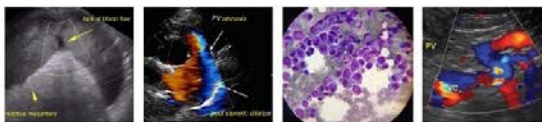


PATIENT	PRESENTING CLINICAL SIGNS
Shamus Chamberlain	ADR, not eating or drinking. Will take an ice cube. Concern for mass effect associated with spleen and loss of serosal detail on abd rads. Has been given Metacam (about 4 to 5 days ago), Cartrophen injection monthly.
SPECIES	
Canine	Abnormal PE/Chem/CBC/UA Results: SDMA 18, ALT 648, ALP 3361, T4 low. PCV 46% serum icteric. Waiting on Bilirubin.
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Border Collie	Urinary System
SEX	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.
Neutered Male	The prostate is normal in size (0.92 cm) 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.
AGE	The left kidney has a normal shape and size (5.44 cm). Overall echogenicity is slightly hyperechoic with poor 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.
8 Years	The right kidney has a normal shape and size (5.82 cm). Overall echogenicity is slightly hyperechoic with poor 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.
WEIGHT	
22.4 kg	
INTERPRETED BY	Adrenal Glands
Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)	The left adrenal gland is normal in size measuring 0.74 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.
IMAGING PERFORMED BY	The right adrenal gland is normal in size measuring 0.81 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.
Crystal Hill	
HOSPITAL NAME	Spleen
Hartzel AH	The spleen is subjectively normal in size. The spleen echotexture is heterogenous and significantly mottled, 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.
REFERRING VET	Liver
Dr. Morris	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.
INVOICE	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.
42014	
DATE	
10/12/22	



PATIENT

Gastrointestinal

Shamus Chamberlain

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.

SPECIES

Canine

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.)

BREED

Border Collie

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.

Pancreas

AGE

8 Years

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

WEIGHT

22.4 kg

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a significant mesenteric lymphadenopathy. The iliac lymph nodes are large and hypoechoic, measuring 1.07 cm x 2.32 cm and 0.85 cm x 2.24 cm. Additionally, there is an enlarged and hypoechoic splenic lymph node measuring 0.98 cm in diameter, and a left-sided mesenteric lymph node measuring 1.25 cm x 2.0 cm. The omentum is hyperechoic around the enlarged lymph nodes.

INTERPRETED BY

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

ULTRASONOGRAPHIC FINDINGS

- Markedly mottled spleen – The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Iliac, splenic, and mesenteric lymphadenopathy – The moderate mesenteric lymphadenopathy is most concerning for a neoplastic process, although you can see significant lymphadenopathy in some cases of autoimmune/inflammatory disease, infectious disease (tick born disease-such as bartonella, fungal infections, FIP (cats)) etc. A fine needle aspirate with cytology is recommended for further evaluation.

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Hartzel AH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The spleen is markedly mottled. Recommend a fine needle aspirate. Additionally, there are enlarged lymph nodes. These trend towards being towards the caudal aspect of the abdomen. The iliac lymph nodes may be challenging to aspirate, but there are likely some mesenteric lymph nodes that could be sampled. Primary concern would be for round cell neoplasia, histocytic disease, etc. Recommend a good digital rectal exam to evaluate the anal glands.

REFERRING VET

Dr. Morris

INVOICE

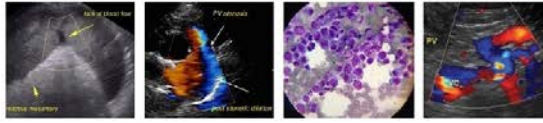
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Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.

DATE

10/12/22

No focal lesions are visualized associated with the liver or gallbladder, and they both appear relatively normal. Unfortunately, this does not exclude the possibility of underlying liver disease. If the bilirubin is significantly elevated, there is no benefit to a liver function test, but a fine needle aspirate of the liver



PATIENT

Shamus Chamberlain

(provided coagulation parameters are normal) could be helpful. If a cytologic diagnosis cannot be obtained, then consider surgical biopsies.

