



PATIENT

Ruger Targi

SPECIES

Canine

BREED

Belgian Malinois

SEX

Neutered Male

AGE

10 Years

WEIGHT

72 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kelly Vazquez

HOSPITAL NAME

Legacy Animal Hospital

REFERRING VET

Dr. Kristen Potenzzone

INVOICE

33484

DATE

12/16/21

PRESENTING CLINICAL SIGNS

Patient presents for vomiting, diarrhea, weight loss. R/O FB vs. IBD vs. other. Current meds: metro, colostrum, cerenia, and bland diet.
Abnormal PE/Chem/CBC/UA Results: Albumin 1.6, CBC: WNL. T4/Free T4 WNL.

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 prostate is normal in size (1.3 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.

The left kidney has a normal shape and size (7.2 cm) with a 0.81 cm cortical cyst. 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 hydronephrosis. Renal vasculature is normal.

The right kidney has a normal shape and size (6.92 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 hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.75 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 0.63 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 subjectively normal 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. No focal parenchymal abnormalities are visualized.

Liver

The liver is subjectively normal in size and is hypoechoic 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. No focal nodules or cystic lesions are observed.

The gallbladder 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

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The stomach is moderately distended with fluid and minor shadowing material, consistent with ingesta. The gastric wall is diffusely thickened, measuring approximately 0.61-1.09 cm with a decreased detail in wall layering. There is a focal area of hypoechoic gastric wall with complete loss of layering measuring 1.4 cm. This area is most consistent with a focal gastric mass.

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Most of the visualized areas of duodenum, jejunum and ileum appear abnormal with wall thickening, corrugation, and a loss of detail of layering. In some areas there is focal mottling and almost nodular appearance to the intestinal wall. Wall thickness of the duodenum is 0.48 cm. Jejunum wall measures 0.61 cm. There is no evidence of obstruction 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 fluid 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

The area 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.

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Free Abdomen

A small amount of free abdominal fluid is present. There is a mesenteric lymphadenopathy present with mesenteric lymph nodes measuring 0.79, 0.85, and 0.67 cm. The omentum is generally of increased echogenicity.

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ULTRASONOGRAPHIC FINDINGS

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- Focal loss of layering and thickening of the gastric wall – most consistent with a primary gastric mass. Concern is high for round cell neoplasia or carcinoma. Other possibilities exist.
- Mottled, prominent spleen – 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.
- Large, hypoechoic and heterogeneous 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. Concern for an infiltrative process is high.
- Diffuse small intestinal thickening with decreased detail of wall layering – The bowel wall thickening could be consistent with inflammation, edema, or infiltrative neoplasia. A reduction in the detail of wall layering favors either severe intestinal disease or neoplastic infiltration. Biopsy is recommended.
- Moderate mesenteric lymphadenopathy – The moderate 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, FIP (cats)) etc. A fine needle aspirate with cytology is recommended for further evaluation.



