

PATIENT PRESENTING CLINICAL SIGNS

PATIENT Max Sewell

SPECIES Canine

BREED Rottweiler

SEX Neutered Male

AGE 4 Years

WEIGHT 95.5 Pounds

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

IMAGING PERFORMED BY Jenna Walsh, CVT

HOSPITAL NAME West Eugene AH

REFERRING VET Dr. Powers

INVOICE 26008

DATE 10/1/21

Pitting edema of the left hind leg from the proximal stifle to the digits that started 2 days ago. The only skin defect on LH limb is on medial distal hock: a 2 cm superficial crusting ulceration that appeared after swelling was noted, and it is now oozing pinkish fluid. Grey mucous membranes noted on exam yesterday. History of pain/discomfort for the past few months, unable to identify source on spinal, pelvic, or shoulder RG in August 2021. History of hemangiosarcoma in the right proximal tibia, which was amputated 8/23/19. Current Medications Carprofen, amantadine, gabapentin, Augmentin
Abnormal PE/Chem/CBC/UA Results: Moderate regenerative anemia, moderate-marked neutrophilia, mild lymphopenia, mild monocytosis, mild hypoalbuminemia, mild hyperglobulinemia, and mildly elevated ALP.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended with primarily anechoic urine. The Bladder wall is diffusely mildly thickened, measuring 0.36 cm. The trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, or masses. There are at least two hyperechoic shadowing densities consistent with small stones visualized in the dependent portion of the urinary bladder. One measures 0.68 cm. One measures 0.3 cm.

The prostate is somewhat large in size (2.76 cm in sagittal view). It is normal in shape and has smooth external margins. The parenchyma is homogeneous, and no discreet focal lesions are present. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (7.86 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 right kidney has a normal shape and size (8.89 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 0.56 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 large in size measuring 0.76 cm at the cranial pole, 1.36 cm at the caudal pole, and 3.55 cm in length. 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) but slightly irregular in shape, in that the caudal pole is rounded and enlarged, creating the effect of a caudal adrenal nodule.

Spleen

The spleen is subjectively normal in size. The spleen echotexture is heterogenous and mottled, the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is a large, hypoechoic, mixed echogenic mass effect coming from the caudal portion of the spleen, measuring 7.4 cm x 8.6 cm.



PATIENT *Liver*

Max Sewell 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.

SPECIES

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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 primarily anechoic. The cystic and common bile ducts are normal/not visible.

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Gastrointestinal

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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.

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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 (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.)

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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.

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

Scant anechoic free fluid is present. No lymphadenopathy. 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.

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Other

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

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PRIMARY FINDINGS

INVOICE

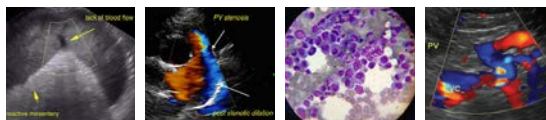
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- Large mixed echogenic splenic mass – A large heterogeneous mass is present within the splenic parenchyma. The mass distorts the splenic capsule. Differentials include neoplasia (hemangiosarcoma, hemangioma, hematoma, abscess, other). A neoplastic is favored and there is concern for this being either a metastatic or primary lesion due to the previously diagnosed hemangiosarcoma.

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- Prominent caudal pole of the right adrenal gland – Left/right adrenomegaly could be consistent with neoplasia (e.g., adenoma, carcinoma, pheochromocytoma), hyperplasia, inflammation,



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other. Additionally, this could represent a metastatic lesion, but there is no change in echogenicity.

- Cystic calculi – There are at least two small stones visualized in the urinary bladder. Recommend radiographs to correlate size and number of stones. Recommend urinalysis and culture.

SECONDARY FINDINGS

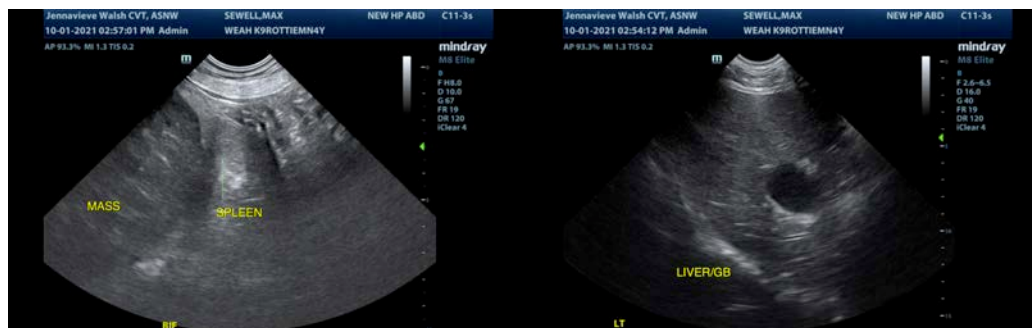
- Subjectively large prostate – correlate with neuter history. If neutered after puberty, this is likely normal. The prostate appears normal in every other way, and this is a very large dog, so this could be within normal limits.
- Scant anechoic free abdominal fluid – This could be inflammatory fluid due to the mass effect or a small amount of hemorrhage.

