

PATIENT

Lucy Kaslica

PRESENTING CLINICAL SIGNS

SPECIES

Canine

BREED

Rhodesian Ridgeback

sedated dex/torb- Owner reports no vomiting diarrhea coughing sneezing. Eating and drinking normal. Mobility and activity normal. About a week ago owner noticed that patient was not interested in food and seemed to drop food out of her mouth. Patient was eating a cable. Owner was concerned about pain in the mouth. Switch to a soft food and chicken rice and patient ate better. Does not seem to have lost weight. Drinking more water. Weight Loss. Chemistry screen: Increase calcium and corrected calcium even further increased. Slight decreased magnesium. Slight increased alkaline phosphatase and creatinine. CBC: No significant finding
Abnormal PE/Chem/CBC/UA Results: RADS attached as supplement. ALKP 225 Crea 1.7 Ca 13.8

SEX

Spayed Female

AGE

9 Years

WEIGHT

84 Pounds

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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.

The left kidney has a normal shape and size (7.47 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 (7.91 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 0.48 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.

The right adrenal gland is normal in size measuring 0.50 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.

Spleen

The spleen is 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 is a focal irregular, non-distinct, hypoechoic region in the head of the spleen, measuring 3.27 cm. Additionally, there are other areas of indistinct mottling/nodules.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

South Reno VH

REFERRING VET

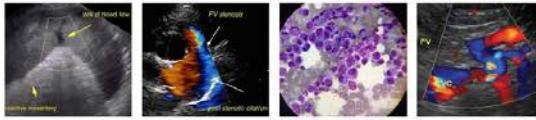
Dr. Schmitt

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Lucy Kasclica The gall bladder lumen is moderately distended. The wall 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.

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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

Rhodesian Ridgeback

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 (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.)

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

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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.

Pancreas

WEIGHT

84 Pounds

The area 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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Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a severe mesenteric lymphadenopathy present with clusters of enlarged hypoechoic, irregular lymph nodes in the mid abdomen, measuring 0.7, 0.72, and 1.1 cm. Additionally, in the cranial abdomen in the area of the liver and stomach, lymph nodes are measuring 1.49 cm x 2.27 cm and 2.25 cm x 3.33 cm. The sublumbar lymph nodes are somewhat prominent, measuring 0.59 cm and 0.72 cm in diameter. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is generally of normal uniform echogenicity.

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Other

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

ULTRASONOGRAPHIC FINDINGS

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- Moderate to severe abdominal 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 bartonella, fungal infections, etc. A fine needle aspirate with cytology is recommended for further evaluation.

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- Large, mottled spleen with ill-defined, hyperechoic mass effect – 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.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The combination of the enlarged abdominal lymph nodes and the hypercalcemia reported is concerning for a possible neoplastic process. Recommend an ionized calcium, PTH and PTHrP level, a fine needle aspirate of a mesenteric lymph node, careful palpation of external lymph nodes, as sometimes these can be firm, and a rectal exam to look for any evidence of anal glands tumor. Additionally, a fine needle aspirate of the spleen could be considered. Recommend 3-view thoracic radiographs.

