

**PATIENT**

Ziel Higgins

**SPECIES**

Canine

**BREED**

Cocker Spaniel

**SEX**

Male

**AGE**

11 Years

**WEIGHT**

35.3 Pounds

**PRESENTING CLINICAL SIGNS**

Lethargy- GAVE torb for sedation- whining from sedation- SQ Abdominal Mass • dorsal to the bulbous glandis • baseball sized and firm • circular in shape with rough margins on palpation • a mass was taken off p's left hind leg 8/2/21 and was identified as a melanoma • normal rectal exam - unable to palpate the prostate Harsh Lungs Sounds Bilaterally • crackles and wheezes noted on both sides of the chest • p has increased respiratory rate and effort on exam • muffled heart sounds Small mass - left and ventral to anus: approx 4mm diameter • has been present for approx 1.5 months - no change has been noted • rectal exam is WNL at this time Hind Limb Weakness • o states that p limps occasionally in the hind end • p is sound on today's exam • o states that p slips out while walking on slippery surfaces and has difficulty standing up

Abnormal PE/Chem/CBC/UA Results: RADS: CONCLUSIONS: 1. There is nonspecific enlargement of the cardiac silhouette. This may reflect enlargement of the cardiac chambers associated with degenerative mitral/tricuspid valve endocardiosis. A primary canine cardiomyopathy (DCM) or an emerging pericardial effusion is also possible. The thorax is otherwise unremarkable. There is no evidence of pulmonary vascular congestion. There is no evidence of nodular pulmonary infiltrates or thoracic lymphadenopathy. Differentials for the reported increased respiratory noise may include upper airway disease such as laryngeal paralysis, or lower airway disease including chronic bronchitis/allergic airway disease. 2. A suspected soft tissue mass is superimposed over the inguinal soft tissues. Differentiating a mass in this region from the overlying pelvic limb musculature is limited, however enlargement of the inguinal lymph node is suspected. Reactive lymphadenopathy, round cell neoplastic infiltration or sentinel lymph node metastasis may be considered. 3. Enlargement of the prostate is consistent with the intact status of this patient (benign prostatic neoplasia). Prostatitis or prostatic neoplasia are considered less likely in the absence of reported urinary signs.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**INTERPRETED BY**

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

**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.

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques, RVT

The prostate is large in size, measuring 3.07 cm in width on the sagittal view. It has a relatively regular shape and smooth external margins. The parenchyma is hyperechoic and heterogeneous with small cystic foci. The prostate urethra appears normal with no evidence of irregularity, invasion of mass effect or calculi.

**HOSPITAL NAME**

Fairgrounds AH

The left kidney has a normal shape and size (6.17 cm) with mild pyelectasia of 0.27 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**REFERRING VET**

Dr. Wehrman

The right kidney has a normal shape and size (6.35 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.

**INVOICE**

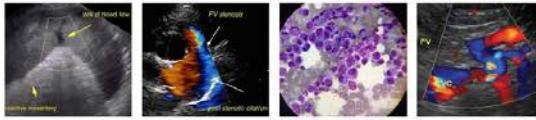
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**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.37 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.

**DATE**

10/21/21



**PATIENT**

Ziel Higgins The right adrenal gland is normal in size measuring 0.42 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.

**SPECIES**

**Spleen**

Canine

The spleen is subjectively normal in size, echotexture is homogenous, and 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.

**BREED**

Cocker Spaniel

**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.

**SEX**

Male

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.

**AGE**

11 Years

**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.

**WEIGHT**

35.3 Pounds

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. Duodenum wall measured 0.31 cm. Jejunum wall measured 0.20 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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(Small Animal Internal  
Medicine)

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 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.

**REFERRING VET**

Dr. Wehrman

**Free Abdomen**

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a mild mesenteric lymphadenopathy present. A mesenteric lymph node measured 0.47 cm. The left sublumbar lymph node is enlarged, measuring 1.05 cm x 2.92 cm. The right is smaller at 0.54 cm in cross section. There is a large, somewhat cystic hypoechoic subq mass effect on the left lateral side of the prepuce, most consistent with an irregular inguinal lymph node, measuring 2.48 cm x 2.67 cm.

**INVOICE**

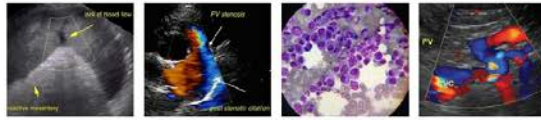
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**Other**

The left and right testicles are imaged. The left testicle appears normal. The right testicle has a 0.42 cm hyperechoic nodule within the testicular parenchyma.

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**PRIMARY FINDINGS**

- Caudal abdominal lymphadenopathy – this includes the left sublumbar and left inguinal lymph nodes. These would be the draining lymph nodes for the left rear limb and could be consistent with reactive lymph nodes or metastasis. Recommend fine needle aspirate.
- Heterogeneous, hypoechoic 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. The hypoechoic nature favors an inflammatory or possibly metastatic process.
- Large, hyperechoic prostate with small parenchymal cysts – most consistent with benign prostatic hypertrophy and/or prostatitis. Recommend urinalysis and culture.
- Hyperechoic right testicular nodule – could be consistent with a benign or cancerous nodule. Recommend neutering and submission of the testicle for histopathology.

