



PATIENT

Benji Dissen

SPECIES

Canine

BREED

Poodle X

SEX

Neutered Male

AGE

10

WEIGHT

21

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Gallick

HOSPITAL NAME

Magnolia Springs VC

REFERRING VET

Dr. Gallick

INVOICE

44089

DATE

1/10/23

PRESENTING CLINICAL SIGNS

Benji presented today for a second opinion on bloody stool and an ultrasound. O said Benji was on metronidazole 250mg 1 tab PO BID for 7 days. The blood in the stool resolved within 24 hours and has not come back yet. O said he is still having BM accidents in the house - which is very unlike him. Owner said Benji is eating and drinking normally and has no concerns at this time. Benji is not currently on any medication at this time.

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 prostate is large and heterogeneous, measuring 1.8 cm in height x 1.9 cm in length. The parenchyma is heterogeneous with irregularity and some small mineralizations. The area of the pre-prostatic and prostatic urethra appears free of any mass lesions or calculi.

The left kidney has a normal shape and size (4.55 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal 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 (4.37 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.52 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 region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. 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. There is a discrete hypoechoic nodule visualized within the parenchyma measuring 0.83 cm x 0.77 cm.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.



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Gastrointestinal

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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. Duodenum wall measures 0.40 cm. Jejunum wall measures 0.32 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

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

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.

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Other

There is a large isoechoic homogeneous mass effect in the mid abdomen measuring approximately 8.5 cm x 11.42 cm. It is visualized at least partially caudal to the right kidney. A source of this mass lesion is not readily visible. Mass is most consistent with a large intraabdominal lipoma. Recommend FNA.

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ULTRASONOGRAPHIC FINDINGS

- Large, heterogeneous, mildly mineralized prostate – Correlate these findings with the age of neutering. If this patient was neutered prior to puberty, there would be a high concern for possible carcinoma. If neutered after puberty, this could be normal, but the mineralization is concerning. Consider a fine needle aspirate.
- Hypoechoic splenic nodule – 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.
- Large, isoechoic, homogeneous mid abdominal mass – The source of this mass effect is not readily identifiable. This could represent an intraabdominal lipoma, or less likely a hepatic or splenic lesion. Recommend a fine needle aspirate.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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No obvious colonic lesion is visualized to explain the blood in the stool. It is not noted if this pet has diarrhea with blood, or solid stool with blood, but it is likely that a colonoscopy would be necessary for further evaluation if this persists. Additionally, if not currently doing so, recommend chronic probiotic therapy. Additionally the colon may be affected by. Having to pass by the enlarged abdominal mass and large prostate (causing straining??).



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The prostate is heterogeneous, mottled, and irregular, and has some hyperechoic foci consistent with small mineralizations. Correlate this with the age of neutering and the digital rectal exam. If the patient was neutered prior to puberty, I would strongly recommend a fine needle aspirate, as there would be concern for underlying neoplastic disease. If this patient was neutered after puberty and previously had prostatic disease, this could be more normal, although a fine needle aspirate would still be recommended due to the mineralization present.

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There is a hypoechoic nodule visualized within the spleen. Options moving forward would include a fine needle aspirate if reachable, splenectomy, or continued monitoring with ultrasound.

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There is a large isoechoic, homogeneous mass effect in the mid abdomen. The source of this lesion is not visualized. Power doppler in some areas could help to better delineate an origin or how vascular this lesion is. A large intrahepatic lipoma seems most likely. Recommend a fine needle aspirate.

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Surgical removal of the intrabdominal lipoma and spleen could be considered but evaluation of the prostate is recommended prior to this.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.

