



PATIENT PRESENTING CLINICAL SIGNS

Violet Griff History: Referring Veterinarian: Anna Lopez Hospital Name: Valley Veterinary Clinic Patients Name: Violet Owners first and last name: Melinda Griff Species: K9 Gender (altered?): spayed Age: 8 yr Weight (in lbs): 31.8 lb Breed: corgi Chief Concern/Provisional Diagnosis: O is very concerned that P has growths in the abdomen. Could not palpate any upon exam. O states she can feel them in certain positions.

SPECIES Canine Diagnosis: N/A History/Physical Findings Physical exam: Mentation: QAR BCS: 6/9 Hydration status: MM Pink, capillary refill time less than 2 seconds. Heart auscultates normally, no murmur or arrhythmia noted. Lungs auscultate normally. Hair coat appears healthy. OU appear normal. AU are clean in visible ear canal. Nose appears normal. Mouth appears to have grade 0/4 periodontal disease. LN are WNL.

BREED Corgi Abdomen palpates normally with no palpable masses. No signs of lameness. Summary of Laboratory Abnormalities: No labwork has been performed at this time. Radiographic Abnormalities: N/A, O cannot afford ultrasound and radiographs and she opted for ultrasound. Current Therapy and Medications: P is not currently on any medications.

SEX Spayed Female

Abnormal PE/Chem/CBC/UA Results:

AGE ULTRASONOGRAPHIC EXAMINATION OF THE

8 Years **Urinary System**

WEIGHT

31.8 Pounds

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2.0 cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (5.2 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.

The right kidney has a normal shape and size (4.7 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.85 cm. 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 large in size measuring 1.82 cm at the cranial pole and 2.18 cm at the caudal pole X 3.28 cm length. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is hypoechoic and somewhat blunted in appearance most consistent with a right adrenal mass.

Spleen

The spleen is subjectively large 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 are numerous (at least 3) large mixed echogenicity cavitated

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

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REFERRING VET

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PATIENT masses on the spleen, the largest measuring approximately 5.93 cm x 7.89 cm. Additional masses measured 2.8 cm and 2.1 cm.

Violet Griff

Liver

SPECIES The liver is subjectively normal 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 2.58 cm x 3.1 cm hyperechoic mixed echogenicity nodule towards the periphery of the liver. The gall bladder 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.

Canine

BREED

Corgi

Gastrointestinal

SEX

Spayed Female

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.

AGE

8 Years

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. The duodenum measured as normal (0.4 cm) and the jejunum measured as normal (0.37 cm). Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

WEIGHT

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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.

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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.

Free Abdomen

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A small amount of anechoic free fluid was present. No lymphadenopathy and the omentum is generally of normal echogenicity.

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Other

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

ULTRASONOGRAPHIC FINDINGS

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- Large mottled spleen with numerous mixed echogenicity mildly cavitated masses- Several large, heterogenous masses with cavitations are present within the splenic parenchyma. The masses distort the splenic capsule. Differentials for these masses include neoplasia (e.g., hemangiosarcoma, hemangioma), hematoma, abscess, other. A neoplastic process is favored.
- Heterogeneous liver with hyperechoic mass- 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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- hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy. The mass lesion visualized could represent a metastatic lesion or a separate benign or cancerous lesion.
- Right adrenal mass- right adrenomegaly could be consistent with neoplasia (e.g., adenoma, carcinoma, pheochromocytoma), hyperplasia, inflammation, other.
 - Small volume abdominal effusion- This could be reactive or a small amount of hemorrhage

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are multiple mass effects within the spleen. Additionally, there is an irregular mass lesion in the liver and a right sided adrenal mass. These lesions could represent metastasis or could be separate processes, benign or malignant. Options moving forward include:

- I recommend 3 view thoracic radiographs.
- Advanced imaging (CT scan) of the abdomen to further evaluate these mass lesions to try and see if smaller possible metastatic lesions are present.
- Or you could refer to a veterinary surgeon and consider splenectomy +/- removal of the liver mass and right adrenal. I recommend advanced imaging before removal of the right adrenal mass to look for any evidence of vascular invasion
- I recommend blood pressure evaluation
- If a more conservative route is desired, you could consider a fine needle aspirate of the splenic mass. This could be helpful with such differentials such as histiocytic sarcoma or lymphoma and consultation with a veterinary oncologist could be pursued.

