

PATIENT PRESENTING CLINICAL SIGNS

Jack Buckley Senior pet. Overall doing well. Physical exam findings: OA in the hips and stifles. Nuclear sclerosis, Moderate dental caclulus. Multiple subcutaneous masses over the body Abnormal CBC values: mild lymphopenia and mild thrombocytosis Abnormal Chemistry Values: ALT 280 (18 - 121 U/L), ALP 503 (5 - 160 U/L), Cholesterol 411 (131 - 345 mg/dL), Creatinine Kinase 349 (10 - 200 U/L) Abnormal UA Values: WNL Radiograph Findings(email radiographs if available): Possible mass effect in the cranial abdomen on right lateral abdominal projection. Chest radiographs WNL Reason for Ultrasound: Assess the liver or cause of elevations in liver values and to make sure there are no abdominal masses present.

SPECIES

Canine

BREED

Spaniel Springer

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Neutered Male

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.

AGE

13 years

The prostate is normal in size (0.84 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.

WEIGHT

56.9 Pounds

The left kidney has a normal shape and size (6.24 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.

INTERPRETED BY

Kathleen Sennello DVM,
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(Small Animal Internal
Medicine)

The right kidney has a normal shape and size (6.5 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. A small cortical cyst measured 0.67 cm. 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

Loetitia Saint-Jacques, RVT

Adrenal Glands

The left adrenal gland is normal in size measuring 0.52 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.

HOSPITAL NAME

Alpine AH

The right adrenal gland is normal in size measuring 0.52 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.

REFERRING VET

Dr. Sheets

Spleen

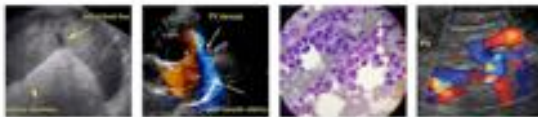
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The spleen is subjectively (normal or large) in size The spleen echotexture is heterogenous and mottled, the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There are two hypoechoic nodules visualized in the splenic parenchyma. One measured 0.48 cm and one measured 0.35 cm.

DATE

12/17/21



PATIENT *Liver*

Jack Buckley

The liver is subjectively normal in size, and echogenicity with rounded margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. Towards the medial caudal aspect of the liver there are isoechoic, rounded mass like structures that can be consistent with isoechoic masses or rounded, irregular liver lobes. The rounded, more distinct areas measured 4.1 x 3.79 cm and 4.4 x 5.7 cm. The gallbladder lumen is moderately distended. The wall of the gallbladder 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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BREED

Spaniel Springer

Gastrointestinal

SEX

Neutered Male

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

13 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 (0.42 cm) and the jejunum measured as normal (0.33 cm). Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

WEIGHT

56.9 Pounds

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

The pancreas is prominent and hypoechoic as compared to the surrounding isoechoic mesentery. In one view there is a hypoechoic, rounded structure that measured 0.63 cm. This is adjacent to the small intestine. This lesion could represent pancreatic duct in cross section or a pancreatic nodule.

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Free Abdomen

HOSPITAL NAME

Alpine AH

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

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Heart

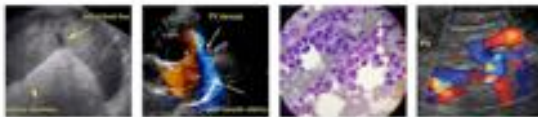
A brief view of the heart was submitted. No pericardial effusion was seen.

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PATIENT **ULTRASONOGRAPHIC FINDINGS**

Jack Buckley

PRIMARY FINDINGS:

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Spaniel Springer

SEX

Neutered Male

AGE

13 years

WEIGHT

56.9 Pounds

- Large heterogenous liver with suspected, hypoechoic mass effects. These lesions could be consistent with benign or cancerous lesions. They are isoechoic and relatively subtle. An alternate differential would be irregular, rounded liver lobes.
- Mildly mottled spleen with hypoechoic nodules. There are several, non-cavitated, hypoechoic splenic nodules visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Hypoechoic, prominent pancreas with visualized, hypoechoic, circular structure. The findings could be consistent with mild or previous pancreatic inflammation. The hypoechoic structure could either be the pancreatic duct in cross section or pancreatic nodule. I recommend to continue monitoring.

