



PATIENT

Soppa Sills

PRESENTING CLINICAL SIGNS

SPECIES

Canine

BREED

Dingo

SEX

Neutered Male

Soppa" Owner is Russell Sills Weight is 27.2 kg Age is 13 He is a neutered male Dingo canine. Current medications: Takes 5mg Prednisolone for a condition with his toes called furunculosis. Since Thursday 10-22 he has taken 5mg/ml Meloxicam 0.54cc po sid, omeprazole 20mg sid and misoprostol 100mcg bid. The Presenting complaint was tenderness and swelling over the whole abdomen. Tenderness has subsided since starting meloxicam. Radiographs did not show any abnormal findings. The owner reports some days the belly is not as distended as other days. Today the belly was distended. Will attach records from IDEXX. IMPORTANT: During the ultrasound the stomach appears to be full with freshly eaten food. The dog was dropped off at the hospital at 12:30pm. The ultrasound was performed at 3:30pm, at this time the dog positively had no food. The owner says that he fed the dog a small portion at 6am. The dog is with the owner all day everyday and the owner says he can assure there was no food consumed between 6:30am and the time he was brought into the hospital at 12:30pm. At 6am the dog had a 0.50lb serving of Fresh Pet pate food, this is a slightly smaller meal than he usually receive

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

AGE

13 Years

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.

WEIGHT

27.2 kg

The prostate is normal in size (1.77 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.

INTERPRETED BY

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The left kidney has a normal shape and size (6.45 cm) with mild pyelectasia at 0.3 cm and small non-obstructive nephroliths. 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 infarcts or hydroureter. Renal vasculature is normal.

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

The right kidney has a normal shape and size (5.3 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.

HOSPITAL NAME

Roundhill AH

Adrenal Glands

The left adrenal gland is normal in size measuring 1.78 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.

REFERRING VET

Dr. Carl Kelly

The right adrenal gland is normal in size measuring 0.60 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.

INVOICE

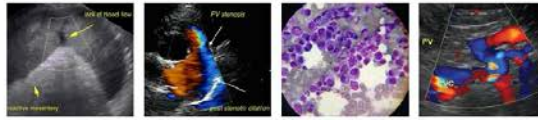
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Spleen

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 discreet, slightly cystic/cavitated hyperechoic splenic mass, which is expanding the splenic capsule, measuring 3.8 cm in diameter.

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Soppa Sills **Liver**

SPECIES

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BREED

Dingo

SEX

Neutered Male

AGE

13 Years

WEIGHT

27.2 kg

The liver is large in size, and echogenicity 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. There is a distinct 2.64 cm x 2.43 cm hyperechoic nodule visualized in the parenchyma of the liver.

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.

Gastrointestinal

The stomach is severely 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. The pyloric area appears well imaged, and visible liquid ingesta is seen passing between the stomach and pylorus. No physical impediment is observed, and the distention appears resolved within the duodenum.

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 0.29 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. 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.

Other

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

PRIMARY FINDINGS

- Mildly mottled spleen with discreet slightly cavitated splenic mass – A large, heterogenous mass with cavitations is present within the splenic parenchyma. The mass distorts the splenic capsule. Differentials for the mass include neoplasia (e.g., hemangiosarcoma, hemangioma), hematoma, abscess, other. A neoplastic process is favored.
- Large, heterogeneous liver with hyperechoic nodule – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic

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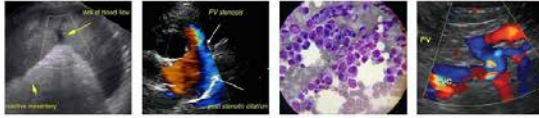
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Soppa Sills hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy. The chronic Prednisolone therapy likely contributes to the large hyperechoic liver.

SPECIES

Canine

- Significant gastric distention with fluid and ingesta – The stomach is significantly distended. No obvious obstruction is observed. Fluid distention extends into the pylorus and resolves at the duodenum. If an obstruction is present, it is within the gastroduodenal junction most likely, but none was observed. This could also represent delayed gastric emptying or ileus. Correlate with abdominal radiographs.

