



**PATIENT**

Fifi Rosenthal

**SPECIES**

Canine

**BREED**

Treeing Walker  
Coonhound

**SEX**

FS

**AGE**

9 years

**WEIGHT**

70.4 lbs.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING  
PERFORMED BY**

Jessica Bailes

**HOSPITAL NAME**

All Creatures Great &  
Small VC, Corvallis, OR

**REFERRING VET**

Dr. Justin Vaughn

**INVOICE**

14297

**DATE**

7/14/22

**PRESENTING CLINICAL SIGNS**

Hx of cutaneous hemangiosarcomas dx 3/22; abdominal U/S performed for further evaluation and splenic mass noted. Splenectomy performed - histopath concerning for hemangiosarcoma but not definitive. Recheck AUS and thoracic rads performed today to monitor potential progression of disease. Abnormal PE/Chem/CBC/UA Results: Moderately overweight, otherwise NSF on PE. thoracic rads taken today - NSF. Bloodwork pending.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

Urinary bladder is adequately distended with primarily anechoic contents and occasional echogenic non-shadowing debris. Apical urinary bladder wall is diffusely thick (0.56 cm). Mucosa is hyperechoic and irregular. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. A cortical cyst in the left kidney was noted. The left kidney measured 7.69 cm. The right kidney measured 7.51 cm.

**Adrenal Glands**

The right adrenal gland is normal in size (3.9 cm long, 0.75 cm width at the cranial pole and 0.84 cm width at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (4.0 cm long, 0.68 cm width at the cranial pole and 0.95 cm width at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**Spleen**

Spleen was removed a few months ago.

**Liver**

Liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.



**PATIENT**

***Gastrointestinal***

Fifi Rosenthal

The stomach wall is normal in thickness (< 0.5 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

**SPECIES**

Canine

**BREED**

Treeing Walker  
Coonhound

The visible small intestines are normal in wall thickness and layering (< 0.5 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction or foreign material noted.

**SEX**

FS

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

**AGE**

9 years

***Pancreas***

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

**WEIGHT**

70.4 lbs.

***Free Abdomen***

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

There is no evidence free fluid or appreciable lymphadenopathy. No evidence of tumor spread and/or metastatic disease was noted. However, in the mid abdomen, presumably the site of the splenectomy, there is some undifferentiated, echogenic, slightly hyperechoic, heterogeneous fat and mesentery most consistent with normal post-op finding.

**IMAGING PERFORMED BY**

Jessica Bailes

**ULTRASONOGRAPHIC FINDINGS**

***Primary Findings***

- The amorphous echogenic area in the mid-left abdomen presumably normal post-op appearance post-splenectomy. If there is abdominal pain or discomfort or clinical signs that imply this is a more significant or severe change, then management of clinical signs and close monitoring is recommended.

***Secondary Findings***

- Age-related kidney changes
- Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.
- Chronic Cystitis - Urinary bladder wall changes are most consistent with chronic cystitis. Infiltrative neoplasia cannot be ruled out but is considered less likely given the location and diffuse nature of the changes.

