



PATIENT

Koko Tomarelli

PRESENTING CLINICAL SIGNS

Diarrhea and weight loss first noted 8/21. Diarrhea controlled with tylosin but wt loss persists - BCS now 2.5/10. CBC / Chem normal, fecal O&P + antigen testing negative, GI panel to TAMU pending

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Labrador Retriever

The urinary bladder is severely distended with mild primarily suspended echogenic debris present. 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 calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

SEX

Spayed Female

The left kidney has a normal shape and size (6.34 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.

AGE

14 years

The right kidney has a normal shape and size (6.91 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.

WEIGHT

52 lbs

Adrenal Glands

INTERPRETED BY

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

The left adrenal gland is normal in size measuring 0.68 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 0.68 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.

IMAGING PERFORMED BY

Dr. Mengine

Spleen

HOSPITAL NAME

Stoney Creek VH

The spleen is subjectively large in size with somewhat irregular borders. The spleen echotexture is heterogenous and mottled, the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is diffuse mottling with hyperechoic foci present. Some of which likely represents benign myelolipomas, but an underlying neoplastic process cannot be excluded as a possibility.

REFERRING VET

Dr. Mengine

Liver

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The liver is subjectively large 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 moderately distended. The wall of the gallbladder is not thickened and has a smooth mucosal surface. Luminal contents are 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.

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 (0.52 cm) and the jejunum measured as normal (0.29 cm). Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

BREED

Labrador Retriever

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. The colonic wall measured 0.14 cm.

SEX

Spayed Female

AGE

14 years

Pancreas

The pancreas is prominent and mottled compared to the surrounding isoechoic mesentery. There is a somewhat hyperechoic, well-defined, hyperechoic, solid mass effect measuring 2.01 x 2.46 cm. This was visualized cranial to the left kidney. Direct attachment is not visualized, but either pancreatic origin or less likely splenic origin seems most likely.

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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.

IMAGING PERFORMED BY

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Other

There is a large, somewhat cystic appearing caudal abdominal mass lesion adjacent to the urinary bladder measuring approximately 9.7 x 11.14 cm. Possible differentials for this mass effect could involve a uterine stump lesion, less likely a lesion of the colon or distal urinary tract, etc.

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ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

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- Large volume of echogenic debris in the urinary bladder. The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus. Recommend urinalysis and culture.

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- Large, cystic/fluid filled caudal abdominal/intrapelvic mass lesion. Correlate findings with abdominal radiographs, rectal and vaginal palpation. The lesion may be originating from uterine stump, less likely anal gland, colon or urinary tract.

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- Large, irregular, mottled spleen. The diffuse splenic changes are non-specific and could be



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consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.

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- Hyperechoic nodular mass lesion cranial to the left kidney. This lesion could be a pancreatic or splenic origin. I recommend FNA.

BREED

Labrador Retriever

- Large 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.

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SECONDARY FINDINGS:

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

AGE

14 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

52 lbs

Two mass lesions are visualized on today's scan. A large cystic appearing intrapelvic mass effect associated with the area of the urinary bladder is visualized. Correlate the ultrasonographic findings with additional imaging and clinical findings (rectal, vaginal exam, etc.). You can also consider a FNA of the lesion to get a fluid sample (use a small needle) as this can represent infection, etc. It is possible that a contrast CT scan may be necessary to get a more global view to try and identify its origin.

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Additionally, there is a smaller mass effect cranial to the left kidney. The left limb of the pancreas is in this area and seems most likely (but the rest of the pancreas appears relatively normal) or a large lymph node, splenic lesion, etc. is possible. Consider a FNA of this lesion or further evaluation at the time of contrast CT scan for the intrapelvic lesion.

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Dr. Mengine

I recommend three view thoracic radiographs.

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There is a large amount of echogenic debris in the urinary bladder. I recommend urinalysis and culture.

