

PATIENT

Atlas McLaughlin

SPECIES

Canine

BREED

Lab

SEX

Neutered Male

AGE

10 Years

WEIGHT

46 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Main Street AH

REFERRING VET

Dr. Brochu

INVOICE

34002

DATE

1/5/22

PRESENTING CLINICAL SIGNS

Seen January 4, 2021 as belly increased in size about two days ago. -Sneezing in AM with clear mucus - Only able to walk ~100 yards day before -Only had chicken noodle soup in last 48hr + dog treats +/- neighbor's compost. PE: QAR; temperature WNL; 150 bpm; pale-pink, moist M.M.; CRT 3 seconds; Hydration ok; abdomen M3 distension, soft. R/o abdominal mass/rupture vs. bloat vs. GI disturbance. Abnormal PE/Chem/CBC/UA Results: rads: 3 view abdominal radiographs done in clinic: -Loss of serosal detail throughout -Stomach empty, small amount of gas in small intestine, minimal fecal material in distal colon/rectum. -Kidneys and liver overall normal size. -Spleen not distinctly visible -Subjective area of radiolucency mid-abdomen occupying 1/3 abdomen (likely in area of spleen) please see attached rads and BW

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 right kidney has a normal shape and size (7.59 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.

The left kidney has a normal shape and size (7.35 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 0.31 cm. 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.

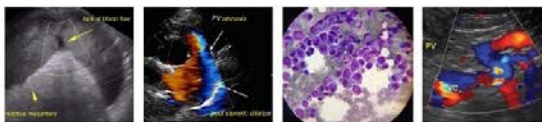
The right adrenal gland is normal in size measuring 0.85 cm. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size. The spleen echotexture is heterogenous and mottled. The blood flow through the hilus and splenic parenchyma appears normal. There is a small cavitated nodule measuring 2.1 cm near the head of the spleen. Additionally, there are images with a cavitated hypoechoic mass measuring 9.66 cm x 6.27 cm. I suspect this is coming off the tail of the spleen, but it is difficult to clearly visualize.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.



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The gall bladder lumen is moderately distended. The wall of the gall bladder 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

The stomach appears contains minimal luminal contents. It measures at a normal thickness of XX cm 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. 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

The area of 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

There is a very large volume of echogenic free fluid in the abdomen. No obvious lymphadenomegaly. The omentum is of increased echogenicity.

INTERPRETED BY

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

Other

There is a large cavitated mass effect in the abdomen measuring 9.66 cm x 6.27 cm (see under spleen). I suspect this is coming from the tail of the spleen, but direct visualization is difficult. A free omental mass or liver mass cannot be excluded as possibilities.

IMAGING PERFORMED BY

Kelly Reschny

ULTRASONOGRAPHIC FINDINGS

- Large volume free abdominal fluid – suspect hemoabdomen. Recommend sampling.
- Cavitated splenic mass – A heterogenous nodule with cavitations is present within the splenic parenchyma. The nodule distorts the splenic capsule. Differentials for the mass include neoplasia (e.g., hemangiosarcoma, hemangioma), hematoma, abscess, other. A neoplastic process is favored.
- Cavitated abdominal mass – Suspect splenic origin.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

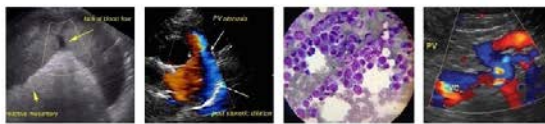
There is a large volume of echogenic free fluid, most consistent with a hemoabdomen. There is a cavitated nodule on the spleen, and a mid/cranial abdominal cavitated lesion, which I suspect is coming from the tail of the spleen, although this cannot be 100% confirmed. Recommend 3-view thoracic radiographs and surgical explore for splenectomy for both therapeutic and diagnostic purposes. Recommend referral to a veterinary surgeon, as I cannot exclude the possibility of needing a liver lobectomy, and blood products may be necessary to have available. Concern for a metastatic neoplastic process is high.

