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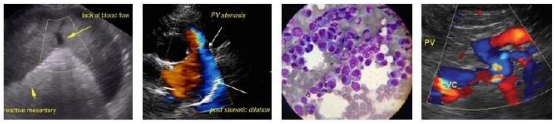

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Daisy Ciarmoli

SPECIES

Canine

BREED

Bichon

SEX

FS

AGE

7 years

WEIGHT

6.6 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Beatties East Hamilton PH

REFERRING VET

Dr. MacDonald

INVOICE

17415

DATE

7/27/23

PRESENTING CLINICAL SIGNS

Previously dx with lepto. P was at emerg 7/26/23 as P is having symptoms of a flair up Diagnosis: 7/3/23 1) Acute hepatopathy- improved with antibiotic therapy 2) Historical suspected bone marrow insult

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. No evidence of mineral or calculi was noted. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The area of the aortic trifurcation was free of pathology.

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 4.0 cm in length. The right kidney measured 3.9 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.27 cm width at the caudal pole and 0.36 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 0.41 cm width at the caudal pole and 0.62 cm width at the cranial pole.

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.

Liver/ Gallbladder

The liver exhibited normal to possible borderline subnormal mid to left liver size with asymmetrical to irregular capsule contour. Mildly prominent right lateral to caudate liver lobes exhibiting symmetrical to mildly rounded hepatic contour were present. Normal, mildly reduced hepatic parenchyma echogenicity compared to the spleen exhibiting mild coarse echotexture was present. The vascular volume was overtly normal to adequate. There were no visualized hepatic masses. The gallbladder was non-distended with subtle gallbladder wall edema. The gallbladder contained primarily anechoic content with mild, nonorganized, echogenic gallbladder sediment without evidence of post hepatic obstructive criteria.

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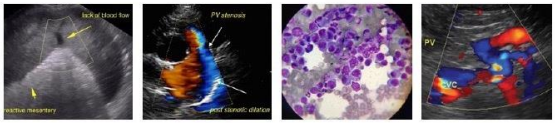

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Gastrointestinal

The stomach presented intact, mildly prominent wall layering. The stomach contained a mild to moderate amount of retained anechoic to mildly echogenic fluid. No evidence of mechanical pyloric outflow obstruction was noted.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.

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

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.

Free Abdomen

A solitary hepatic lymph node was present adjacent to the portal vein. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph node measured 2.3 cm x 1.1 cm. There was no overt evidence of additional omental lymphadenopathy or peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

- Asymmetrical to irregular liver exhibiting subjective mild right lateral / caudate lobar swelling
- Nondistended gallbladder exhibiting subtle wall edema and nonorganized mild lumen sediment - suspect cholecystitis
- Mild hypomotile stomach, sonographically unremarkable small bowel
- Focal subjective benign / reactive hepatic lymph node
- Normal bilateral kidneys / urinary bladder

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver was nonspecific yet sonographically suggestive of acute or acute on chronic hepatopathy with considerations including hepatitis (viral, bacterial, Leptospirosis, etc.,) vacuolar hepatic changes, lobar hyperplasia, hematopoiesis, or other hepatopathy with infiltrative neoplasia thought less likely. Further assessment may include, assuming normal clotting status, hepatic FNA cytology, and bile acids if evidence of hepatic dysfunction. There was no obvious evidence of intrahepatic or extrahepatic macroscopic shunt.

Empirical therapy for nonspecific hepatitis with as-needed GI support, monitoring of hepatic response, and potential recheck sonogram if progressive hepatic enzyme elevations or clinical evidence of hepatic dysfunction, would be reasonable.

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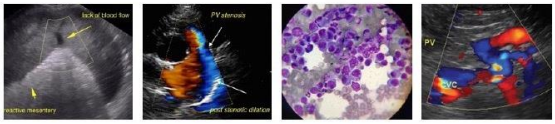

