



PATIENT PRESENTING CLINICAL SIGNS

Earl Angel
History: -seen 8/2021, tense abd non-diagnostic, decreased ROM in neck and hind limbs, hx of IVDD, muscle atrophy -BSC 5/9 -lumps/bumps/masses generalized over thorax and abd -seen today for age related symptoms, getting older, diarrhea -mass confirmed in abd on radiology Current Medications gabapentin, methocarbamol, galliprant, joint supplements, CBD
Abnormal PE/Chem/CBC/UA Results:

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Retriever Mix

SEX
The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. 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 calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

Neutered Male

AGE
The prostate is normal in size (1.03 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.

12 Years

WEIGHT
The left kidney has a normal shape and size (6.51 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.

72 Pounds

INTERPRETED BY

Kathleen Sennello DVM,
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The right kidney has a normal shape and size (6.14 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.

IMAGING PERFORMED BY

Jenna Walsh, CVT

Adrenal Glands
The left adrenal gland is normal in size measuring 0.68 cm at the caudal pole (insert other measurements if provided) 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.

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The right adrenal gland is normal in size measuring 0.73 cm at the caudal pole (insert other measurements if provided) 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.

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Dr. Sullivan

Spleen
The spleen is large and heterogenous with irregular margins. The spleen is virtually effaced with large hyperechoic masses varying in size from 1.5 cm – 4.5 cm.

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Liver
The liver is subjectively 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 are too numerous to count, large iso-to hypoechoic to mixed echogenicity mass effects within the liver. Additionally, there is a large abdominal mass, measuring 9.2 cm x 6.44 cm, best visualized in the left side of the abdomen that I suspect is of hepatic origin, cannot rule out splenic origin. The gall bladder lumen is moderately distended. The wall

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PATIENT

of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

Earl Angel

SPECIES

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.

BREED

Retriever Mix

Many areas of the small intestine are visualized and are of normal size and width with normal layering. There is a focal section of bowel that measures as thickening at 0.44 cm and has a hypoechoic wall completely devoid of any normal layering creating the effect of a focal bowel mass.

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.

AGE

12 Years

Pancreas

The region of 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.

WEIGHT

72 Pounds

Free Abdomen

Evaluation of the peritoneal cavity reveals a scant amount of anechoic free fluid. There is a severe lymphadenomegally present. Large hypoechoic mesenteric lymph nodes are visualized, measuring 1.2 cm x 2.2 cm and 2.1 cm. There was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is generally hyperechoic and irregular.

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Other

Small volume pleural and pericardial effusion are visualized cranial to the diaphragm.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Large, mottled spleen with numerous large masses- 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. Findings are very concerning for metastatic neoplasia. Primary differentials would be histiocytic sarcoma, lymphoma or hemangiosarcoma.
- Large heterogenous liver with numerous masses- 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 most consistent with metastatic neoplasia. Concern is for histiocytic sarcoma, round cell neoplasia or hemangiosarcoma.
- Large mid abdominal mass- I suspect this is of hepatic origin but cannot rule out the possibility of splenic origin.
- Focal area of thickened bowel with loss of layering- Findings are consistent with a bowel mass. Of primary concern would be round cell neoplasia.

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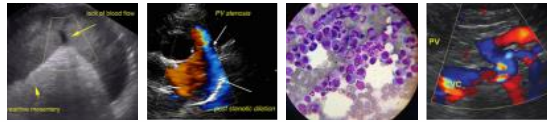
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SPECIES

Canine

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- Severe mesenteric lymphadenopathy- The severe 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 bartonealla, fungal infections, etc.. A fine needle aspirate with cytology is recommended for further evaluation.

Secondary Findings

- Small volume pleural, pericardial and peritoneal effusion- I recommend thoracic radiographs +/- cardiac ultrasound
- Echogenic debris in the urinary bladder- The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus. Recommend urinalysis and culture

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

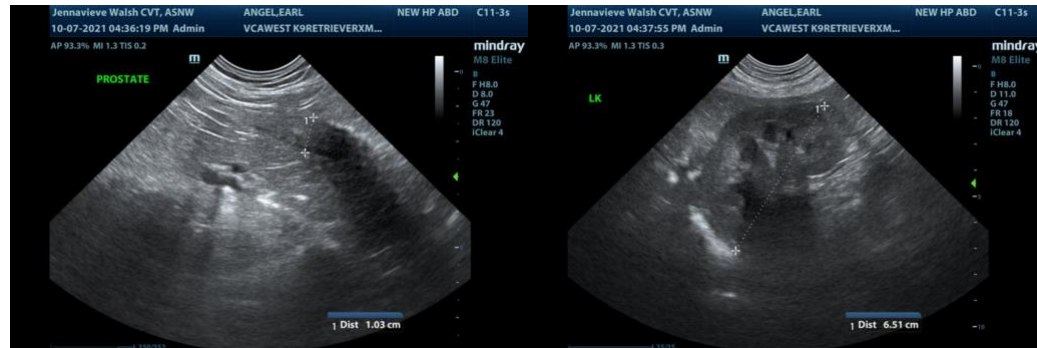
The liver and spleen contain numerous large masses. There is a large mid abdominal mass which I suspect is of hepatic origin, but splenic origin is also possible. I suspect there is a tricavitary effusion present which is likely a neoplastic effusion. Options moving forward include a fine needle aspirate of a mass effect and consultation with a veterinary oncologist regarding treatment options. I recommend 3 view thoracic radiographs.