BREED

Dingo

SECONDARY FINDINGS

SEX

Neutered Male

- Borderline enlarged prostate – The prostate appears normal but is large for a neutered dog. This could be normal for a dog that was neutered after puberty. Correlate with history.
- Mild pyelectasia of the left kidney – Pyelectasia of the left kidney could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other. Recommend urinalysis and culture.

AGE

13 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

27.2 kg

The liver is large, likely from the chronic Prednisolone therapy. There is a splenic mass present, and the stomach is significantly distended. These are all likely contributing to the abdominal distention reported. An outflow tract obstruction was not visualized, but cannot be 100% excluded. Correlate with radiographs. You could consider a barium study, etc. This could also be due to delayed gastric emptying secondary to primary gastrointestinal disease.

Additionally, there is a mass on the spleen. Provided 3-view thoracic radiographs are normal, you could consider a splenectomy and evaluation of the gastric outflow tract with biopsies of the stomach, small intestine, etc. at that time. Alternately, you could consider a CT scan of the abdomen preoperatively to evaluate further for possible metastasis, etc. There is a nodule within the liver. This may be difficult to reach for a fine needle aspirate, but could be considered. It is slightly hyperechoic, which could be consistent with a regenerative nodule or less likely metastasis.

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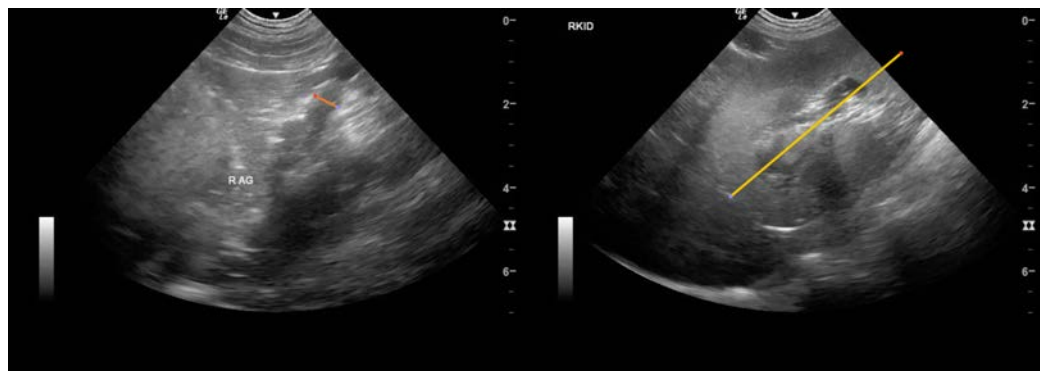
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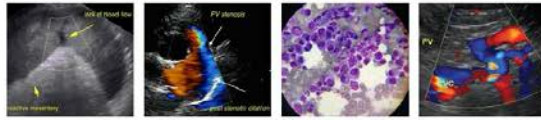


