



**PATIENT PRESENTING CLINICAL SIGNS**

Panda Roussel  
hard abd, fluid leaking from anus, crying a lot

**SPECIES** Abnormal PE/Chem/CBC/UA Results: please see attached BW and rads.

Canine **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED** *Urinary System*

Maltese X  
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.

**SEX** The left kidney has a normal shape and size (5.02 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.

Spayed Female

**AGE** The right kidney has a normal shape and size (4.93 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.

10 Years

**WEIGHT** *Adrenal Glands*

15.3 Pounds  
The left adrenal gland is normal in size measuring 0.55 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.

**INTERPRETED BY**

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

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.

**IMAGING PERFORMED BY**

*Spleen*

Kelly Reschny  
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.

**HOSPITAL NAME**

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*Liver*

The liver is large and irregular. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There are diffuse hypoechoic nodules throughout the hepatic parenchyma, varying in size from 0.5-2.5 cm.

**REFERRING VET**

Dr. Haidy  
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.

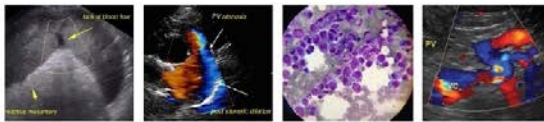
**INVOICE**

*Gastrointestinal*

41867  
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.

**DATE**

10/6/22



**PATIENT**

Panda Roussel

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Visualized peristalsis appears appropriate. There is a focal section of bowel that appears thickened. This thickening progresses with thickening of the intestinal wall and complete loss of layering, creating a focal mass effect. In these areas, the bowel wall measures up to 2.0 cm in thickness, and the diameter of the bowel is 2.89 cm.

**SPECIES**

Canine

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.

**BREED**

Maltese X

***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.

**SEX**

Spayed Female

***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 hyperechoic around the bowel mass.

**AGE**

10 Years

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

15.3 Pounds

- Large, heterogeneous, nodular 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. Findings are concerning for possible metastatic lesions (although benign lesions can look similar). Recommend a fine needle aspirate.
- Severely thickened bowel wall with complete loss of layering and a mass effect – Findings are concerning for an underlying neoplastic process. Consider round cell neoplasia, carcinoma, etc. Other differentials exist. Consider a fine needle aspirate of the bowel wall.
- Decreased corticomedullary distinction in both kidneys – The bilateral renal findings are consistent with age-related change.

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Kelly Reschny

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**REFERRING VET**

Dr. Haidy

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is a focal (yet extensive) section of small intestine with complete loss of wall layering and severe thickening, most consistent with infiltrative disease. Recommend a fine needle aspirate of the bowel wall. Additionally, there are hypoechoic nodules in the liver. Recommend a fine needle aspirate of the liver. If a cytologic diagnosis cannot be obtained based on cytology, consider obtaining surgical biopsies.