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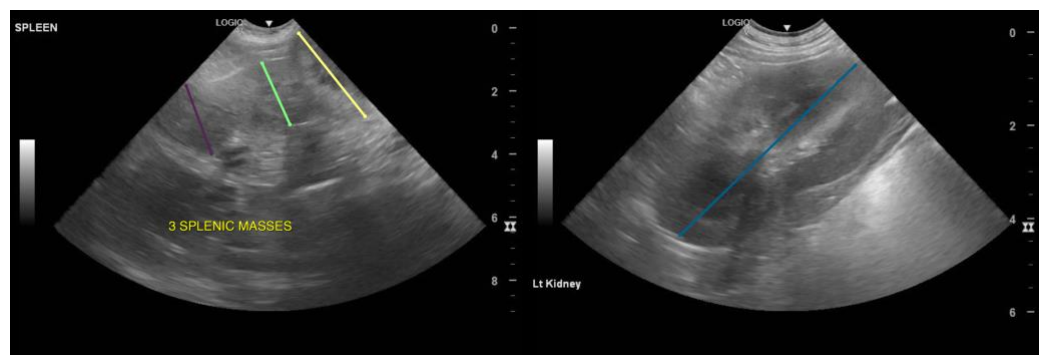
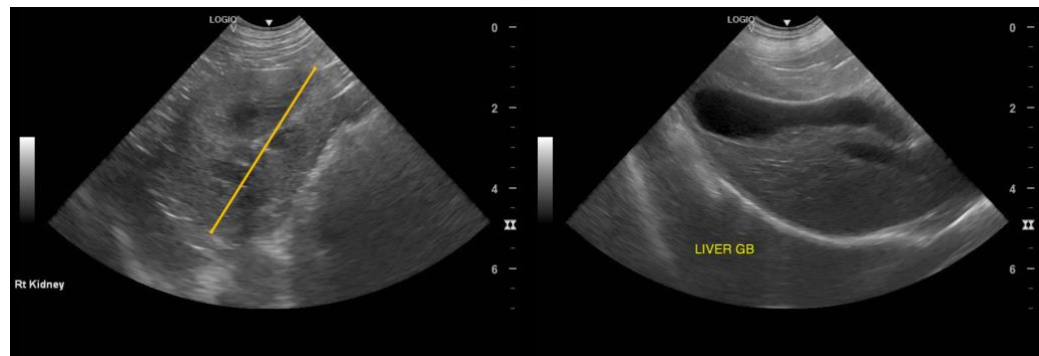
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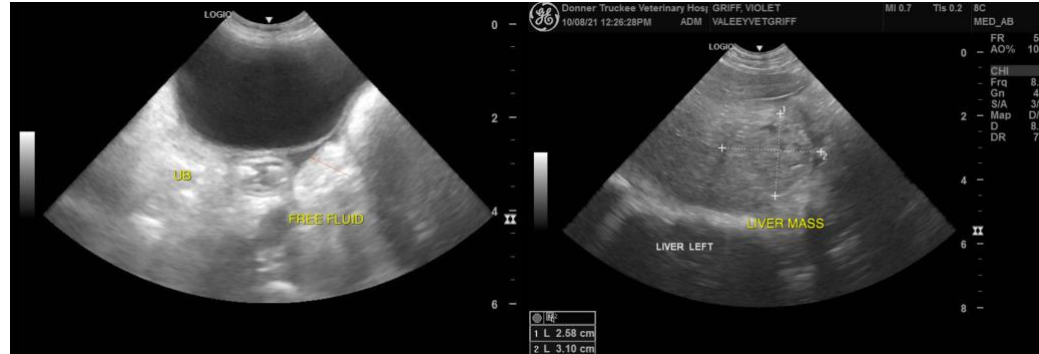
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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