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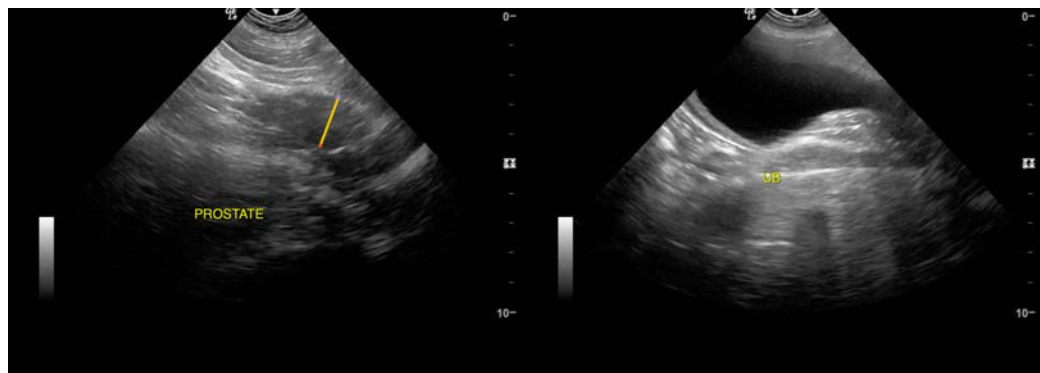
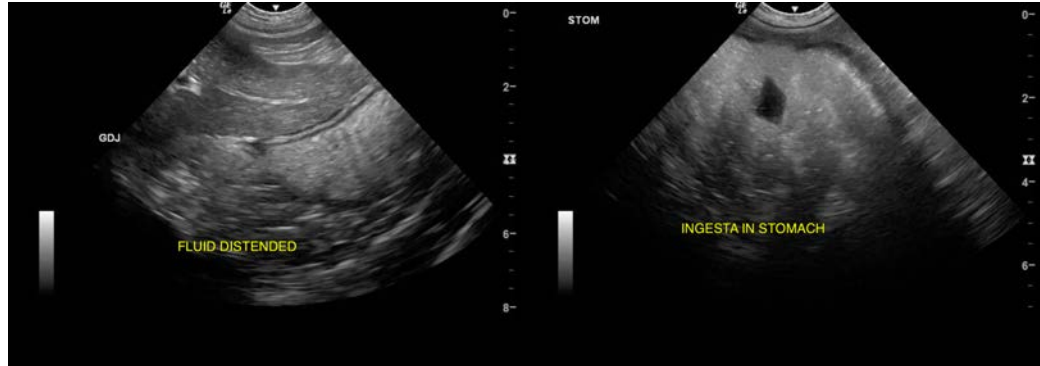
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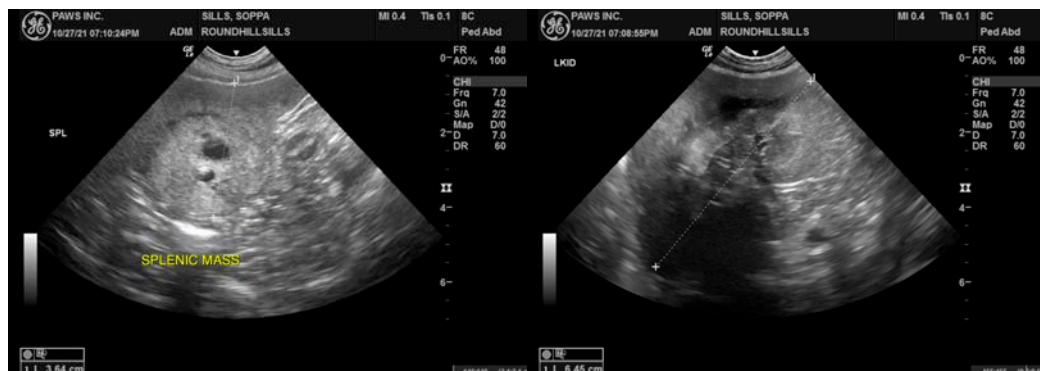
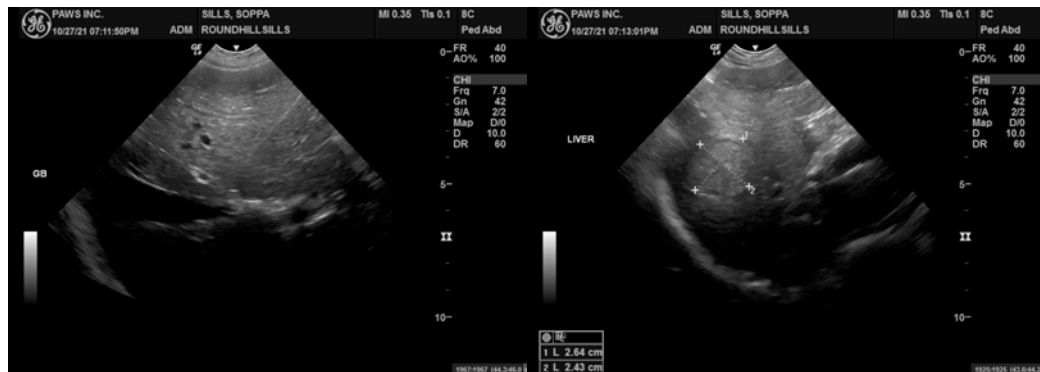
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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