



**PATIENT**

Guinness Anglin

**SPECIES**

Canine

**BREED**

Mini Aussie  
Labradoodle

**SEX**

Spayed Female

**AGE**

11 Years

**WEIGHT**

9 kg

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Nigel Gumley

**HOSPITAL NAME**

Cedarview AH

**REFERRING VET**

Nigel Gumley

**INVOICE**

13027

**DATE**

12/10/21

**PRESENTING CLINICAL SIGNS**

History: Diagnosed with ruptured splenic HSA in September. Had splenectomy and treated with doxorubicin and recently, leukeran. Had been doing well until recently but now developed poor appetite and intermittent pyrexia. Chest rads clear. Bloodwork - very high c-reactive protein.

Abnormal PE/Chem/CBC/UA Results: Dec 2/21 Sodium 154 (142 - 152 mmol/L) Potassium 5.5 (4.0 - 5.4 mmol/L) Albumin 26 (27 - 39 g/L) ALP 180 (5 - 160 U/L) C-Reactive Protein (CRP) 20.8 (0.0 - 1.0 mg/dL) Urine Collection Cystocentesis Color Dark Yellow Clarity Slightly Cloudy Specific Gravity 1.046 pH 9.0 LEU Negative PRO 1+ GLU Negative KET 1+ UBG Normal BIL Negative BLD Negative

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is moderately distended with anechoic urine. The urinary bladder is diffusely mildly irregular, measuring 0.22 cm in thickness. The area of the ureteral papilla, trigone and proximal urethra to a depth of 2.0 cm appears free of any mass effects or calculi. These findings are most consistent with diffuse cystitis or lack of urine distention.

The left kidney has a normal shape and size (5.14 cm). Overall echogenicity is slightly hyperechoic with poor 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 (5.23 cm). Overall echogenicity is slightly hyperechoic with poor 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 0.43 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 0.45cm 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 absent. Splenectomy 9/20/21. Diagnosis hemangiosarcoma.

**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. The liver is diffusely nodular and irregular with numerous cavitated hypoechoic nodules, measuring approximately 1.0 cm. There is a larger hypoechoic semi cavitated mass effect, measuring 2.1 cm and another measuring 0.59 cm.

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.



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***Gastrointestinal***

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.31 cm 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.

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 (0.39 cm), and the jejunum measured as normal (0.41 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 prominent and hypoechoic as compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

***Free Abdomen***

There is a small amount of anechoic free fluid visualized. There is a mesenteric lymphadenopathy present with enlarged lymph nodes, measuring 0.82 cm and 0.23 cm. There is a cavitated lymph node in the cranial abdomen, measuring 0.59 cm. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is generally of increased echogenicity around the liver.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- Nodular, irregular liver with hypoechoic cavitated nodules and larger mixed echogenicity hypoechoic nodules. Findings are very concerning for metastatic disease. A biopsy or fine needle aspirate would be necessary to confirm but findings are very suggestive.
- A small amount of free abdominal fluid and mesenteric lymphadenopathy. Findings are concerning for metastatic disease, particularly the cavitated lymph node.

**Secondary Findings**

- Mildly irregular urinary bladder wall. Findings could be consistent with lack of urine distention or mild cystitis. Consider urinalysis and culture.
- Decreased corticomedullary distinction in the kidneys. The bilateral renal findings are consistent with age-related change.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**



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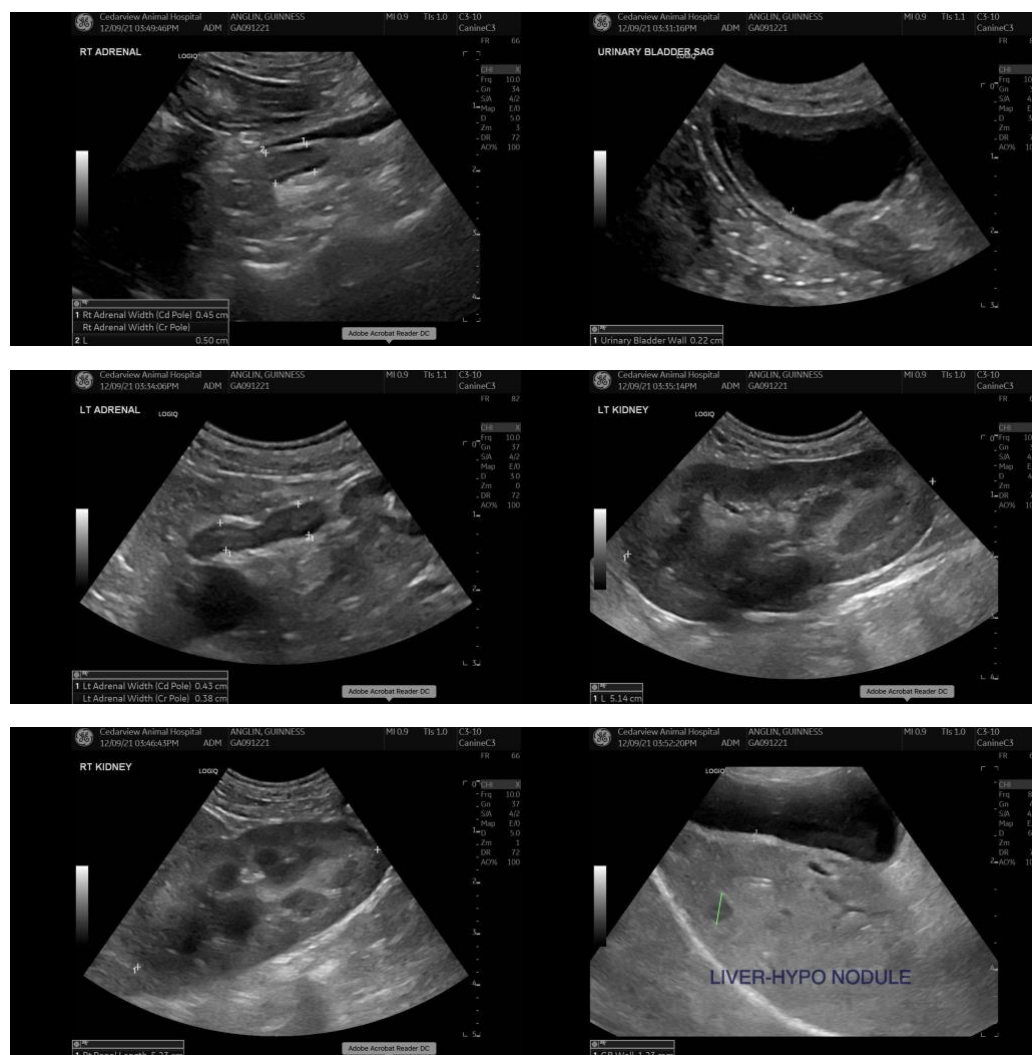
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I'm very concerned that the changes observed are consistent with metastatic disease to the liver and mesenteric lymph nodes. It is very suspicious, but this is not a definitive finding which would require either biopsy or cytology results. There is a small amount of free abdominal fluid in the abdomen which could be consistent with generalized inflammation or a small amount of hemorrhage.

