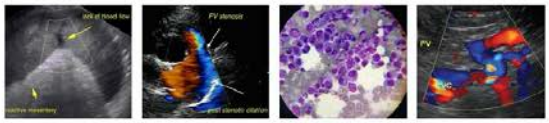
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Baker Baker

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

12 Years

WEIGHT

32 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

MountainView AH

REFERRING VET

Dr. Pablo Mendoza

INVOICE

33405

DATE

12/9/21

PRESENTING CLINICAL SIGNS

PAWS Request Form: Chief Concern / Provisional Diagnosis: ~Suspected hepatomegaly, Anal gland mass~ Relevant Medical History and Physical Exam findings: ~Patient presented on 12/3/21 for vomiting and overall discomfort. On physical examination noted moderate abdominal pain on palpation and mild distension. Subjective hepatic enlargement on abdominal radiographs. Patient has a history on right anal gland mass and has surgery scheduled for 1/3/22~ Recent Diagnostics: Relevant Labratory Results / Abnormalities: ~ Globulin 5.0 (2.5 - 4.5 g/dL) ALP 239 (23 - 212 U/L)

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 (0.89 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 (4.99 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.

The right kidney has a normal shape and size (4.77 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.

Adrenal Glands

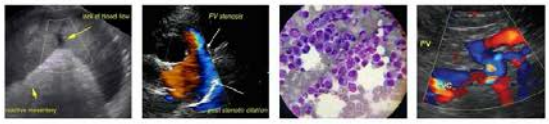
The left adrenal gland is normal in size measuring 0.55 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.51 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, the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There are diffuse hyper- and hypoechoic nodules visualized within the spleen, some that deform the capsule. There are 0.62 cm and a 0.68 cm hypoechoic nodules in the caudal portion of the spleen, one of which is cavitated. In the cranial aspect ther are some larger hyperechoic nodules varying in size from 1.0-1.5 cm.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Baker Baker

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

12 Years

WEIGHT

32 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

MountainView AH

REFERRING VET

Dr. Pablo Mendoza

INVOICE

33405

DATE

12/9/21

Liver

The liver is large 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 clusters of hyperechoic nodules within the hepatic parenchyma measuring 1.87 cm and 2.17 cm in diameter.

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.

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.

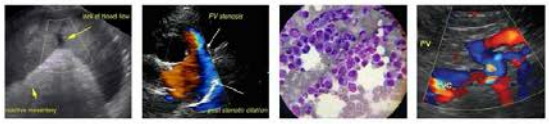
Other

A brief view of the heart was submitted with evidence of pericardial effusion and a right auricular mass. An echo was submitted.

ULTRASONOGRAPHIC FINDINGS

- Diffuse hyper- and hypoechoic splenic 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. Concern for a neoplastic process is very high. Consider nodules in other locations and the heart base mass.

