

**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Genevieve Sheets  
**SPECIES** Canine  
Recheck US for signs of metastasis. 17 week (Oct. 4 th ) post splenectomy for splenic hemangiosarcoma. Underwent 6 rounds of Doxorubicin. Physical exam findings: BAR, weight improving post doxo. Abnormal CBC values: Mild persistent monocytosis and thrombocytosis. Abnormal Chemistry Values: NSF Abnormal UA Values: NSF Radiograph Findings(email radiographs if available): No evidence of chest metastasis with send out radiology report. Reason for Ultrasound: Recheck/ monitor for progression of disease post splenectomy for hemangiosarcoma.

**BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED** German Shepherd  
**Urinary System**

**SEX** Spayed Female  
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.

**AGE** 9 years  
The left kidney has a normal shape and size (6.4 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 hydronephrosis. Renal vasculature is normal.

**WEIGHT** 82 Pounds  
The right kidney has a normal shape and size (6.8 cm). Overall echogenicity is normal with adequate 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 hydronephrosis. Renal vasculature is normal.

**INTERPRETED BY**

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

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.43 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.

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques, RVT

The right adrenal gland is normal in size measuring 0.51 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.

**HOSPITAL NAME**

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**Spleen**

**REFERRING VET**

Dr. Sheets

The spleen is not visualized as the patient was had a splenectomy on 10/7/21.

**Liver**

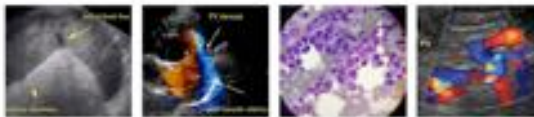
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The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. 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

**DATE**

1/25/22



**PATIENT** smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

Genevieve Sheets

**SPECIES** *Gastrointestinal*

Canine The stomach is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. 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 layering is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

**BREED**

German Shepherd 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 (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

**SEX**

Spayed Female

**AGE**

9 years

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.

**WEIGHT**

82 Pounds

*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. There are occasional, prominent, mesenteric lymph nodes. One measured 0.41 cm and another measured 0.59 cm. The omentum is of normal uniform echogenicity.

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*Heart*

A brief view of the heart was submitted. No pericardial effusion was seen.

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**ULTRASONOGRAPHIC FINDINGS**

**PRIMARY FINDINGS:**

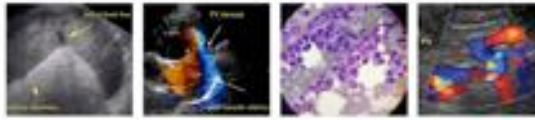
- Heterogenous liver. The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.
- No spleen. Splenectomy was performed on 10/7/21 dx hemangiosarcoma.

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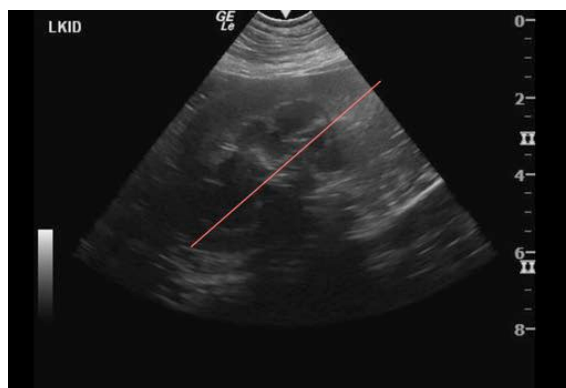
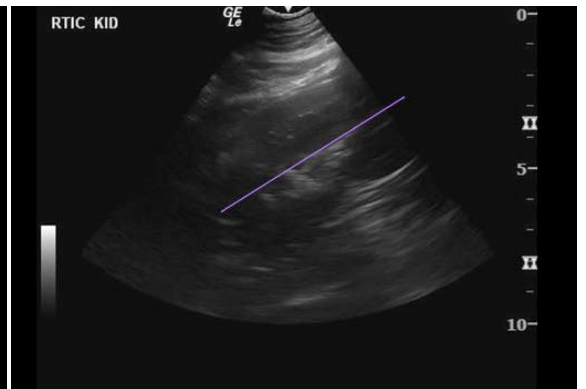
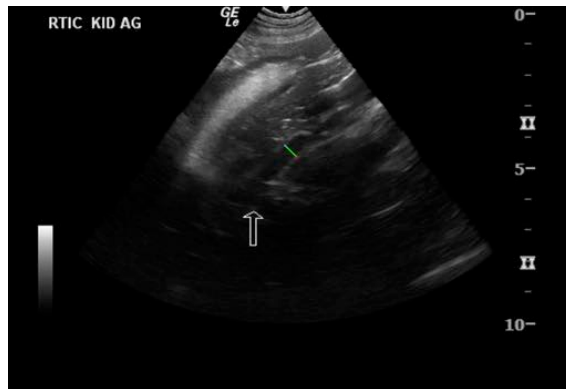
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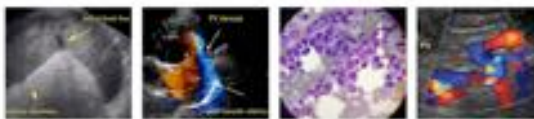
**SECONDARY FINDINGS:**

- Decreased corticomedullary distinction in the kidneys. The bilateral renal findings are consistent with age-related change.
- Visible mesenteric lymph nodes. These are likely normal or reactive.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Today's scan appears relatively stable. The mesenteric lymph nodes are slightly more prominent, but I suspect that this is not a significant finding. I recommend to continue monitoring.





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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.

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