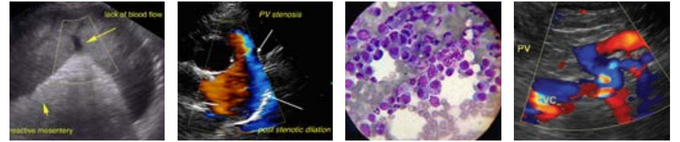
SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com™

1-800-838-4268 info@sonopath.com

PATIENT

Bentley Pacherres

SPECIES

Canine

BREED

Cock-A-Poo

SEX

Neutered Male

AGE

9 Years

WEIGHT

33.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Marco Lichfield

HOSPITAL NAME

Sova Animal Hosptial

REFERRING VET

Dr. John Ammeraal

INVOICE

44505

DATE

1/25/23

PRESENTING CLINICAL SIGNS

Pet was presented Monday for diarrhea, since Saturday had blood in stool was eating and drinking normal. Caudal abd mass palpable on exam.

Abnormal PE/Chem/CBC/UA Results: ALKP 175, and platelets 479

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 visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

The left kidney has a normal shape and size (5.39 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 (4.67 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 0.49 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 0.61 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.

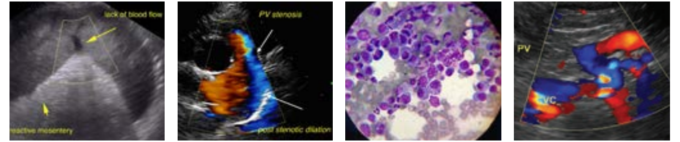
Spleen

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. No focal parenchymal abnormalities are visualized.

Liver

The liver is large in size, and normal in 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 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.



SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT
Bentley Pacherres

SPECIES
Canine

BREED
Cock-A-Poo

SEX
Neutered Male

AGE
9 Years

WEIGHT
33.6

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

IMAGING PERFORMED BY
Marco Lichfield

HOSPITAL NAME
Sova Animal Hosptial

REFERRING VET
Dr. John Ammeraal

INVOICE
44505

DATE
1/25/23

Gastrointestinal

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.

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. Jejunum wall measures 0.30 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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.

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.

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.

Other

There is a large cystic structure/mass lesion visualized in the caudal abdomen, mediocaudal to the spleen. A clear association between this structure and other abdominal organs is not visualized. Possible differentials include an omental cyst/abscess, a splenic lesion, or a lesion arising from the cecum (not visualized).

ULTRASONOGRAPHIC FINDINGS

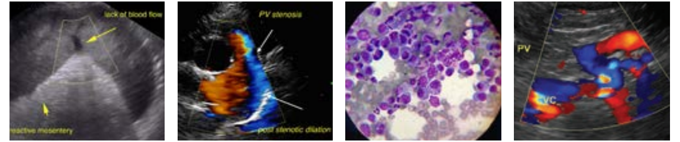
- Large, heterogeneous liver – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.

- Mid caudal abdominal cystic mass effect – Consider the possibilities of a mass originating from the ileocecal junction, the spleen, or a free abdominal mass lesion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large, somewhat cystic structure visualized in the caudomedial abdomen. This lesion contacts the spleen, but I do not see a vascular connection. The ileocecal junction is not visualized, and the location and appearance could be consistent with a mass originating from the ileocecal junction. This could correlate with the diarrhea reported. Alternately, this could be freestanding mass effect originating from the omentum, etc.

You could consider a fine needle aspirate of this lesion, but is primarily fluid filled, so caution would be necessary using a very fine gauge needle, etc. Alternately, consider referral to a veterinary surgeon for explore and removal +/- a preoperative CT scan for surgical planning.



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Bentley Pacherres

SPECIES

Canine

BREED

Cock-A-Poo

SEX

Neutered Male

AGE

9 Years

WEIGHT

33.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Marco Lichfield

HOSPITAL NAME

Sova Animal Hosptial

REFERRING VET

Dr. John Ammeraal

INVOICE

44505

DATE

1/25/23

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

If the lesion does not appear associated with the gastrointestinal tract, you could consider having GI biopsies performed at the time of surgery.

The liver is somewhat large and heterogeneous. This is a non-specific finding. You could consider a liver function test and a fine needle aspirate, or a liver biopsy at the time of surgery. No focal lesions are visualized associated with the liver or the biliary tract.

LIVER/GB

LIVER

MASS EFFECT CD ABD

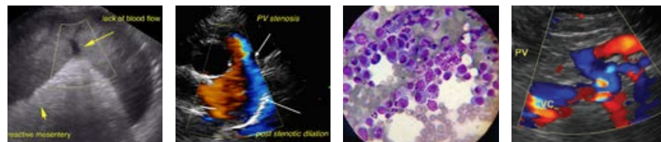
UB

RADR

L KID

L ADR

R KID



SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT

Bentley Pacherres

SPECIES

Canine

BREED

Cock-A-Poo

SEX

Neutered Male

AGE

9 Years

WEIGHT

33.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Marco Lichfield

HOSPITAL NAME

Sova Animal Hosptial

REFERRING VET

Dr. John Ammeraal

INVOICE

44505

DATE

1/25/23

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