

**PATIENT**

Genevieve Sheets

**SPECIES**

Canine

**BREED**

GSP

**SEX**

Spayed Female

**AGE**

9 Years

**WEIGHT**

82.4 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques, RVT

**HOSPITAL NAME**

Alpine Animal Hospital

**REFERRING VET**

Dr. Shane Sheets

**INVOICE**

26559

**DATE**

10/20/21

**PRESENTING CLINICAL SIGNS**

Age: 9Y Weight in #: 82.4 (mild weight loss) Breed: German Shepherd History: Ruptured splenic mass treated with splenectomy 14 days prior to US. No signs of gross metastasis at time of surgery and 3 view chest rads met check clear at time of surgery. Histopathology returned as splenic hemangiosarcoma. Recovered well from surgery. Consult with oncologist and decided to start Doxorubicin and Y-immunity and YBY. Received 1 st dose Doxorubicin 10/14/21 (5 days). Physical exam findings: Otherwise BAR healthy. Mild lethargy, inappetence and diarrhea suspected secondary to Doxorubicin. Abnormal CBC values: Pre-op op and chemo BW WNL. Abnormal Chemistry Values: Pre-op op and chemo BW WNL. Abnormal UA Values: Pre-op op and chemo BW WNL. Radiograph Findings(email radiographs if available): To be sent with work up. Reason for Ultrasound: 2 week post op met check/ screening to monitor progression throughout treatment.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is minimally 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. Minimal urine distention interferes with complete evaluation of the urinary bladder.

The left kidney has a normal shape and size (7.1 cm). Overall echogenicity is slightly hyperechoic with poor 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 (7.3 cm). Overall echogenicity is slightly hyperechoic with poor 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 0.50 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 normal in size measuring 0.55 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.

**Spleen**

Splenectomy performed approximately 10/7/21.

**Liver**

The liver is subjectively normal in size, and hypoechoic 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.



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**Genevieve Sheets** 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 mildly/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 moderate 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. Jejunum wall measured 0.3 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.

**Pancreas**

**WEIGHT**

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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**

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Evaluation of the peritoneal cavity did not reveal any evidence of effusion. Mesenteric lymph nodes appear normal/mildly prominent. Mesenteric lymph nodes measured 0.53 cm. Sublumbar lymph nodes are 0.59, 0.84 cm. 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.

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques, RVT

**PRIMARY FINDINGS**

- Hypoechoic, heterogeneous 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. This could be consistent with age related change.
- Moderately fluid dilated stomach and small intestine – correlate with feeding history. If patient was fasted, then consider delayed gastric emptying.
- Splenectomy 10/7/21 (Diagnosis – splenic hemangiosarcoma) – Splenic fossa appears normal.

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**SECONDARY FINDINGS**

- Prominent mesenteric lymph nodes – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- Decreased corticomedullary distinction in both kidneys – The bilateral renal findings are consistent with age-related change.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Today's scan is relatively normal for an aged abdomen 14 days post splenectomy. No overt mass lesions are observed. Recommend continued staging as recommended by your veterinary oncologist.