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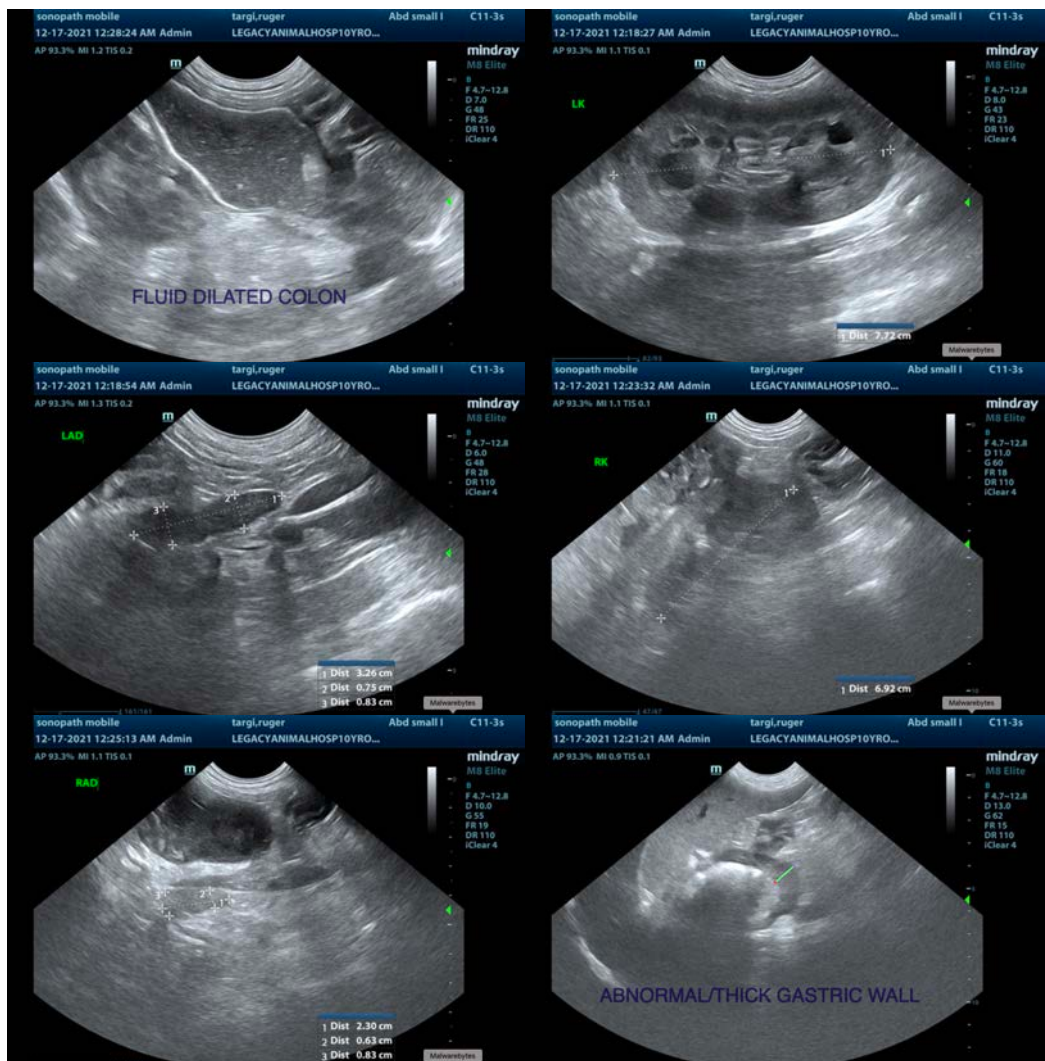
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is severe diffuse small intestinal wall thickening with loss of layering and mucosal abnormalities visualized. Additionally there is a mass effect in the area of the gastric wall, which consists of focal thickening, loss of layering and a hypoechoic/anechoic wall structure. These findings in combination with the mesenteric lymphadenopathy are concerning for an underlying neoplastic process such as round cell neoplasia. Recommend a fine needle aspirate of the thickened gastric wall mass or a mesenteric lymph node. A fine needle aspirate of the liver (or less likely spleen) would also be an option to try and get more helpful information.

If a diagnosis is not able to be reached based on cytology, then consider surgical biopsies of the abnormal stomach tissue, small bowel, lymph nodes +/- liver. Recommend 3-view thoracic radiographs and careful palpation of external lymph nodes in case an aspirate can be performed in this area. A GI panel could be considered to look for evidence of a cobalamin deficiency, bacterial overgrowth, etc.





