

PATIENT

"Kobe" Stauhs

SPECIES

Canine

BREED

Labrador Retriever

SEX

Neutered Male

AGE

12-Year-Old

WEIGHT

104.7 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kelly Vazquez

HOSPITAL NAME

Riverdale Integrative
Veterinary Care

REFERRING VET

Dr. Rathore

INVOICE

10041

DATE

2/1/2023

PRESENTING CLINICAL SIGNS

Patient with history of gastrointestinal stromal tumor at the cecum (completely excised) on 7/9/2020, AUS on 1/4/2021 and 6/3/2022 (no evidence of recurrent/metastatic disease), and grade II MCT on lateral right thigh (completely removed on 12/17/2021), presents for abdominal ultrasound to screen for neoplasia. No noted meds.

Abnormal PE/Chem/CBC/UA Results: Bloods pending.

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 normal in size (1.3cm) and shape for this neutered male dog. The parenchyma is homogenous, and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (7.11cm). 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 (6.15cm). 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 0.85cm 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.

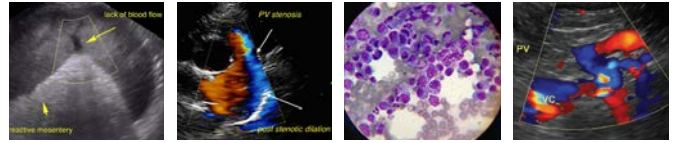
The right adrenal gland is normal in size measuring 0.92cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size, echotexture is mildly heterogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There are at least two slightly hypoechoic to isoechoic nodules visualized within the splenic parenchyma. One measures 3.13 by 2.39cm. The other is 2.03cm in diameter.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is mildly 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



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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

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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Labrador Retriever

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 jejunum measured as normal (0.37cm). Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

SEX

Neutered Male

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. There is a hypoechoic cystic irregular mass effect visualized in the omentum caudal medial to the spleen, measuring approximately 4.4 by 3.72cm. This is most consistent with an abnormal lymph node or an omental mass. The omentum is of normal uniform echogenicity.

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ULTRASONOGRAPHIC FINDINGS

- Hypoechoic cystic irregular mass effect visualized caudal medial to the spleen. This is most consistent with an omental mass, irregular lymph node, etc. Recommend a fine needle aspirate.
- Two hypoechoic splenic nodules - There are several, non-cavitated, hypoechoic splenic nodules visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Mildly 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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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

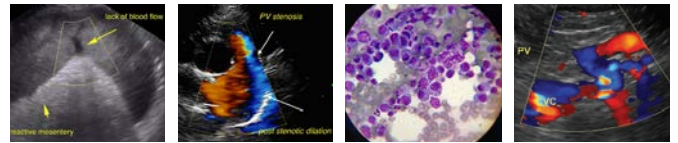
There's an ill-defined hypoechoic mass visualized caudal medial to the spleen. I'm concerned that this could represent an abnormal lymph node or an omental mass. Recommend a fine needle aspirate of this structure. Additionally, there are some hypoechoic nodules visualized in the spleen. These could be benign or neoplastic in nature, although they do mildly deform in the splenic capsule. Recommend a fine needle aspirate of a splenic nodule. The changes in the liver are likely incidental if no significant liver enzyme elevations are present. Recommend continued monitoring.

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

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If the cytologic diagnosis cannot be obtained based on a fine needle aspirate then consider other surgical biopsies, a contrast CT scan of the abdomen looking for evidence of metastasis and evaluating this lesion more thoroughly, or rechecking with ultrasound in approximately 8 weeks.