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

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Maltese X

**SEX**

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**AGE**

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**WEIGHT**

15.3 Pounds

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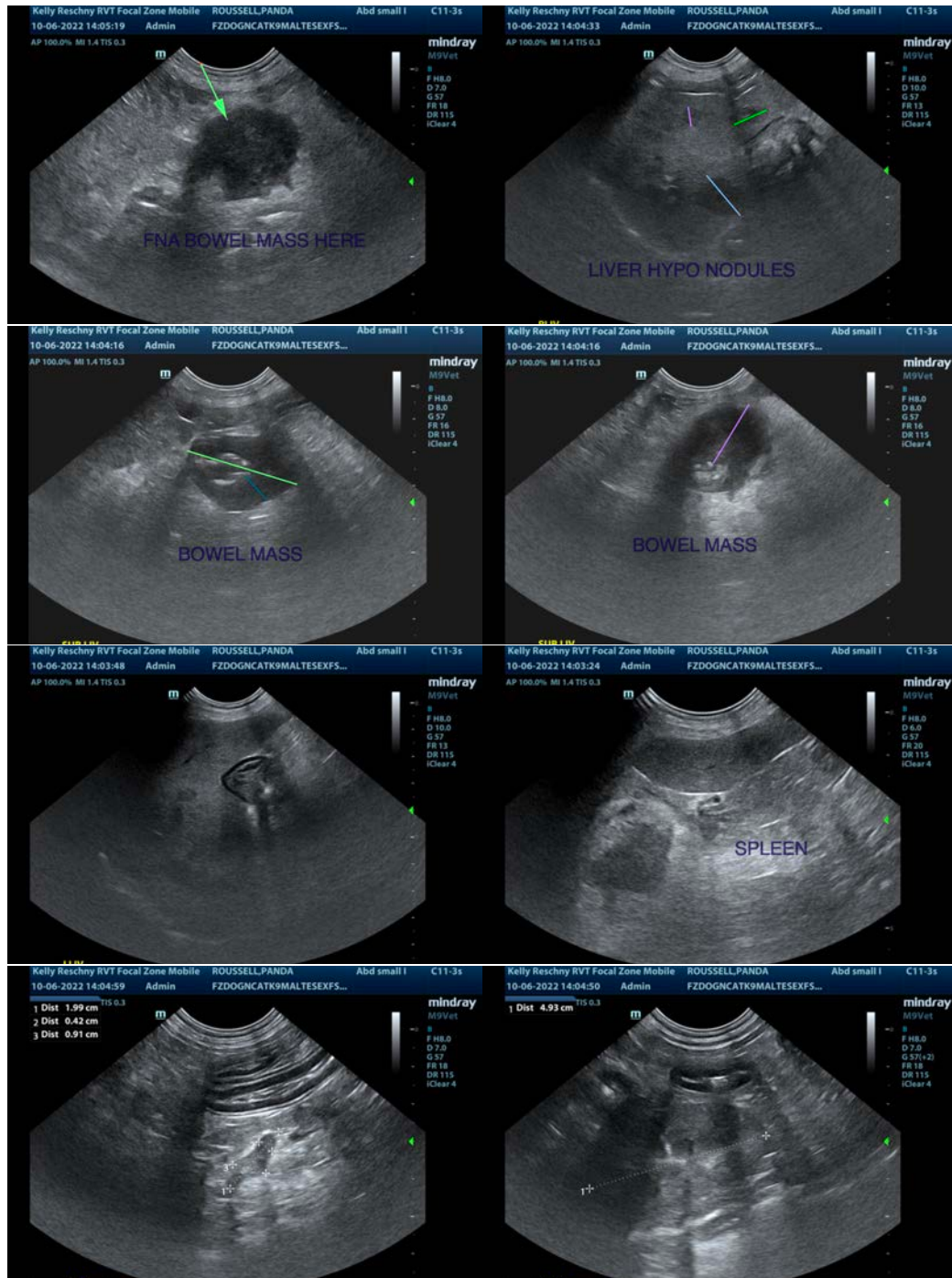
Dr. Haidy

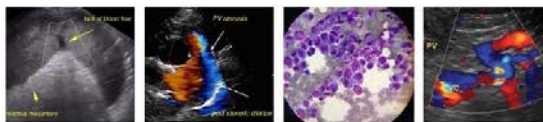
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Maltese X

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**WEIGHT**

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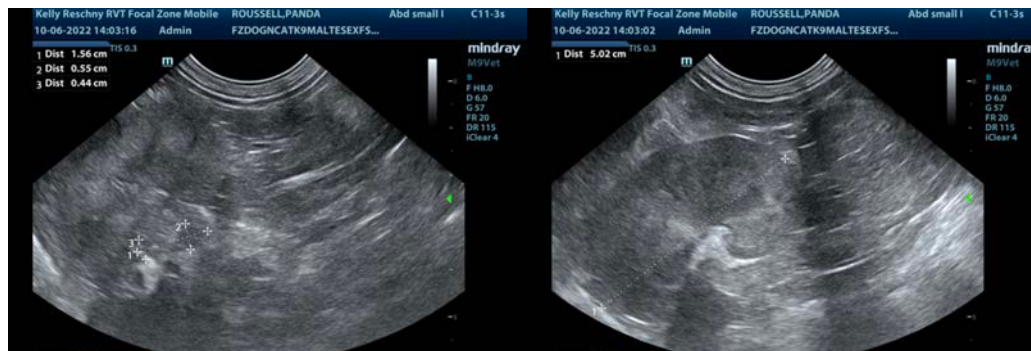
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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