SPECIES

Canine

BREED

Border Collie

SEX

Neutered Male

AGE

8 Years

WEIGHT

22.4 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Crystal Hill

HOSPITAL NAME

Hartzel AH

REFERRING VET

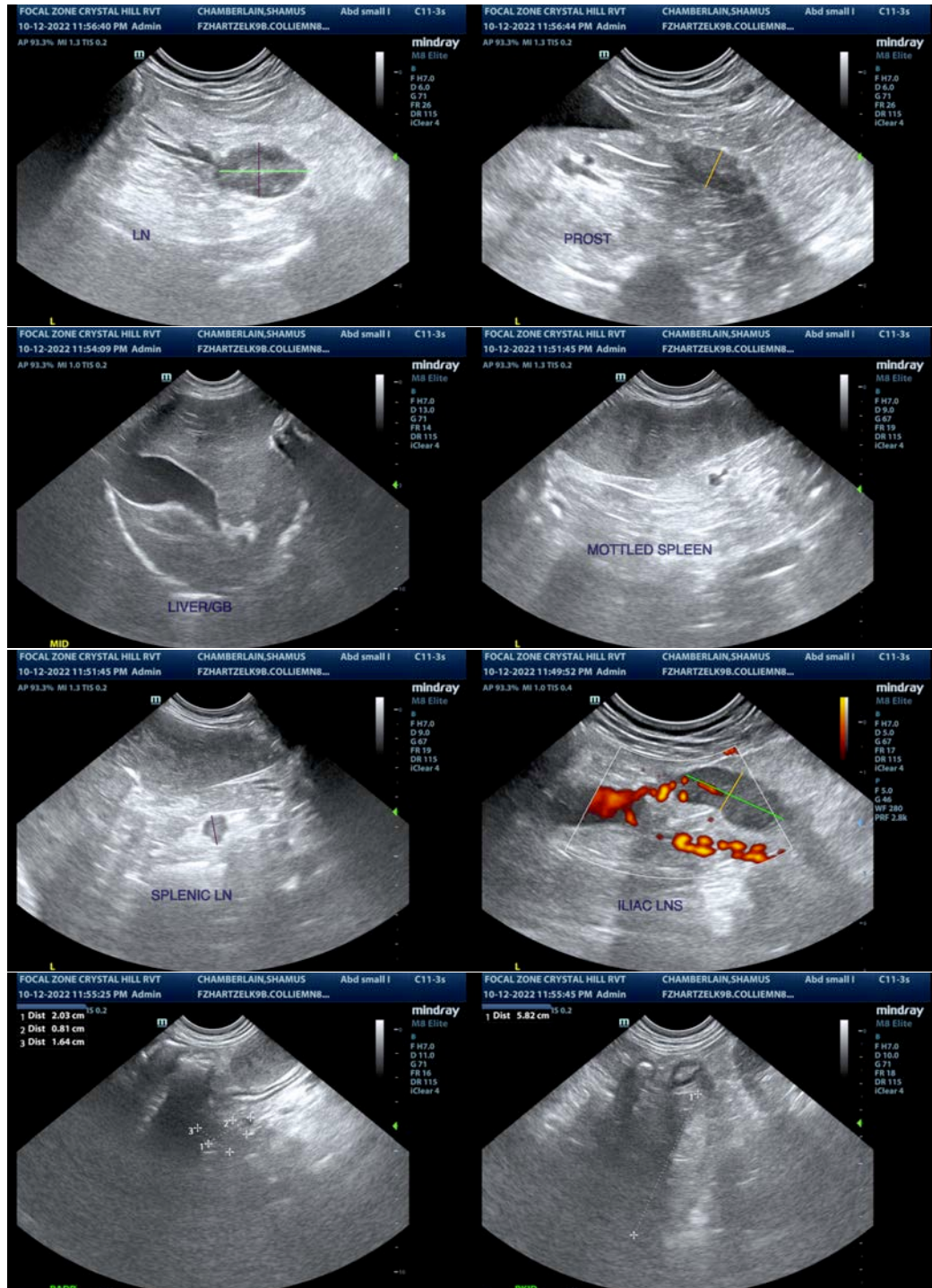
Dr. Morris

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42014

DATE

10/12/22





PATIENT

Shamus Chamberlain

SPECIES

Canine

BREED

Border Collie

SEX

Neutered Male

AGE

8 Years

WEIGHT

22.4 kg

INTERPRETED BY

Kathleen Sennello DVM,
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Medicine)

**IMAGING
PERFORMED BY**

Crystal Hill

HOSPITAL NAME

Hartzel AH

REFERRING VET

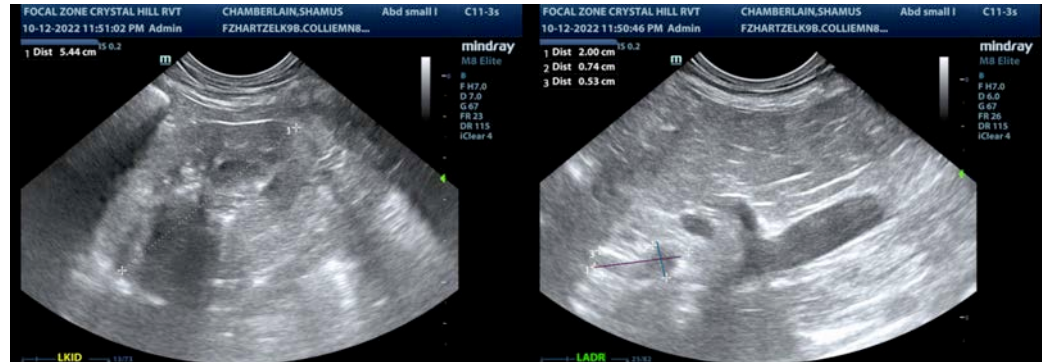
Dr. Morris

INVOICE

42014

DATE

10/12/22



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