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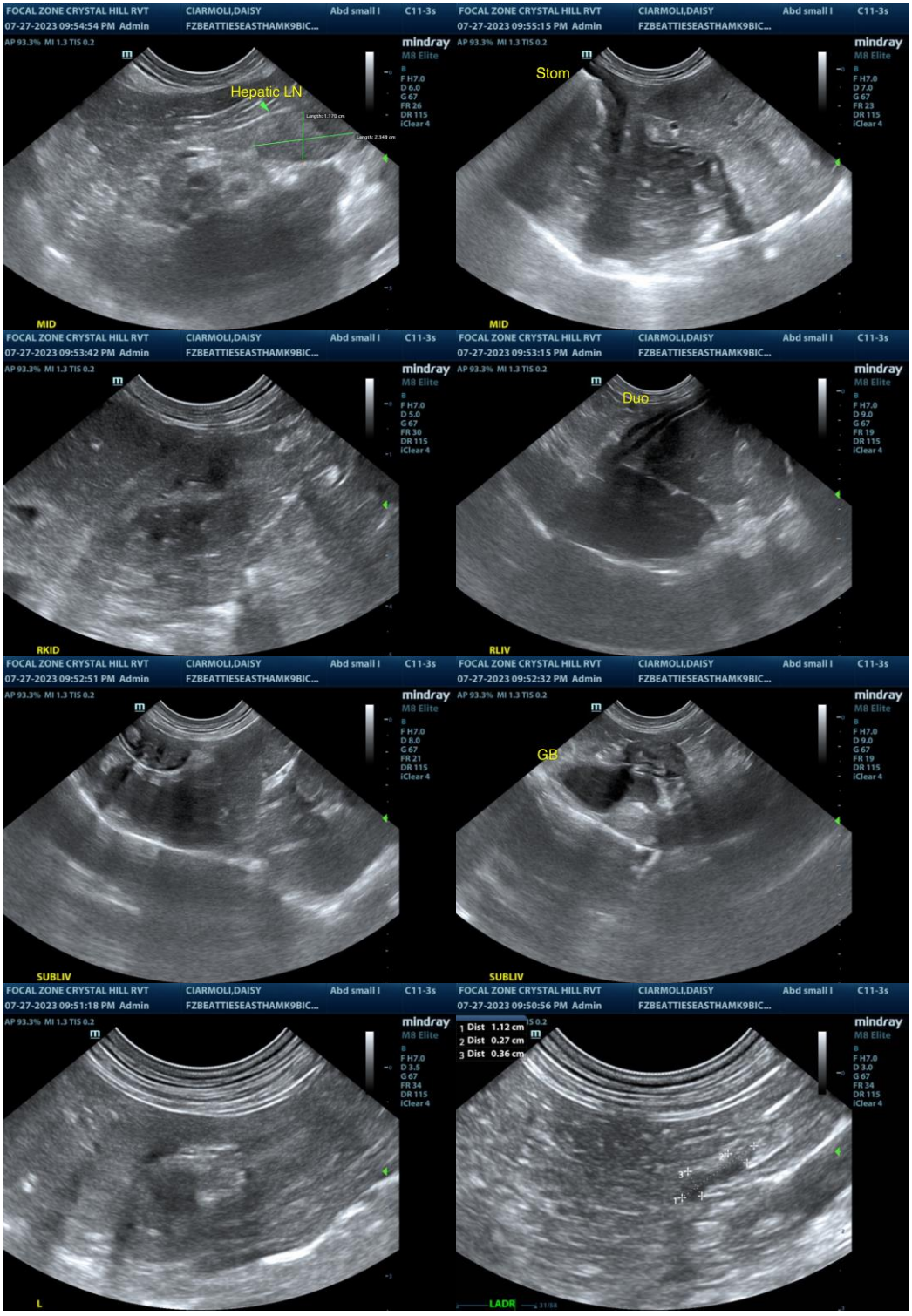

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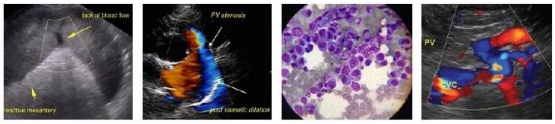

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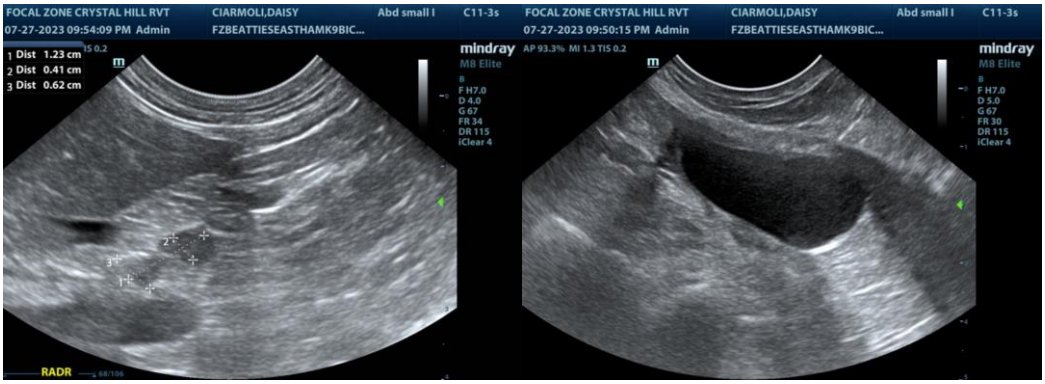

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com