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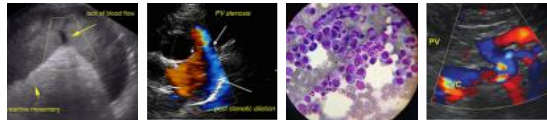
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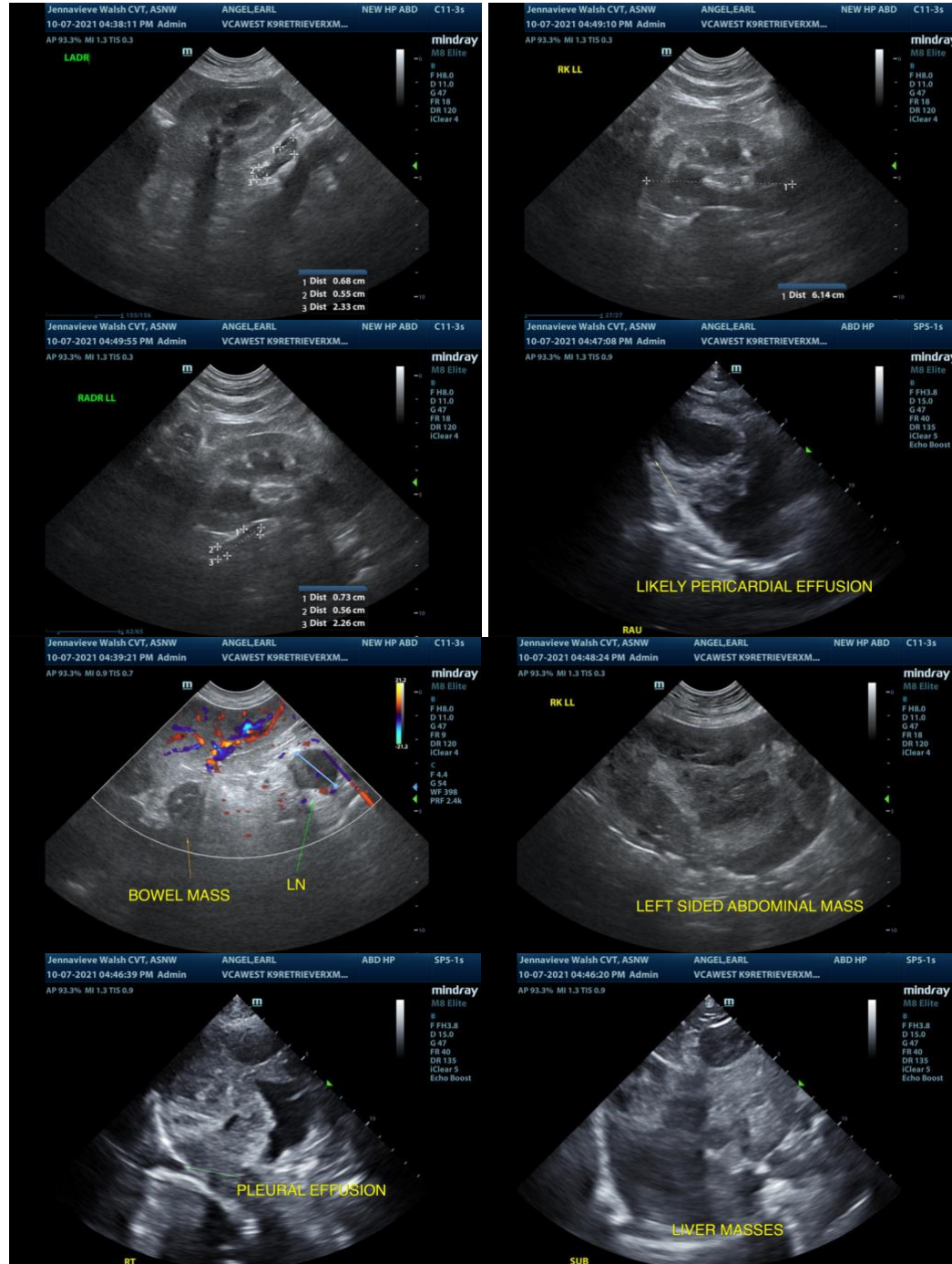
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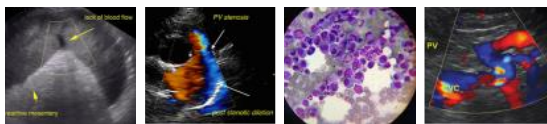
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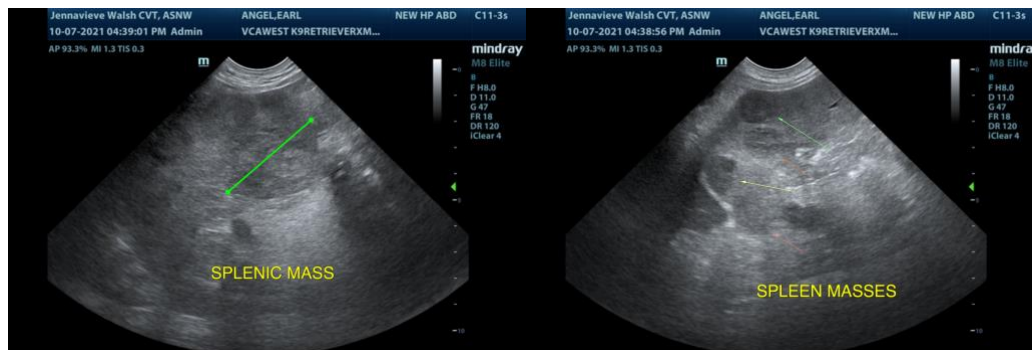
Neutered Male

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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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