

PATIENT

Echo LaRue

PRESENTING CLINICAL SIGNS

DOB 1/1/10 GSD MN BW 101.4# diagnosed with a 10 cm cavitated splenic mass 10/22/21. Not removed surgically Currently taking multiple herbal supplements (Yunnan bai yao, turkey tail mushroom, Dispel Stasis in the Palace of the Blood from Kan herbals, CBD and a cannabis product called Rick Simpson oil)

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

GSD

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.

SEX

Neutered Male

The prostate is normal in size 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.

AGE

11 Years

The left kidney has a normal shape and size 8.81 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.

WEIGHT

101 Pounds

The right kidney has a normal shape and size (8.2 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,
MS, Diplomate ACVIM
(Small Animal Internal
Medicine)

Adrenal Glands

The region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect.

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

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.

HOSPITAL NAME

Sierra Animal Wellness

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. There is a very large, cavitated, hypoechoic mass effect near the head of the spleen measuring 9.94 cm x 11.73 cm. This lesion is thin walled, and the cavitated areas comprises approximately 85% of the lesion.

REFERRING VET

Dr. Peggy Roberts

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

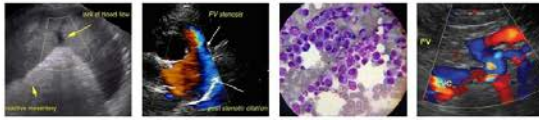
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DATE

12/8/21

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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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 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.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a severe mesenteric lymphadenopathy in the region of the spleen with large, hyperechoic, irregular lymph nodes visualized measuring 1.8 cm x 3.4 cm and 1.6 cm x 2.7 cm. An additional node was visualized at 2.0 cm x 3.46 cm.

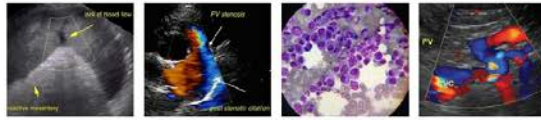
The omentum is of increased echogenicity surrounding the splenic mass.

ULTRASONOGRAPHIC FINDINGS

- Large, thin walled, cavitated splenic mass – A large, heterogenous mass with cavitations is present within the splenic parenchyma. The mass distorts the splenic capsule. Differentials for the mass include neoplasia (e.g., hemangiosarcoma, hemangioma), hematoma, abscess, other. A neoplastic process is favored.
- Severe regional lymphadenopathy – Splenic lymph nodes are very large and appear abnormal. There is a high concern for metastatic disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic mass is very large and thin walled. It is approximately 85% fluid filled, so there is very high risk for rupture. Additionally, there are enlarged abnormal localized lymph nodes, were is very concerning for possible metastatic disease. Prognosis for this individual is poor, even with surgery, but statistically approximately 25% of these lesions are benign, and I suspect that rupture of the splenic mass would be catastrophic. Recommend 3-view thoracic radiographs and consider cardiac ultrasound.