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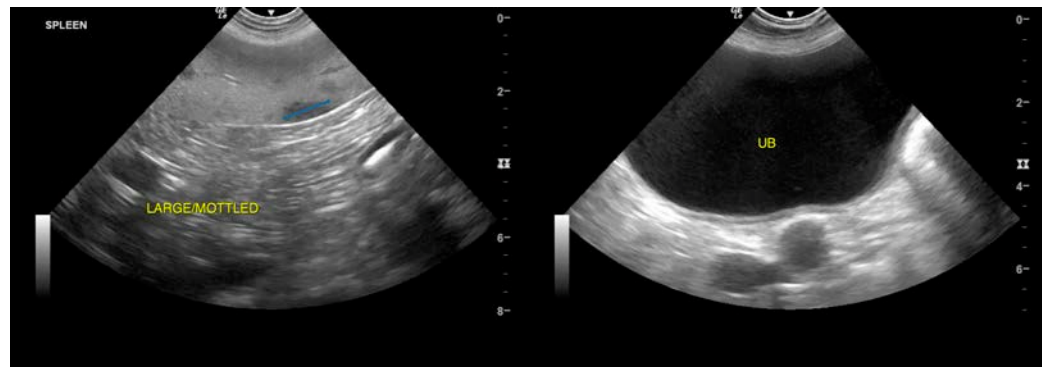
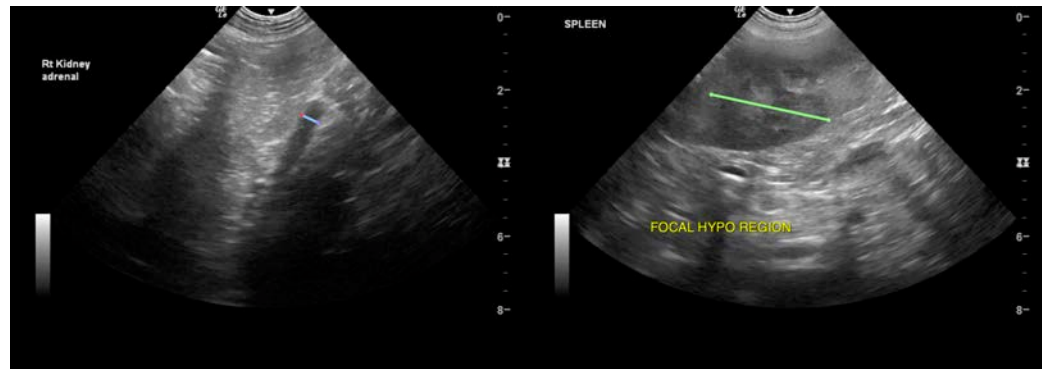
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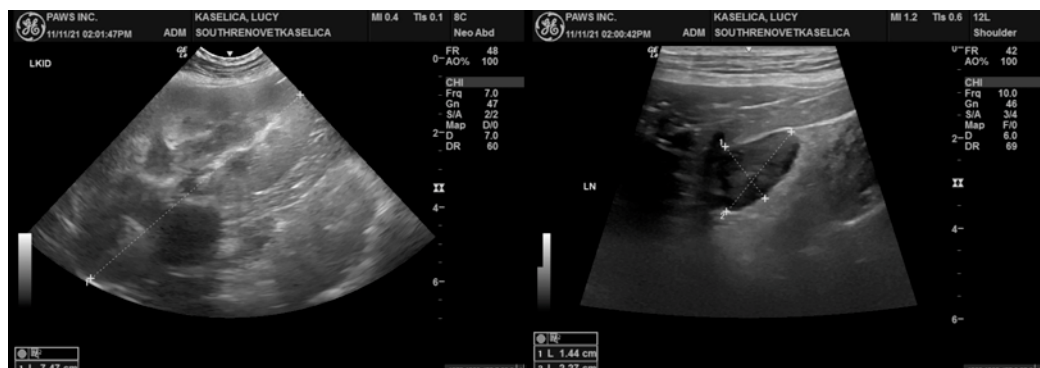
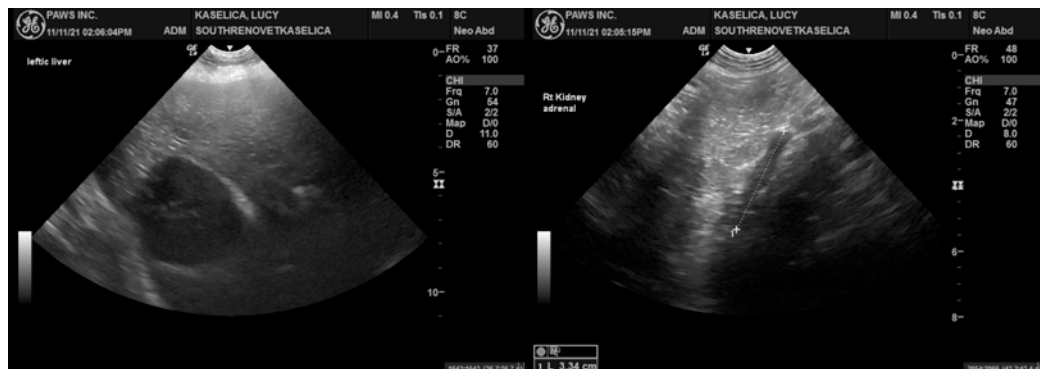
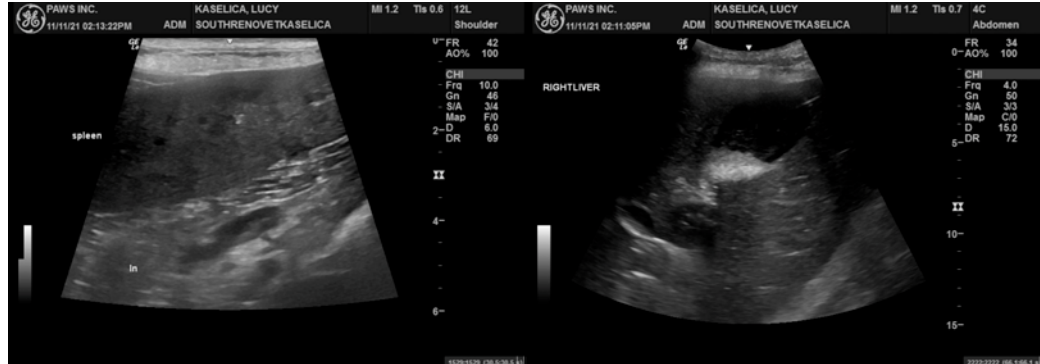
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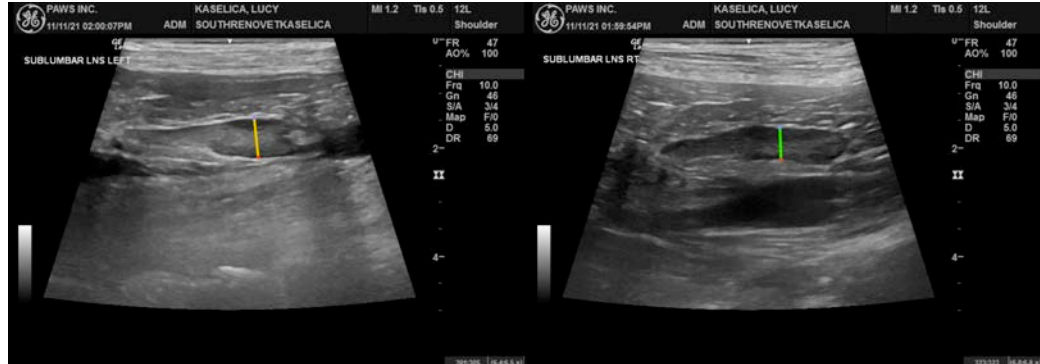
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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