospirosis titers/PCR, even with previous vaccination. A GI panel to include PLI/TLI/Cobalamin/Folate and three-view chest radiographs may be considered to assess for occult disease as a contributing factor to the patient clinical signs and weight loss.

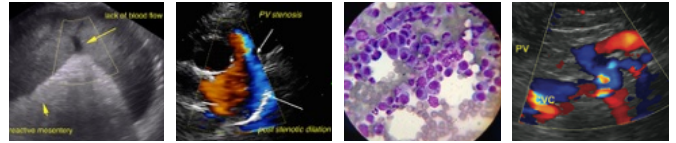
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Empirically, hospitalization with IV fluids, acute on chronic hepatitis protocol which may include hepato protectants, broad-spectrum antibiotic therapy, as needed gastrointestinal support with an assessment of clinical response and monitoring of liver enzymes going forward would be reasonable. Sonographic reassessment if progressive hepatic enzymes elevations and/or peritoneal effusion despite empirical therapy is recommended.

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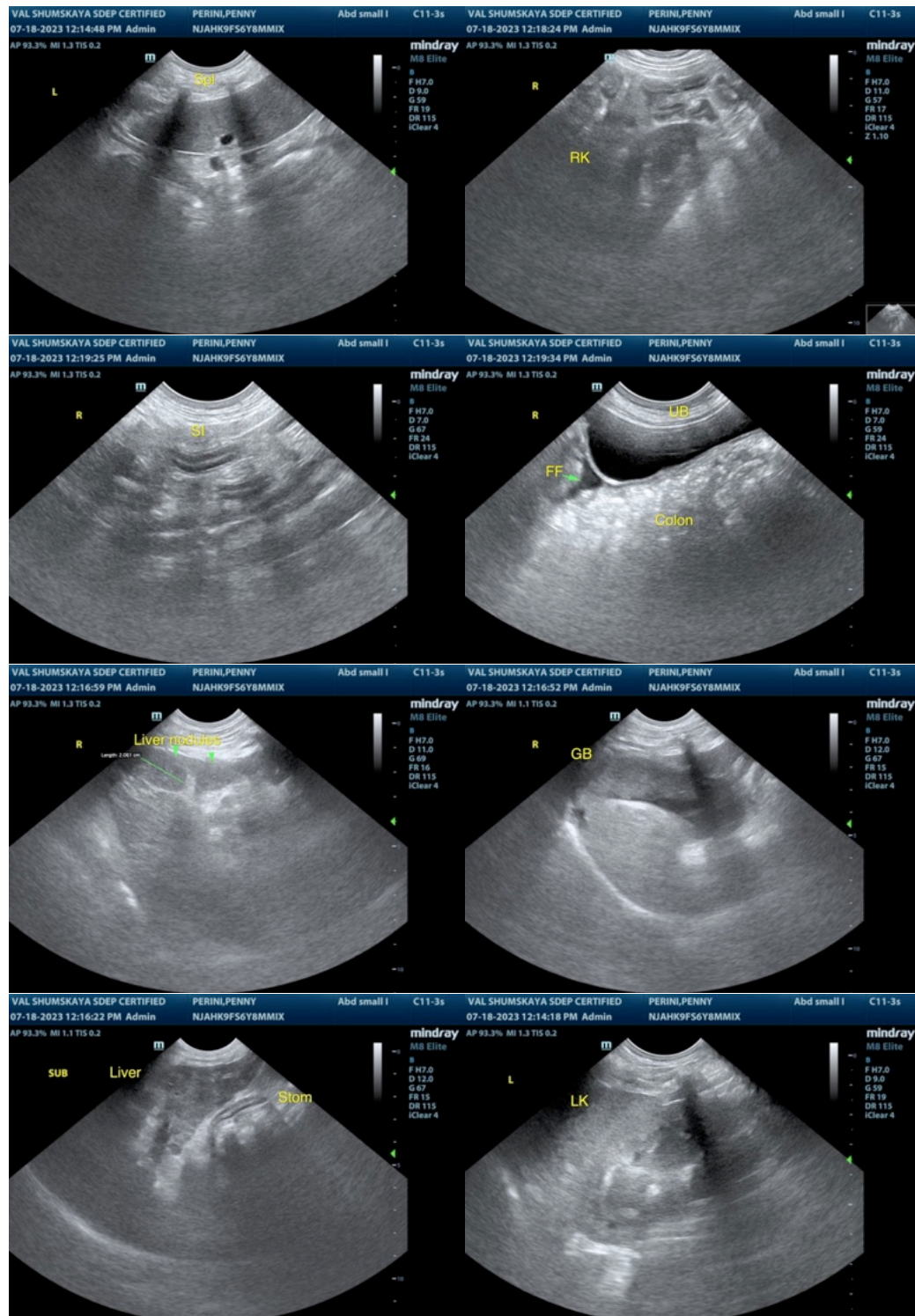
Dr. Riedel

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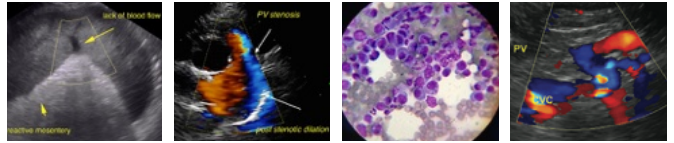
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



PATIENT

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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.

SPECIES

Canine

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info@SonoPath.com

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