



**PATIENT**

Dakota Golden Rescue

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Spayed Female

**AGE**

10 Years

**WEIGHT**

56 Pounds

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Megan Cassels-  
Conway

**HOSPITAL NAME**

Central Broward AH

**REFERRING VET**

Dr. Janeen Lezcano

**INVOICE**

33320

**DATE**

12/7/21

**PRESENTING CLINICAL SIGNS**

P presented for mass of nail in RF paw secondary to trauma. P had history of arrhythmia but appeared non symptomatic for it. On pre-op abd rads a cranial abd mass was noted.

Abnormal PE/Chem/CBC/UA Results: 9/21: 4DX: ALL NEG 12/4/21: CBC: Hct: 43, Chem: alb: 2.3L, glob: 3.8H, choles: 544H, creat: 1.3, T4: 2.2, UA: SG: 1.030, 4+ prot, quiet sediment, UPC: 3.9H, UCS: pending, bp: 170/102 mmHg: 12/4/21: Cardio radio/EKG consult: normal cardiac silhouette w pronounced aortic arch; r/o hypertension (sec to glomerulonephritis) vs sub-aortic stenosis (no HM ausculted). Echo scheduled for later this week

**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 (3.52 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 (7.16 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 0.45 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 XXcm 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, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is a large, solid, mixed echogenic mass effect arising from the spleen, measuring 7.19 cm x 4.21 cm.

**Liver**

The liver is subjectively normal 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. There are numerous small hyperechoic nodules visualized throughout the parenchyma, measuring 1.07, 1.73, 0.67 cm.

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.

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.) 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 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**

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.

**ULTRASONOGRAPHIC FINDINGS**

- Mildly reduced corticomedullary distinction in both kidneys – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.
- Large, solid, mixed echogenic 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.
- Heterogeneous liver with hyperechoic nodules – 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. There are small hyperechoic nodules visualized. Hyperechoic nodules are more likely to be benign nodules. Underlying metastatic neoplasia is thought unlikely but cannot be excluded.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

A large, solid, mixed echogenic splenic mass is visualized. Recommend 3-view thoracic radiographs and splenectomy. Additionally, the liver is slightly heterogeneous with some hyperechoic nodules. The appearance appears somewhat benign, but consider biopsy at the time of surgery.

The ultrasonographic changes to the kidneys are very mild, but it is not uncommon to have significant glomerular disease with relatively normal appearing kidneys. I typically recommend vector borne disease testing in these individuals to look for heartworm disease, Lyme disease, etc. (NC State's vector



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borne disease Lab canine comprehensive panel). These values should be monitored, and therapy should be started for the hypertension.

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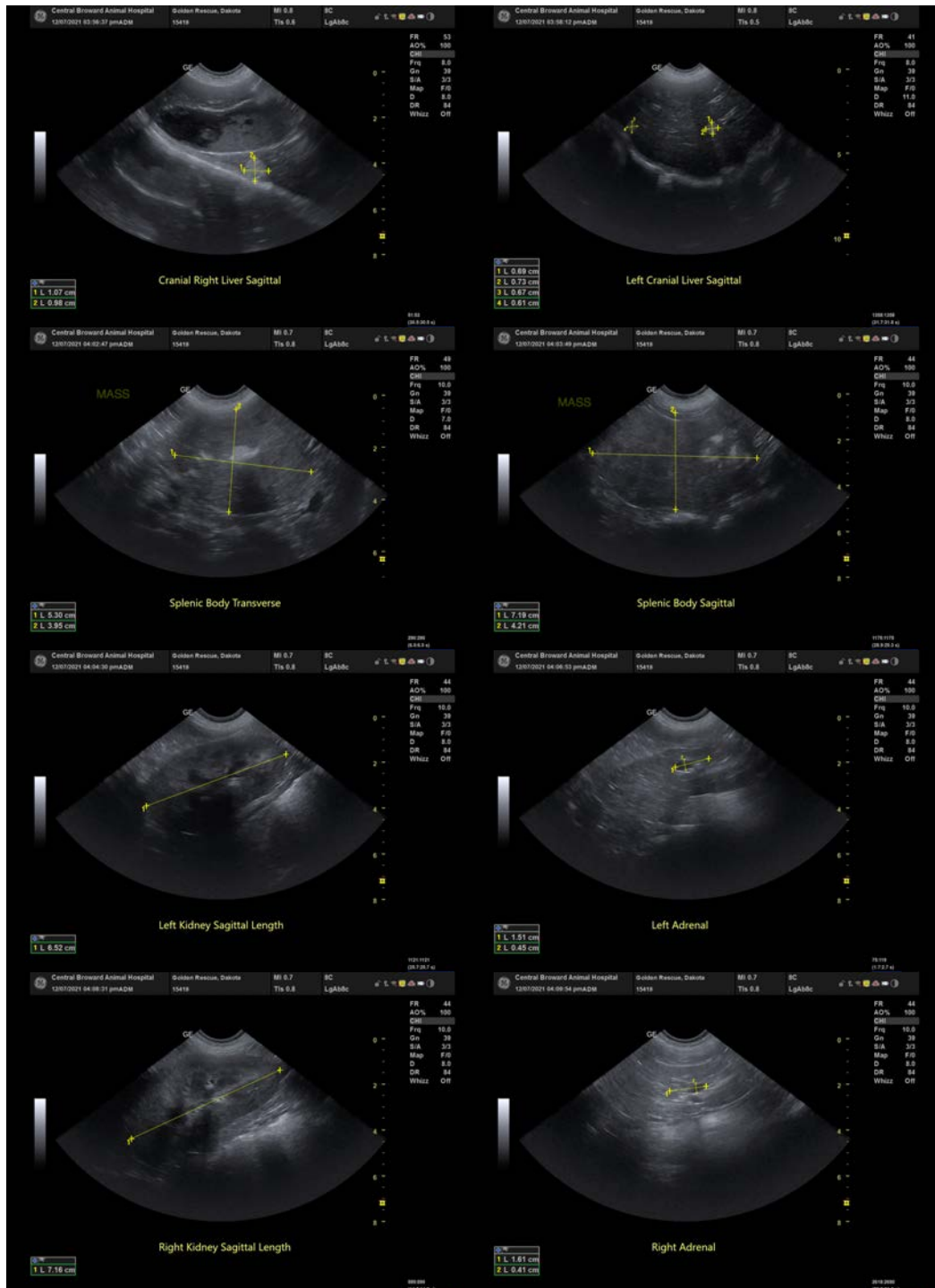
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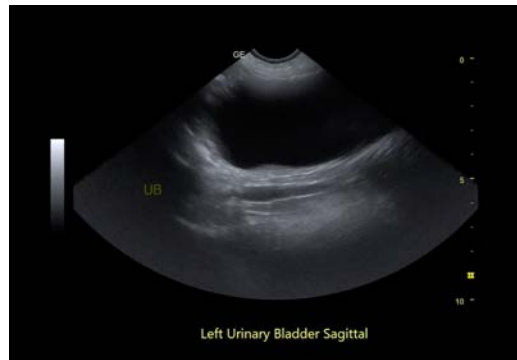
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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