SECONDARY FINDINGS:

- Moderate gallbladder sludge. The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver abnormalities visualized are relatively benign in appearance and the echotexture is similar to the more normal liver and no cavitations or inflammation are present. Options moving forward include:

- FNA of the mass effects imaged.
- Advanced imaging (contrast CT scan of the liver to better delineate the liver structure and the likelihood of these being discrete mass effects. This would be ideal for possible surgical planning.

Additionally, there are some small, hypoechoic lesions in the spleen. These do not deform the splenic capsule and are equally likely to be benign as they are to be malignant lesions. Options moving forward include a FNA or splenectomy.

Additionally the pancreas is prominent. This could be consistent with current inflammation or could be due to previous episodes. There is a subtle, hypoechoic region visualized in the pancreas which could represent a small nodule or prominent pancreatic duct. I recommend to continue monitoring, potentially a PLI level and if a CT scan for the liver this area can be evaluated as well.

I recommend three view thoracic radiographs if not already done. While there are multiple lesions evident on today's scan and this is concerning. There is a potential that all these lesions are benign and not causing significant symptoms. Unfortunately there is a possibility that these represent more sinister disease processes and causing general malaise, etc.

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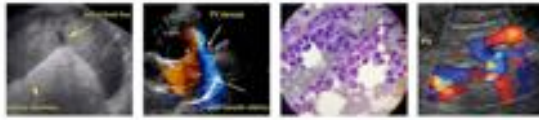
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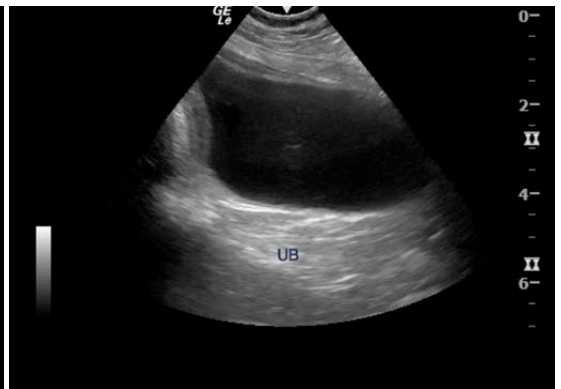
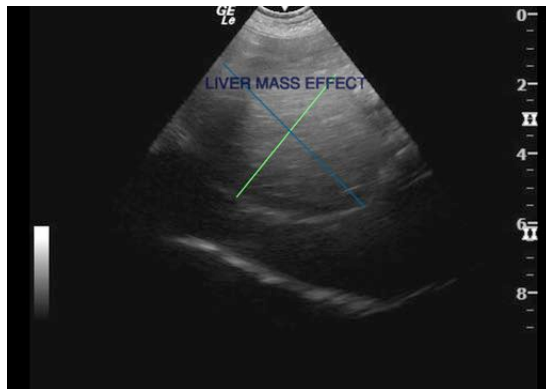
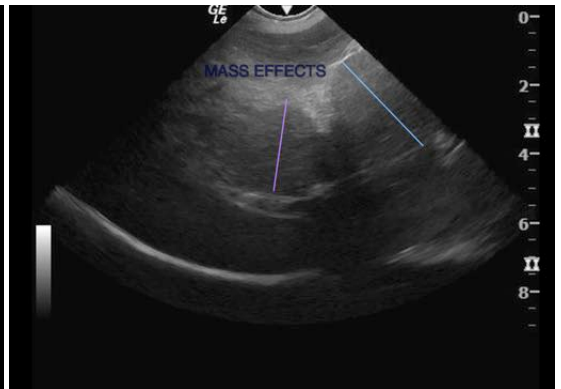
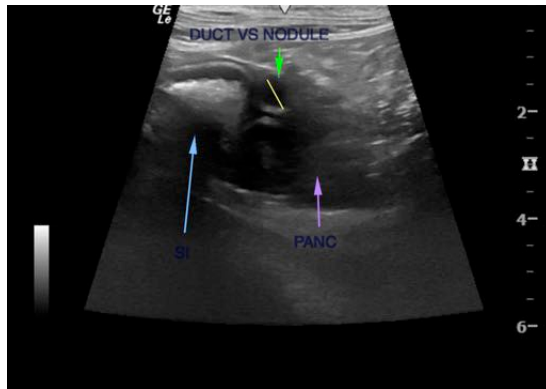
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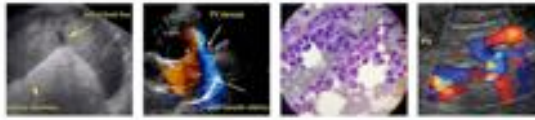
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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