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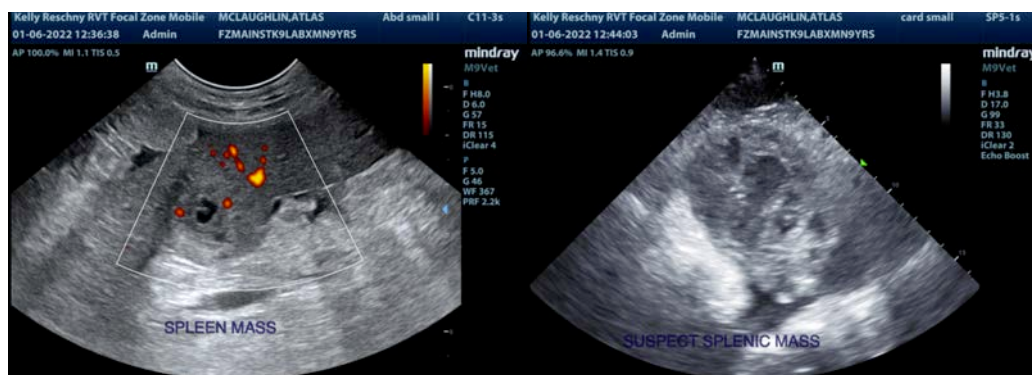
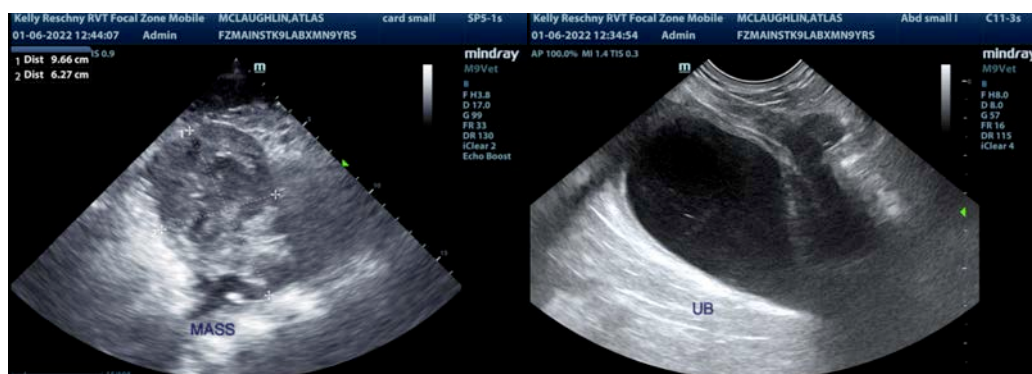
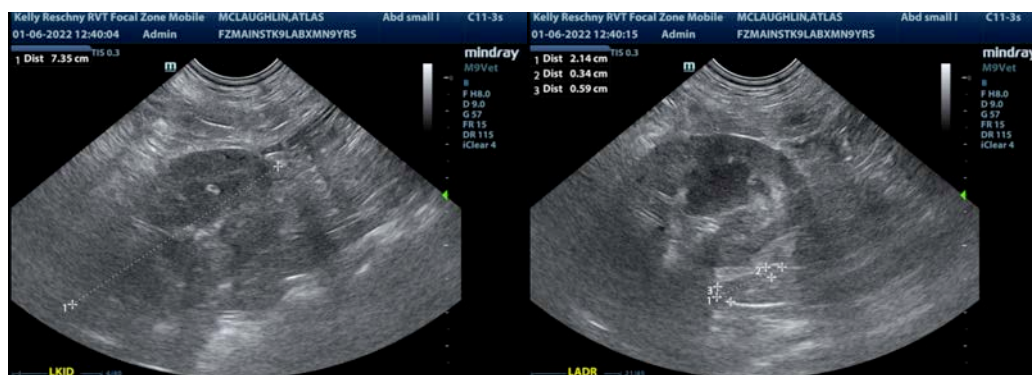
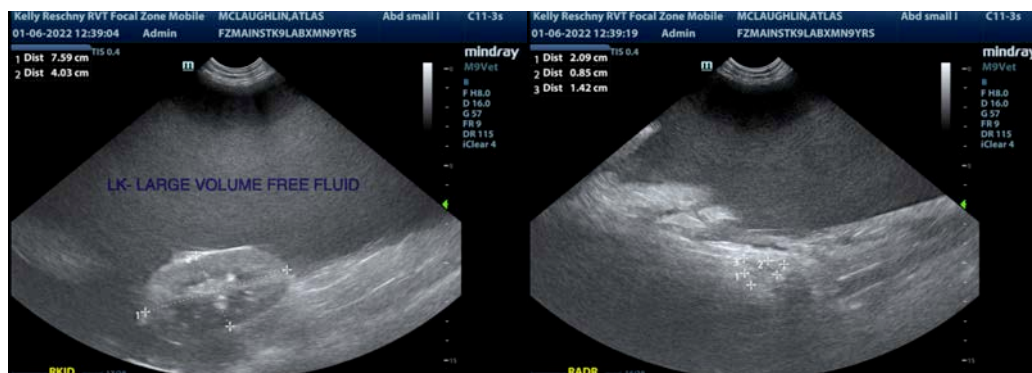
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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)
info@sonopath.com

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