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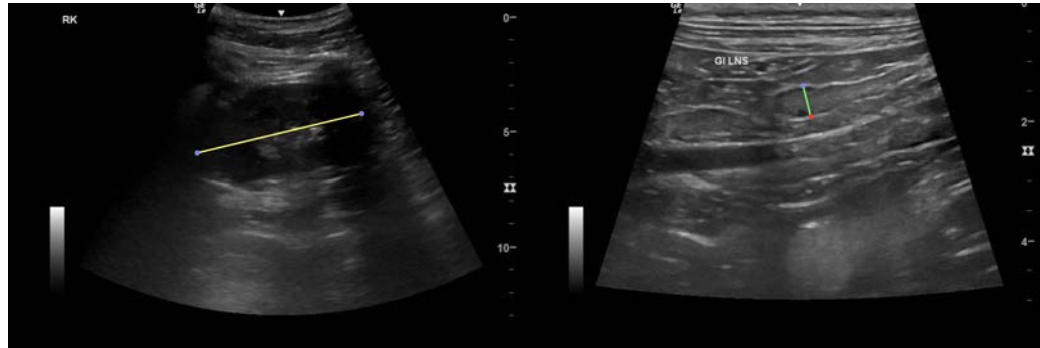
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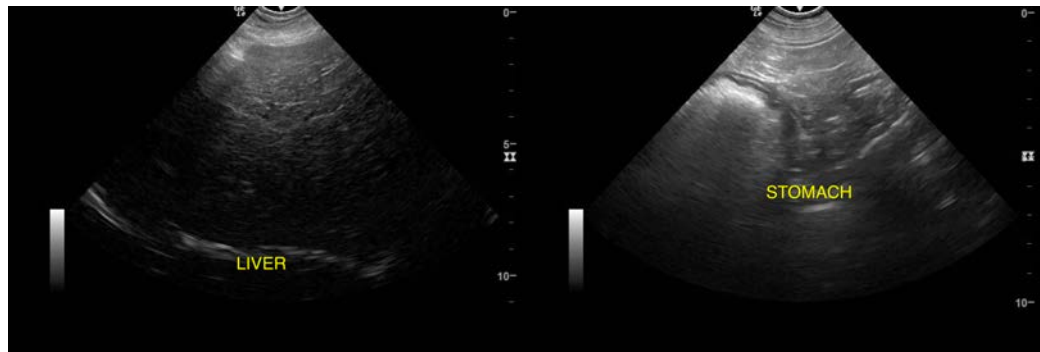


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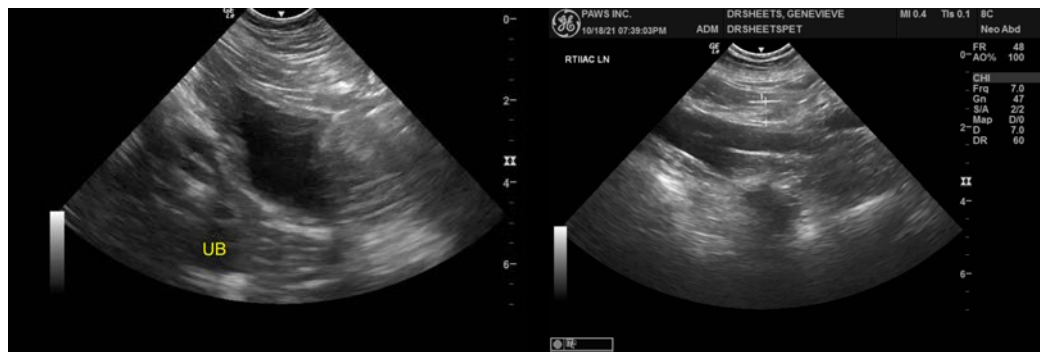
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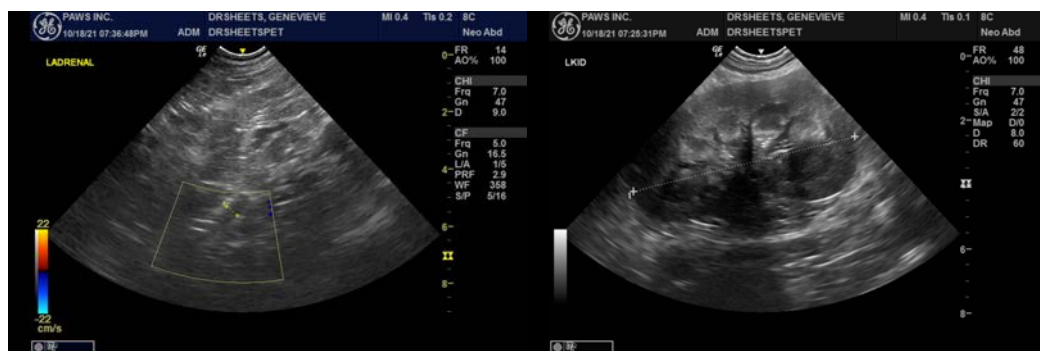
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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