



PATIENT

Saphira Rodriguez

SPECIES

Canine

BREED

Mix

SEX

Spayed female

AGE

16 years

WEIGHT

29.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ferrer

HOSPITAL NAME

Paseos VC

REFERRING VET

Dr. Ortiz

INVOICE

42441

DATE

1/31/23

PRESENTING CLINICAL SIGNS

History: Presented for evaluation of abdominal distension and pt has been breathing abnormally. The abdominal distension started last night to this morning.

Abnormal PE/Chem/CBC/UA Results: CBC: RBC 5.05, HCT 34.57, MCH 25.7, PLT 507, WBC 22.91, NEU 20.39 CHEM: ALT 153, BUN 41, NA 137, TP 5.2

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 left kidney has a normal shape and size (5.25 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. A small cortical cyst was noted and pyelectasia that measured 0.4 cm. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (5.95 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 hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.41 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 large, irregular and mottled. There was a large, somewhat ill-defined, hypoechoic expansile mass effect that was arising from the caudal portion of the spleen. This hypoechoic lesion measures approximately 3.51 x 4.48 cm in the solid portion of the lesion, but there is suspicion of rupture and surrounding tissue, clot, inflamed mesentery, etc.

Liver

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 gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth



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mucosal surface. There is a moderate amount of non-organized echogenic debris. 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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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 (0.46) and the jejunum measured as normal (0.4 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

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The pancreas is prominent and hypoechoic as compared to the surrounding isoechoic 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

There is a large amount of free abdominal fluid. No significant lymphadenopathy was noted. The omentum is diffusely irregular and hyperechoic with areas of hypoechoic tissue, particularly in the region. This is concerning for possible clot or omental metastasis/nodules. One more distinct hypoechoic nodule was visualized and measured 1.0 cm in the omentum.

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Heart

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

ULTRASONOGRAPHIC FINDINGS

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Primary Findings

- Large, hypoechoic, irregular splenic mass with surrounding fluid inflammation and abnormal tissue. The findings are concerning for a ruptured splenic mass. Concern is very high for malignant neoplasia. However, other differentials are possible. Hemangiosarcoma would be the primary differential.
- Prominent, hypoechoic pancreas. The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.

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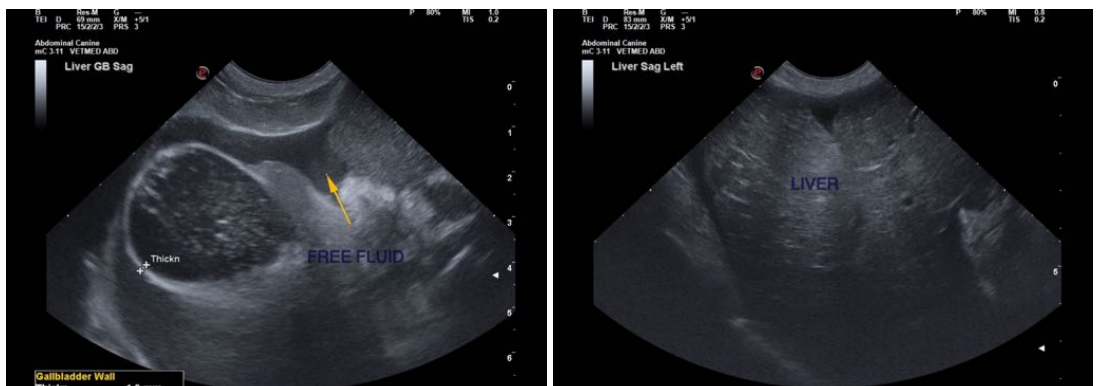
- The hypoechoic tissue in the inflamed mesentery is difficult to distinguish from pancreatic tissue. I suspect much of this is clot or abnormal tissue.
- Large, heterogenous liver. The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.
- Large amount of free abdominal fluid. This is concerning for a possible hemoabdomen. I recommend sampling and a PCV.
- Severely inflamed/nodular areas of omentum. This may be consistent with hemoabdomen or metastatic lesions in the omentum.

Secondary Findings

- Moderate gallbladder debris. The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are strongly suggestive of a ruptured splenic mass with inflammation, hematoma and abnormal tissue. There is concern for possible omental metastasis, but this could also just represent diffuse hematoma and inflammation. I recommend splenectomy for diagnostic and therapeutic purposes provided three view chest radiographs are clear of metastasis. Prior to surgery confirm with fluid sampling that the fluid observed is blood.