It is not unusual to see a fever associated with a paraneoplastic syndrome. Other considerations would be infection (due to splenectomy) such as tick-borne disease, babesia etc. So, you could consider a urine culture vector borne disease testing, etc., but concern is high for progression of the underlying cancerous process.





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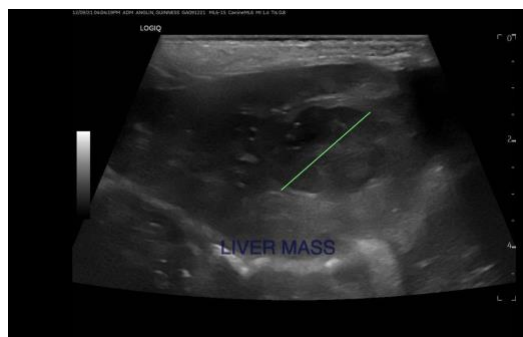
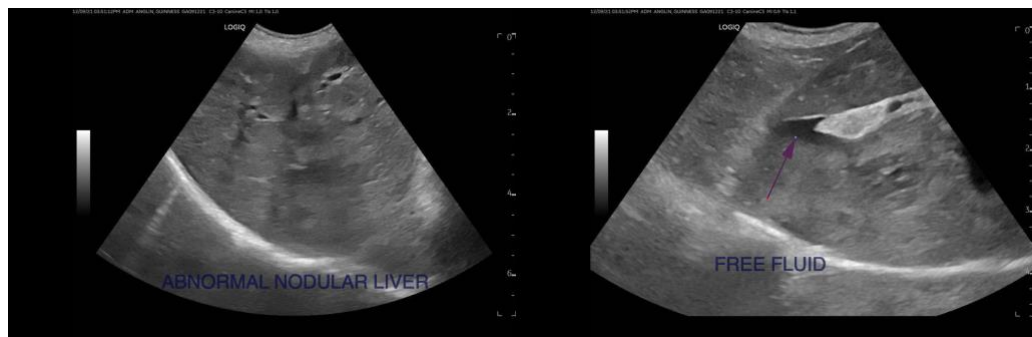
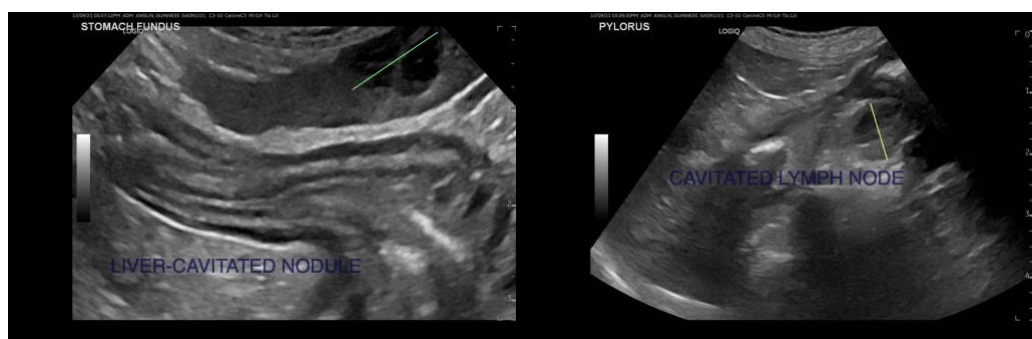
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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kathleen.sennello@sonopath.com

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