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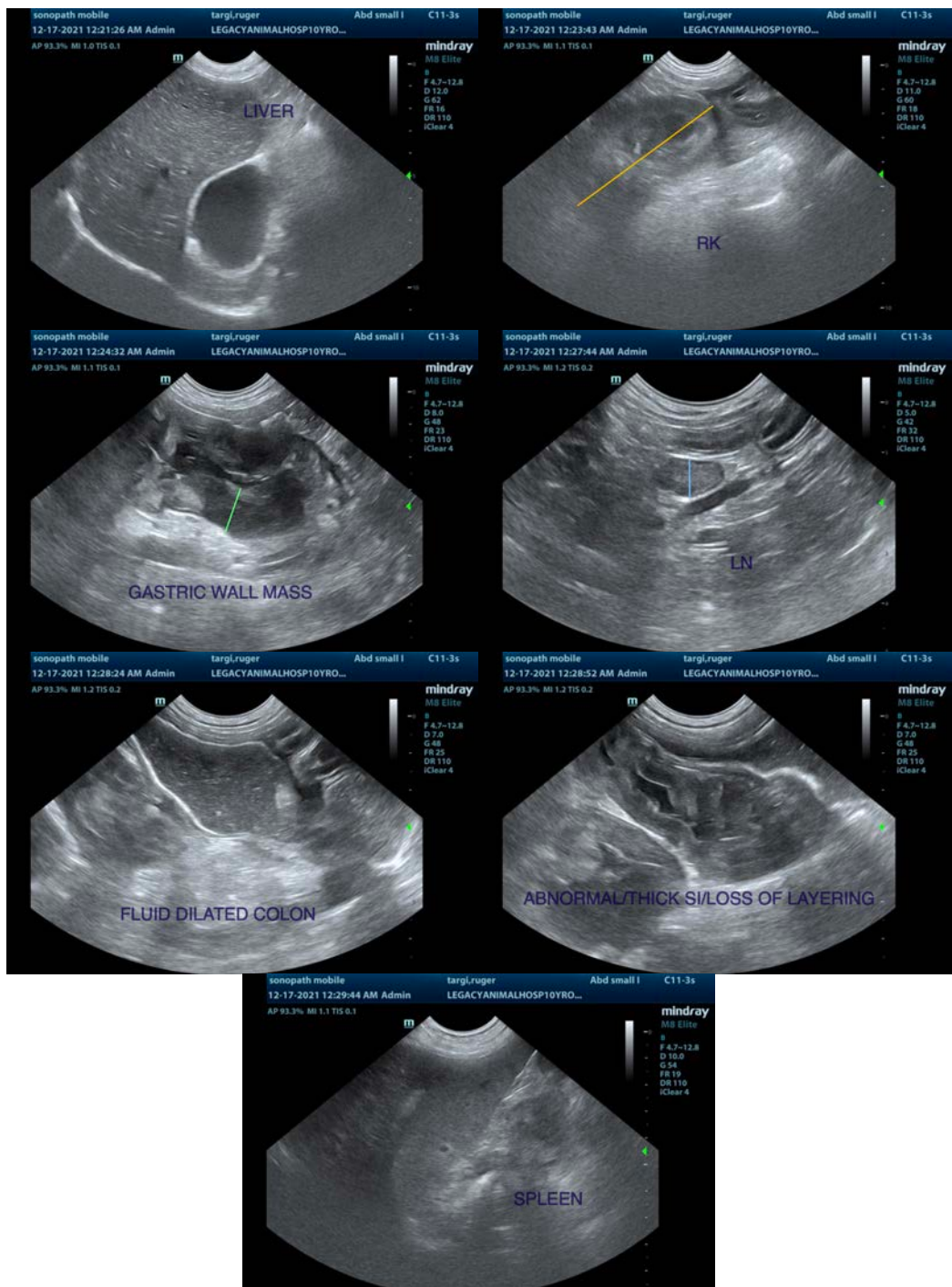
Dr. Kristen Potenzzone

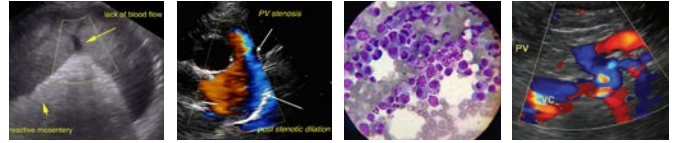
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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