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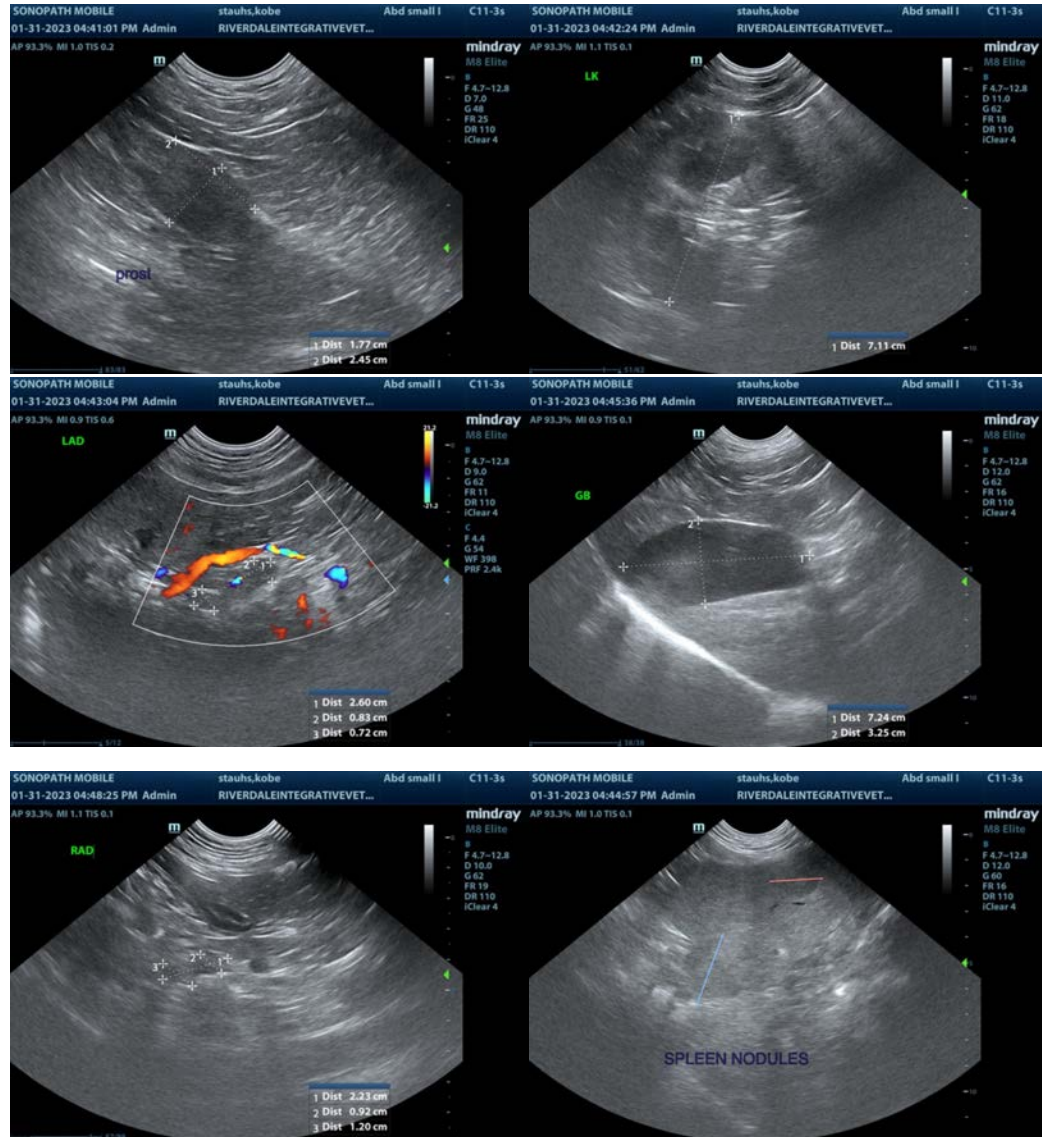
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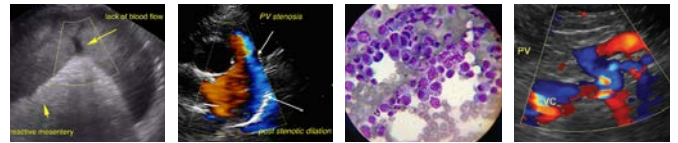
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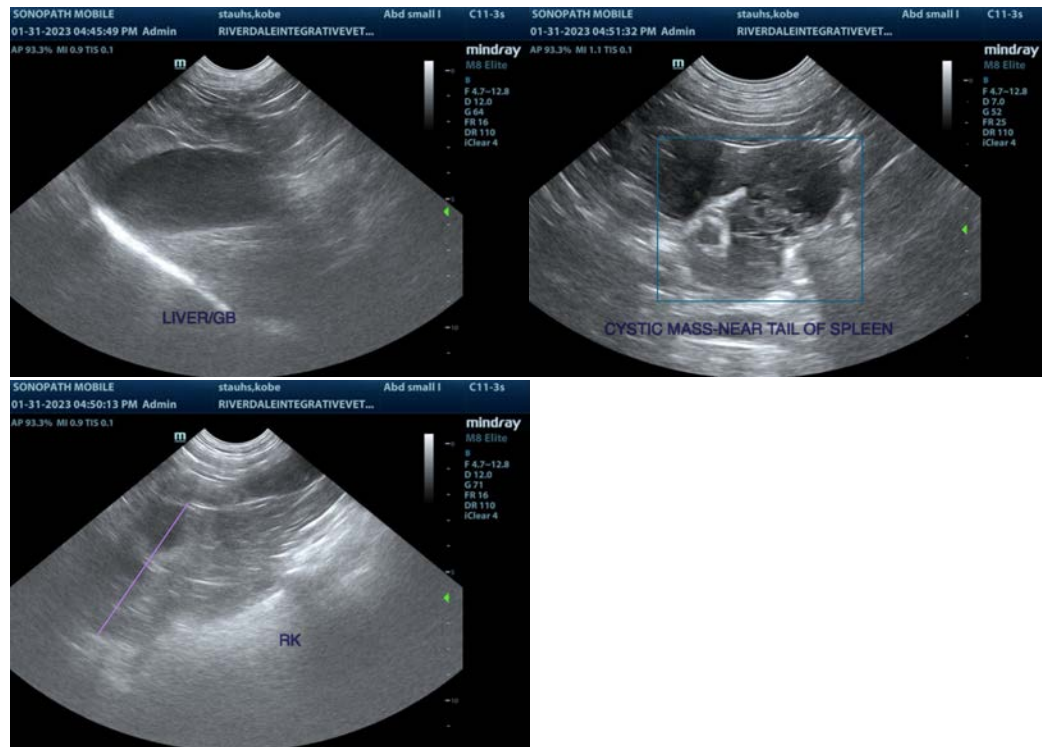
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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