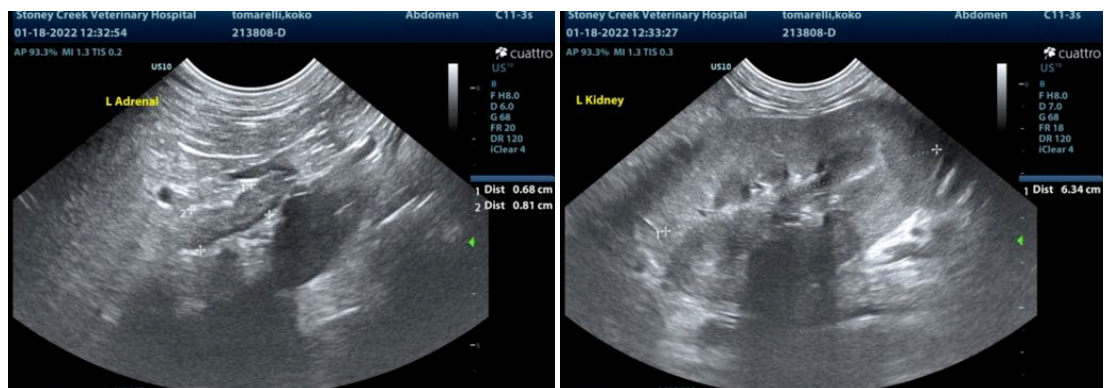
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Dr. Mengine

The spleen is very mottled and irregular. This may represent benign changes such as myelolipomas, but a FNA could be considered s the other lesions are concerning and severe weight loss is reported.

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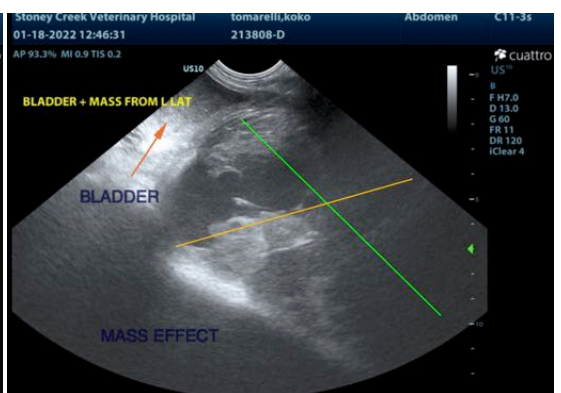
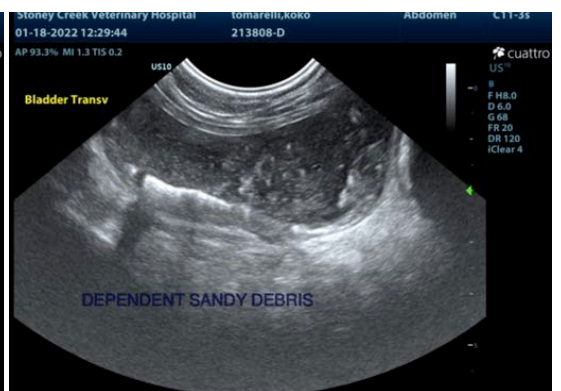
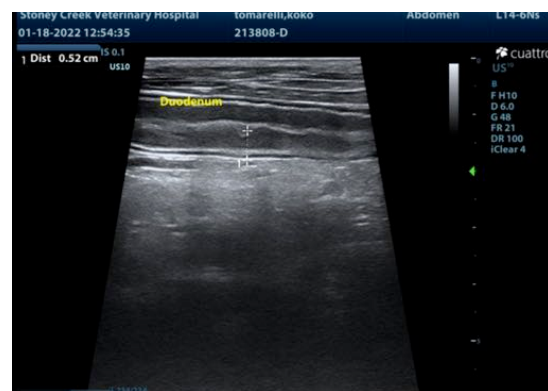
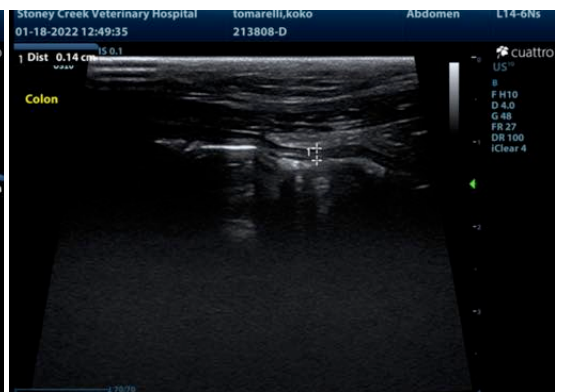
Dr. Mengine

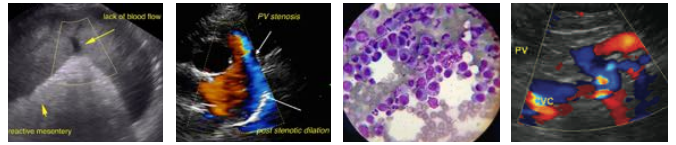
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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