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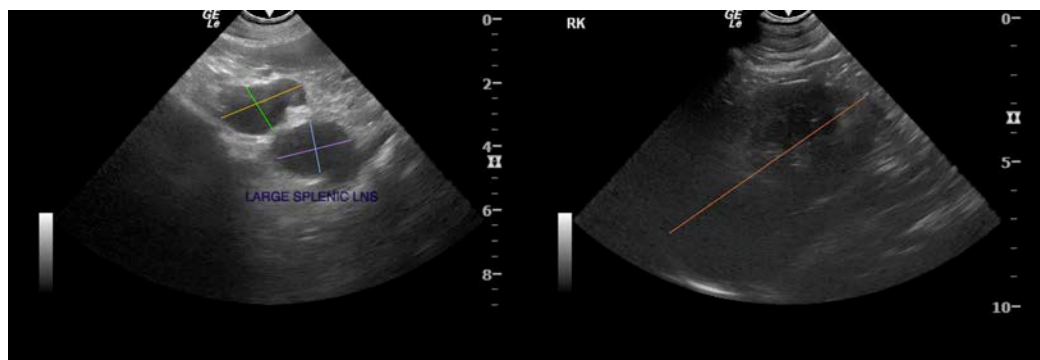
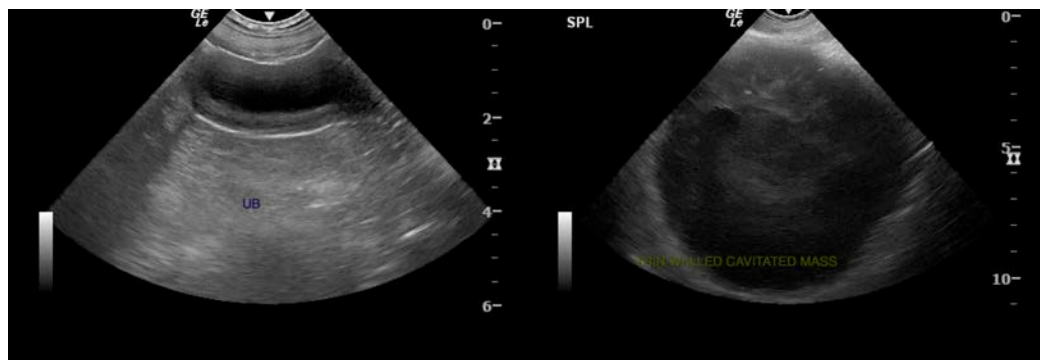
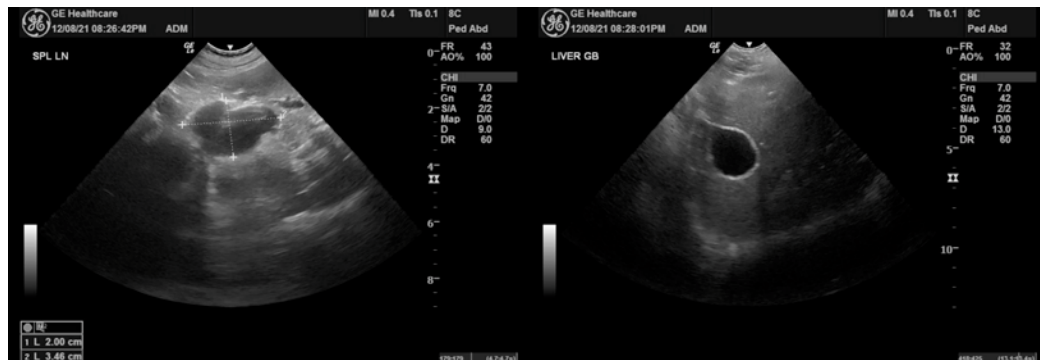
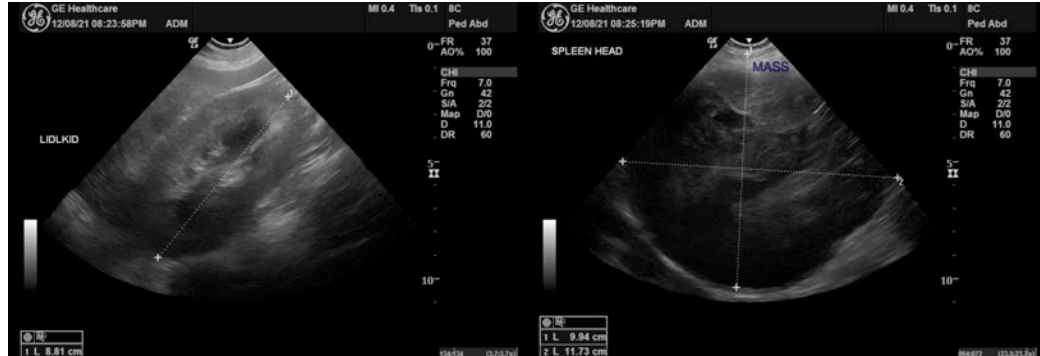
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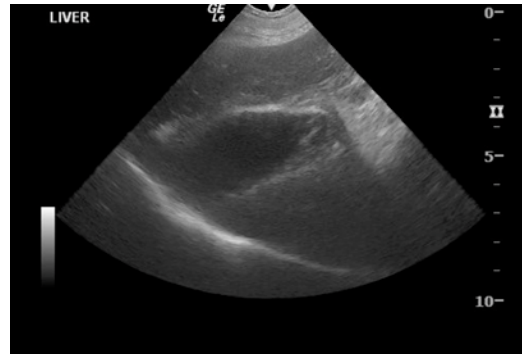
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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