**HOSPITAL NAME**

All Creatures Great &  
Small VC, Corvallis, OR

**REFERRING VET**

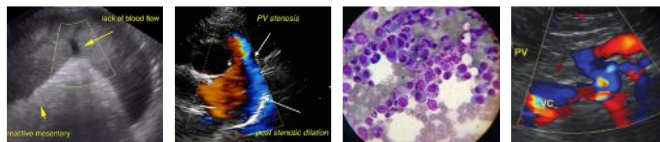
Dr. Justin Vaughn

**INVOICE**

14297

**DATE**

7/14/22



**PATIENT**

Fifi Rosenthal

**SPECIES**

Canine

**BREED**

Treeing Walker  
Coonhound

**SEX**

FS

**AGE**

9 years

**WEIGHT**

70.4 lbs.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Jessica Bailes

**HOSPITAL NAME**

All Creatures Great &  
Small VC, Corvallis, OR

**REFERRING VET**

Dr. Justin Vaughn

**INVOICE**

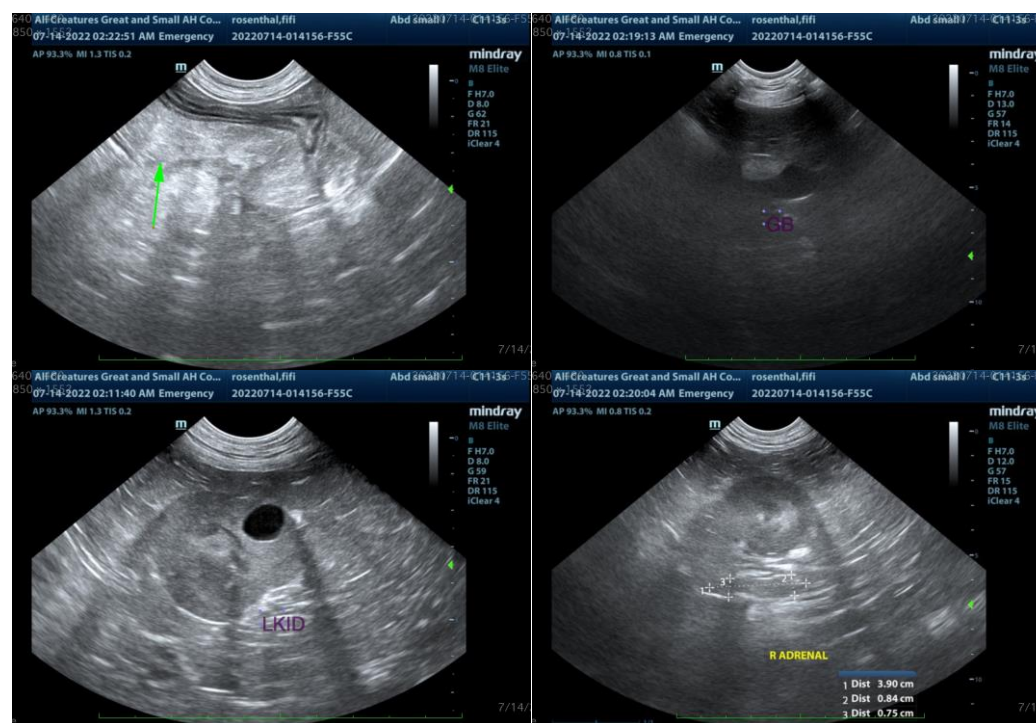
14297

**DATE**

7/14/22

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recommendations are continued monitoring / recheck imaging as recommended by an Oncologist during and following hemangiosarcoma therapy. If clinical signs develop, especially abdominal pain, bloating, discomfort, etc., then recheck imaging of the mid-left area described is recommended. If not recently evaluated, urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ratio is recommended.





## PATIENT

Fifi Rosenthal

## SPECIES

Canine

## BREED

Treeing Walker  
Coonhound

## SEX

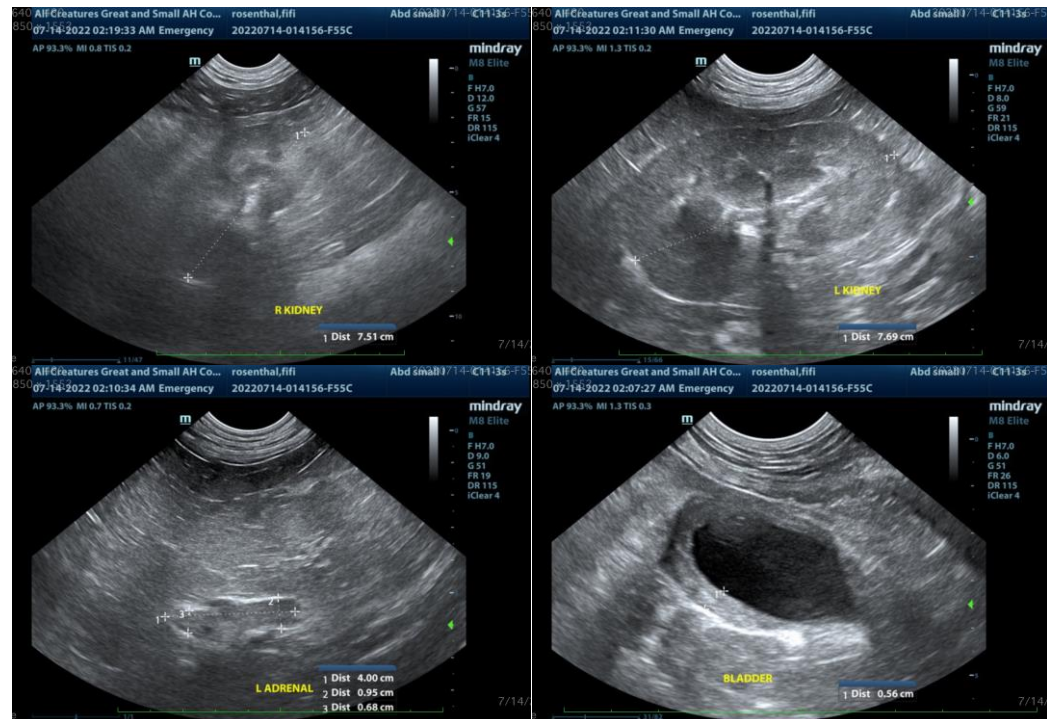
FS

## AGE

9 years

## WEIGHT

70.4 lbs.



## INTERPRETED BY

Beth Johnson, DVM  
DACVIM

## IMAGING PERFORMED BY

Jessica Bailes

## HOSPITAL NAME

All Creatures Great &  
Small VC, Corvallis, OR

## REFERRING VET

Dr. Justin Vaughn

## INVOICE

14297

## DATE

7/14/22

**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.

**Beth Johnson, DVM, DACVIM**  
[Beth.Johnson@sonopath.com](mailto:Beth.Johnson@sonopath.com)