



PATIENT

Chip Buxton

SPECIES

Canine

BREED

Greyhound

SEX

Spayed Female

AGE

9 Years

WEIGHT

66.3 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Jessica Bailes

HOSPITAL NAME

All Creatures Great &
Small Corvallis

REFERRING VET

Dr. Jessica Bailes

INVOICE

33200

DATE

12/2/21

PRESENTING CLINICAL SIGNS

Rapid progressive weight loss and picky appetite.
Abnormal PE/Chem/CBC/UA Results: Slightly underweight, otherwise NSF on PE Lateral thoracic radiograph: NSF Lateral abdominal radiograph: mass effect noted central abdomen BW: CHEM: increased ALT (196), increased PSL (433) CBC: NSF

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 (6.66 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 (7.26 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 0.42 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 region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

Spleen

The spleen is large in size. The spleen echotexture is severely heterogenous, the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is a large, hypoechoic mass effect towards the tail of the spleen measuring 6.5 cm x 3.11 cm. This mass effect is solid, irregular, and surrounded by hyperechoic mesentery. There is an omental mass effect adjacent to this original mass.

Liver

The liver is large in size, and normal in 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 are too numerous to count hypoechoic nodules throughout the hepatic parenchyma. They are somewhat irregular and solid, varying size from 6.0 cm to 5.1 cm. Findings are most consistent with metastatic disease.

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 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.

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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

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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

WEIGHT

66.3 Pounds

There is a small amount of free abdominal fluid. There is a mild general mesenteric lymphadenopathy, and the omentum is of increased echogenicity around the splenic mass.

ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

Kathleen Sennello DVM,
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Medicine)

- Large, hypoechoic, irregular, solid splenic mass – A focal, solid, mixed echogenic mass is present within the splenic parenchyma. This mass distorts the splenic capsule. Differentials include benign lesions such as lymphoid hyperplasia, hemangioma, etc., or neoplastic lesions such as hemangiosarcoma, lymphoma, histiocytic sarcoma, etc. The appearance of this mass favors a neoplastic process.
- Heterogeneous liver with diffuse irregular nodules – These nodules are most consistent with metastatic disease. A benign process is not impossible, but seems unlikely.
- Decreased corticomedullary distinction in both kidneys – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.
- Small amount of free abdominal fluid – This could represent hemorrhage or inflammatory fluid from the mass effect.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

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Unfortunately, there is a large, irregular splenic mass in addition to numerous irregular, hypoechoic liver masses. These findings are suggestive of a metastatic process. Consider fine needle aspirate of the spleen and liver. If a diagnosis is obtained, recommend consultation with a veterinary oncologist regarding prognosis and possible treatment options, as I am concerned that resection of the liver mass would be difficult. Recommend 3-view thoracic radiographs.

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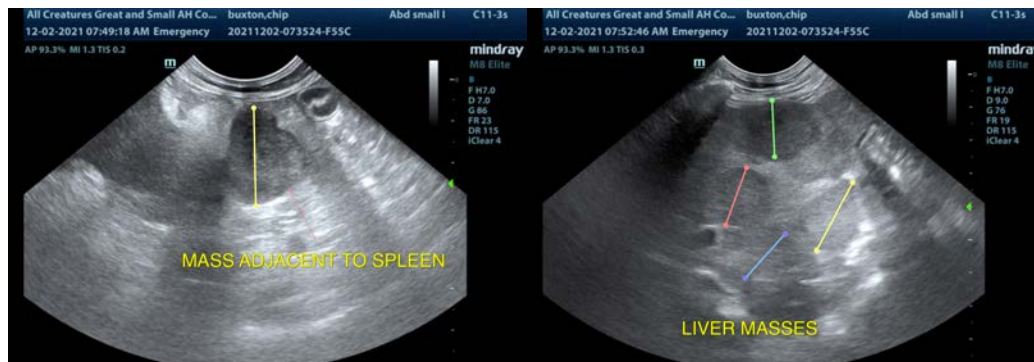
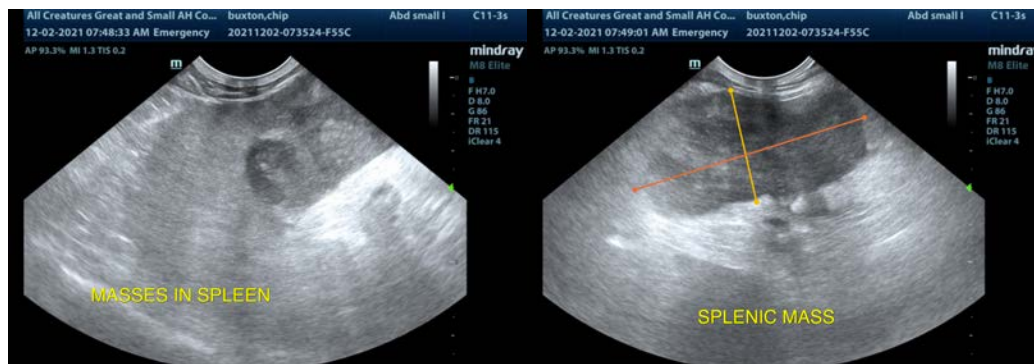
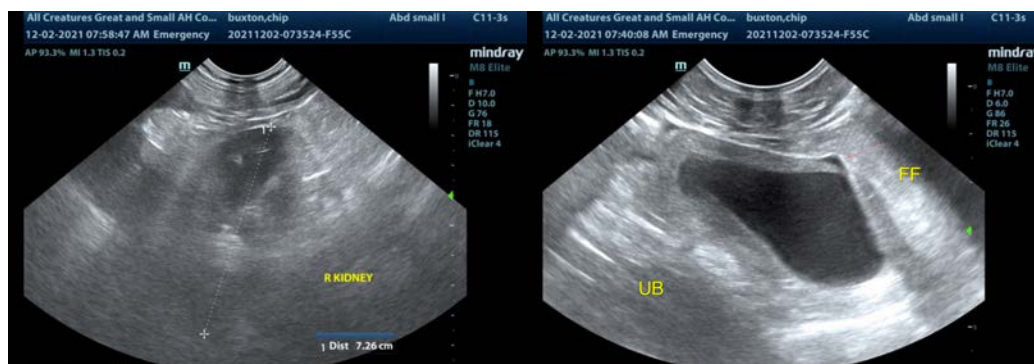
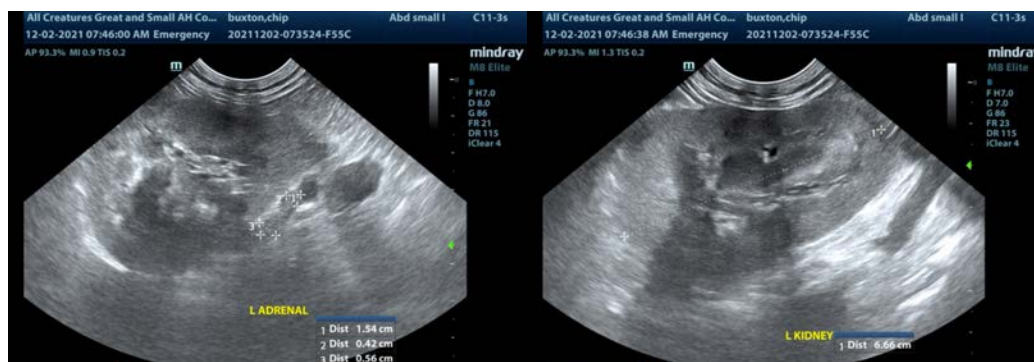
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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