**SECONDARY FINDINGS**

- Mild pyelectasia of the left kidney – Pyelectasia of the left/right kidney could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There appears to be a significant lymphadenopathy on the left side of the caudal abdomen. This is concerning, as this was the same side of the previously removed melanoma. Recommend fine needle aspirate of the inguinal mass.

Additionally, there is an enlarged prostate, a mildly dilated left kidney, and a nodule in the right testicle. Recommendations regarding these issues are a urinalysis and culture, neutering, and submission of the testicle for histopathology.

The changes in the liver are non-specific. Correlate with blood work findings. Fine needle aspirate and liver function test could be considered if there is concern for underlying liver disease.





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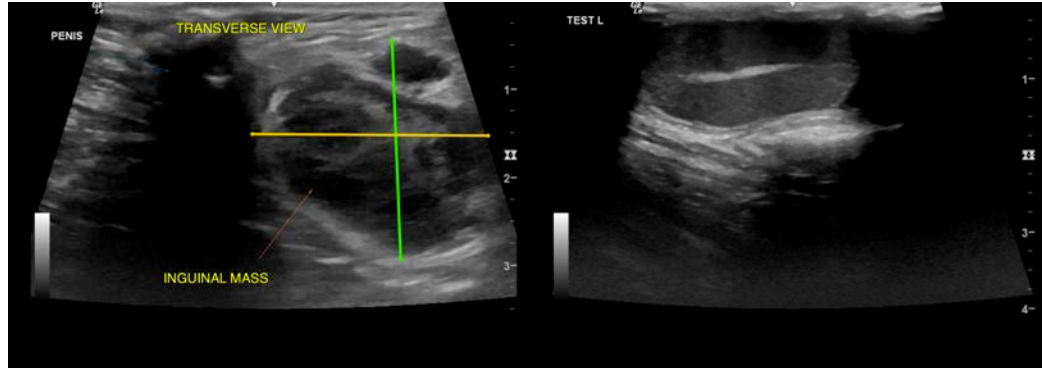
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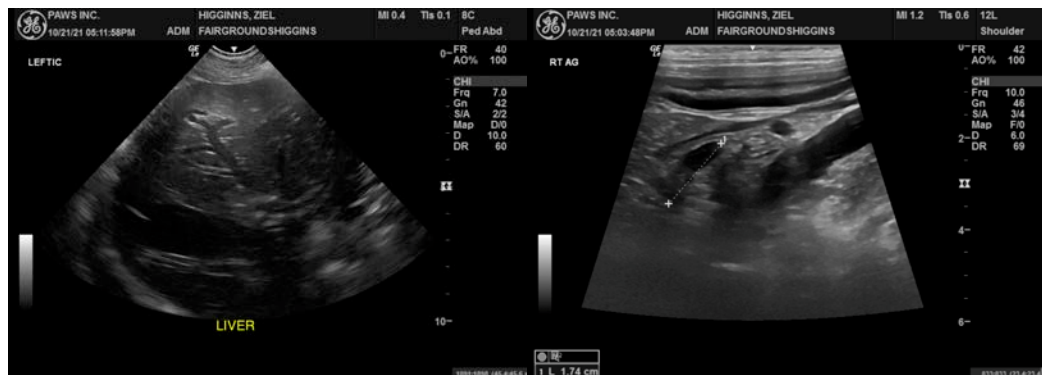
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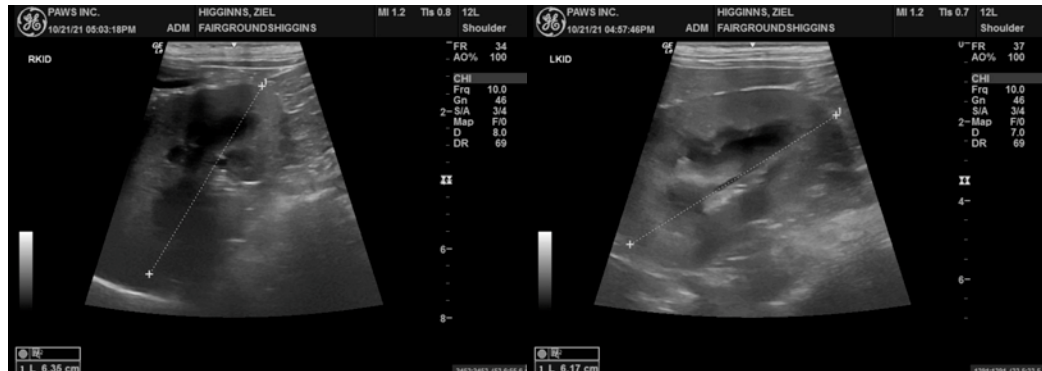
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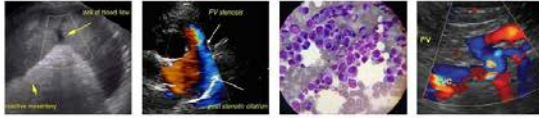
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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