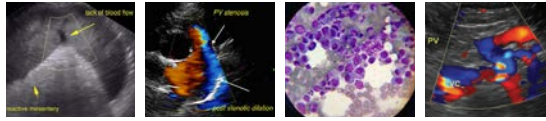
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large splenic mass present. With the history of a hemangiosarcoma, there is certainly concern that this a hemangiosarcoma either as a primary tumor or representative of metastasis. Options moving forward include fine needle aspirate or splenectomy with histopathology. Recommend 3-view thoracic radiographs.

Additionally, the right adrenal gland appears irregular. This could be an incidental finding, could represent a different neoplastic process, or could be a metastatic lesion. If signs of Cushing's are present, you could consider adrenal function testing. The most practical recommendation at this time is to continue monitoring this lesion and consider a blood pressure evaluation.

There are at least two urinary bladder calculi visualized. Recommend urinalysis and culture. I believe these are too large to pass, but this is a very large dog, so it may be possible. There is risk for obstruction. Additionally, the prostate appears large for a neutered dog, but this is a very large dog, and if he was neutered after puberty, this would represent a normal prostate.





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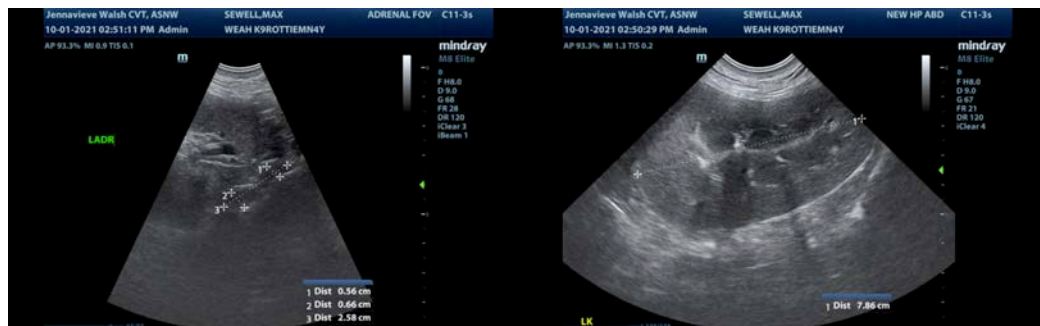
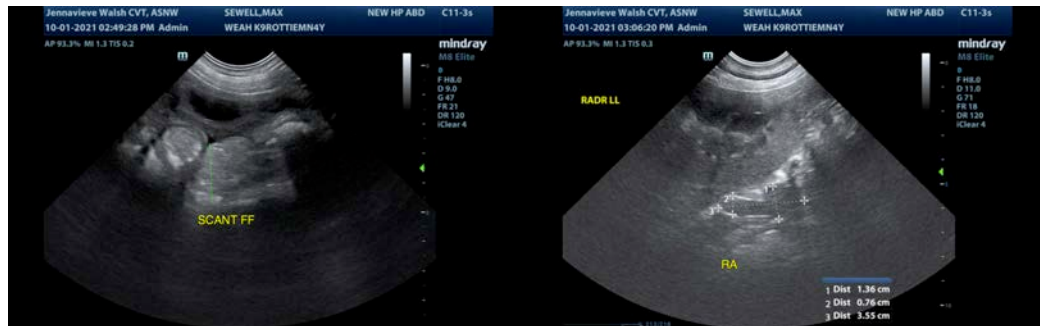
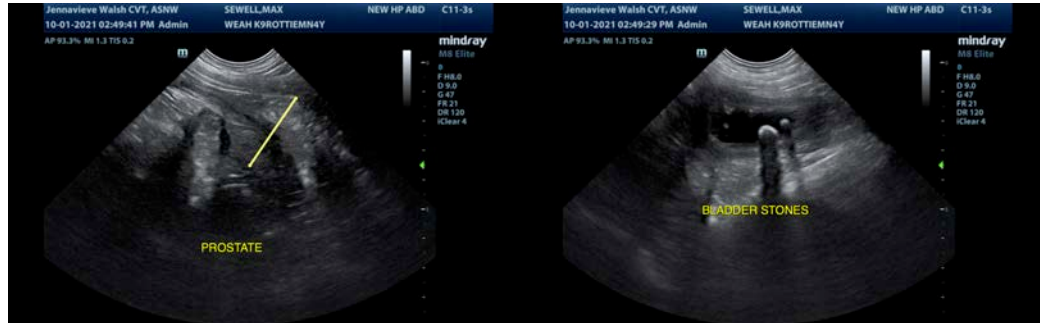
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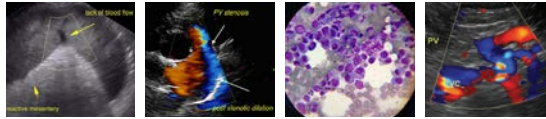
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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kathleen.sennello@sonopath.com

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