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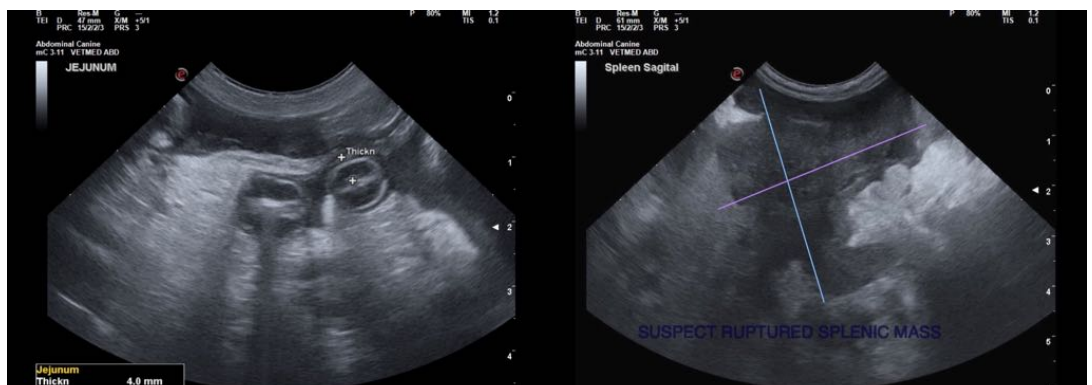
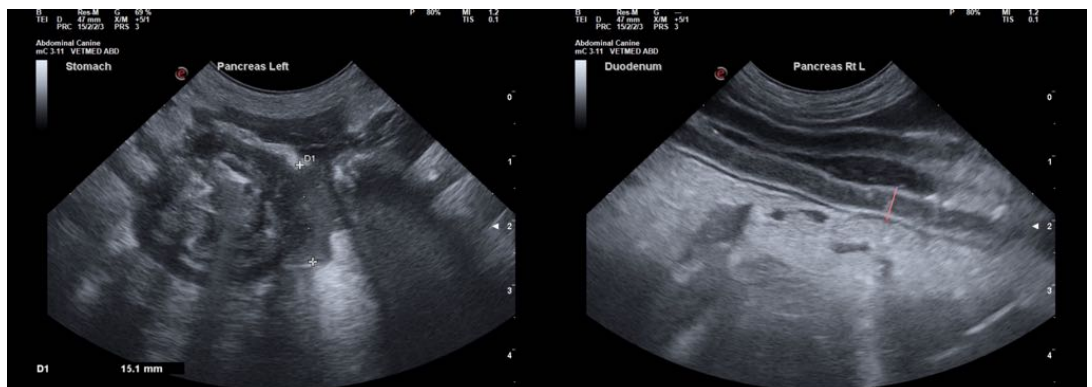
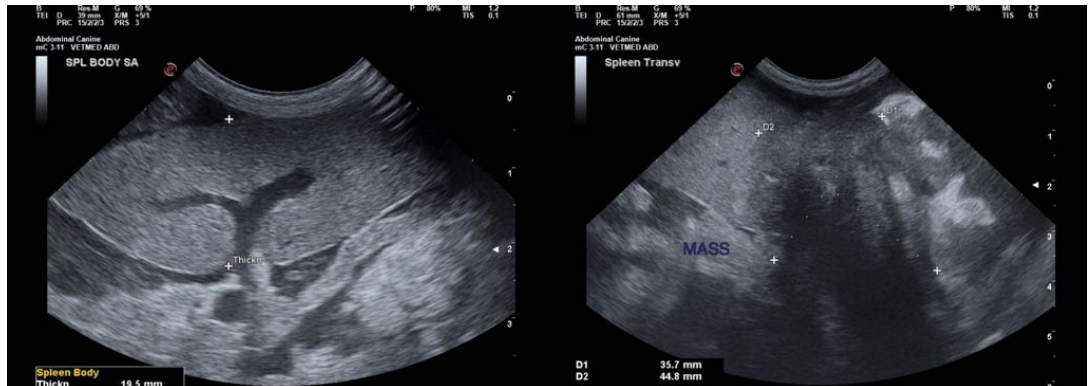
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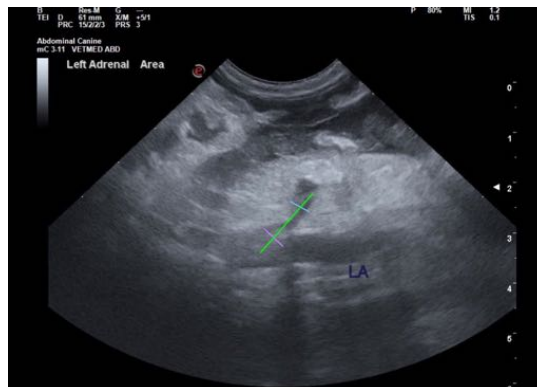
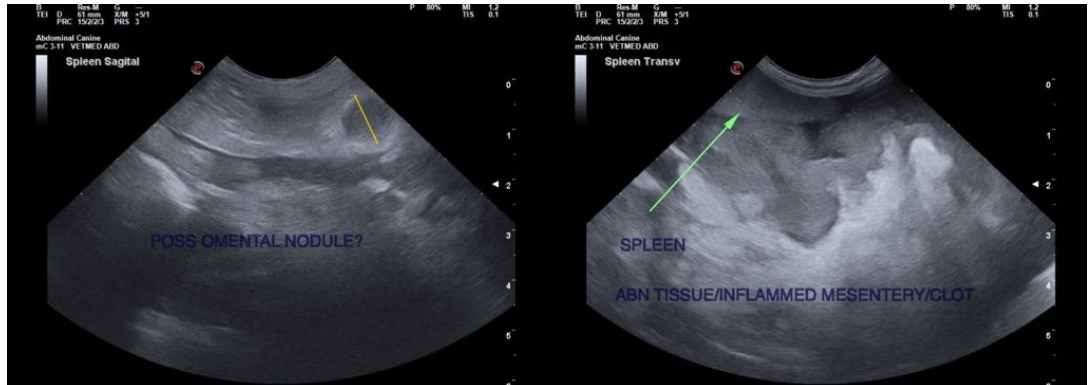
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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