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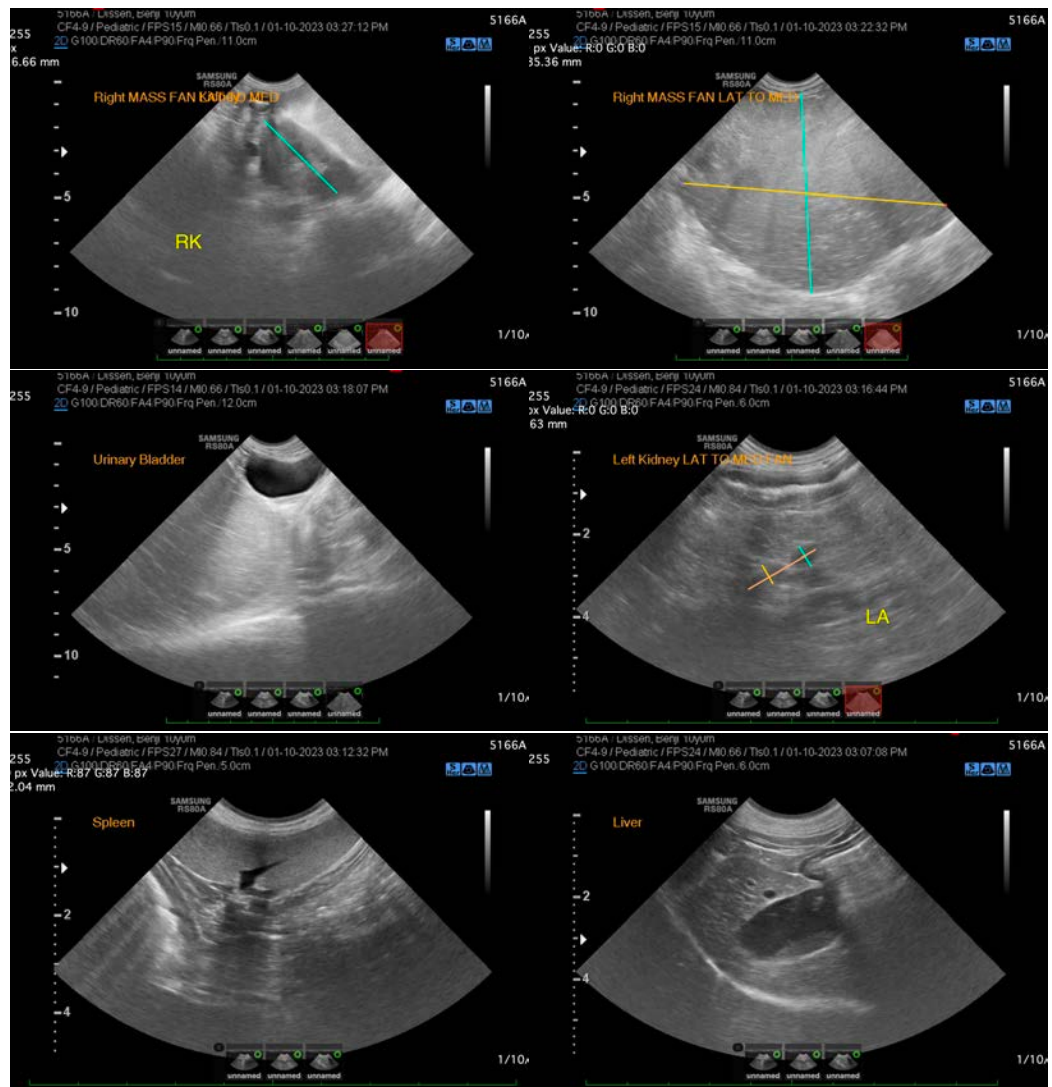
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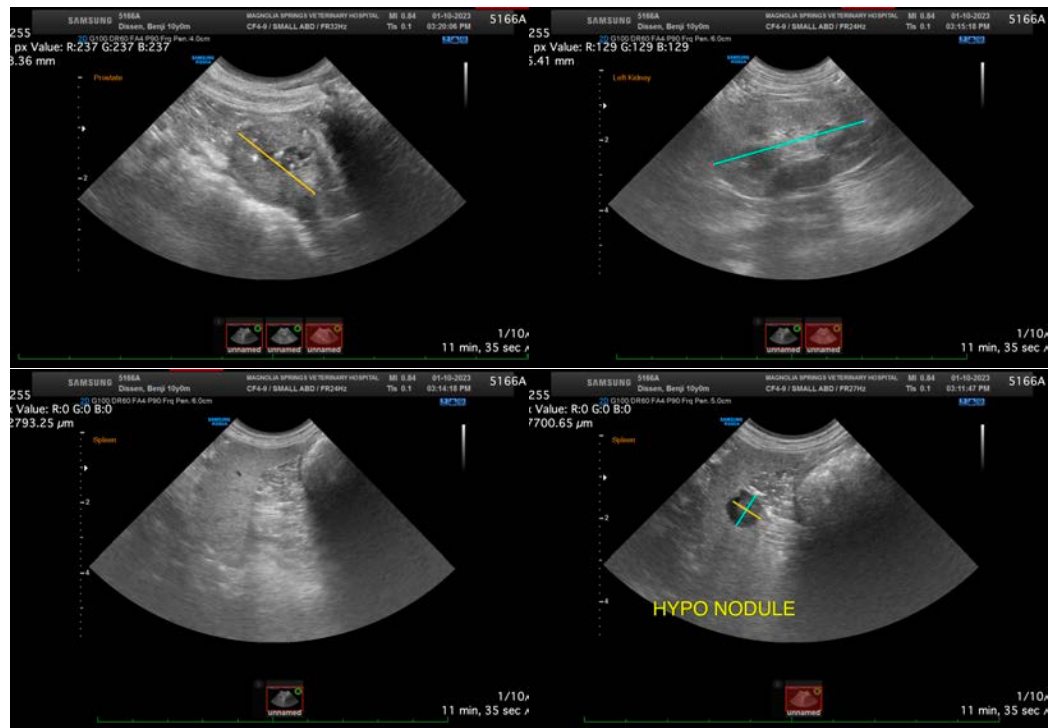
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

kathleen.sennello@sonopath.com