- Heterongeeous livers 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



PATIENT

Baker Baker

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

12 Years

WEIGHT

32 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

MountainView AH

REFERRING VET

Dr. Pablo Mendoza

INVOICE

33405

DATE

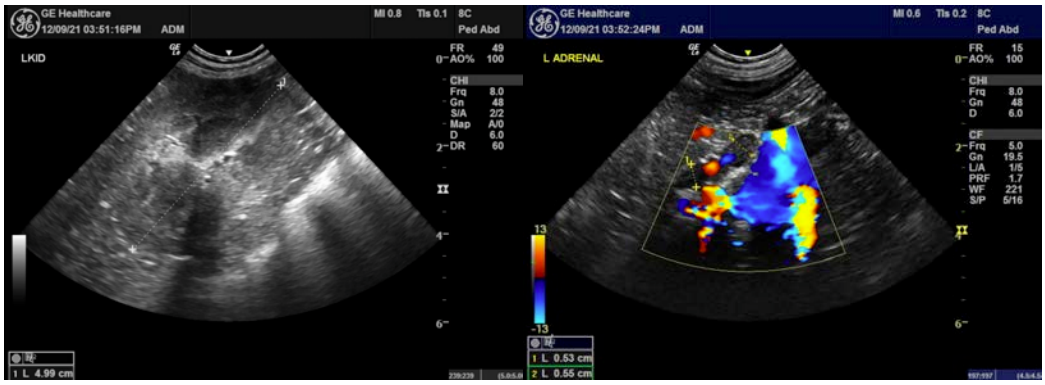
12/9/21

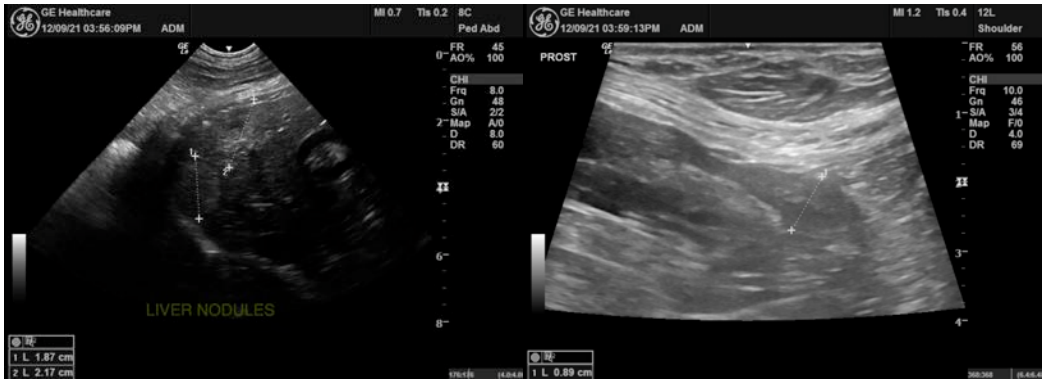
hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy. Concern for a neoplastic process is high based on the splenic nodules and right auricular mass visualized.

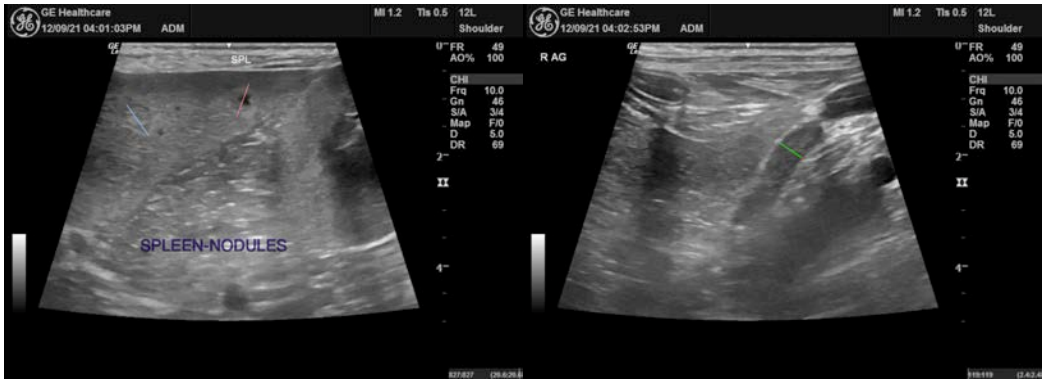
- Pericardial effusion and right auricular mass visualized

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

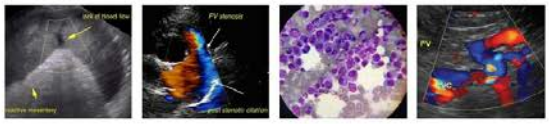
There are hyper- and hypoechoic nodules visualized in both the spleen and liver. This in combination with the right auricular mass and pericardial effusion are very concerning for the possibility of an underlying neoplastic process. Consider a fine needle aspirate of the splenic nodules, both hyper- and hypoechoic to try to obtain more information. Recommend consultation with a veterinary oncologist regarding prognosis and treatment options.







SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Baker Baker

SPECIES

Canine

BREED

Mixed

SEX

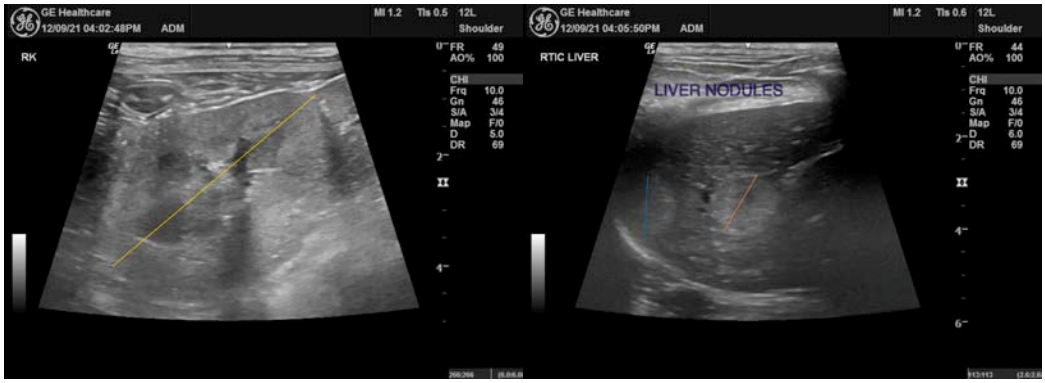
Neutered Male

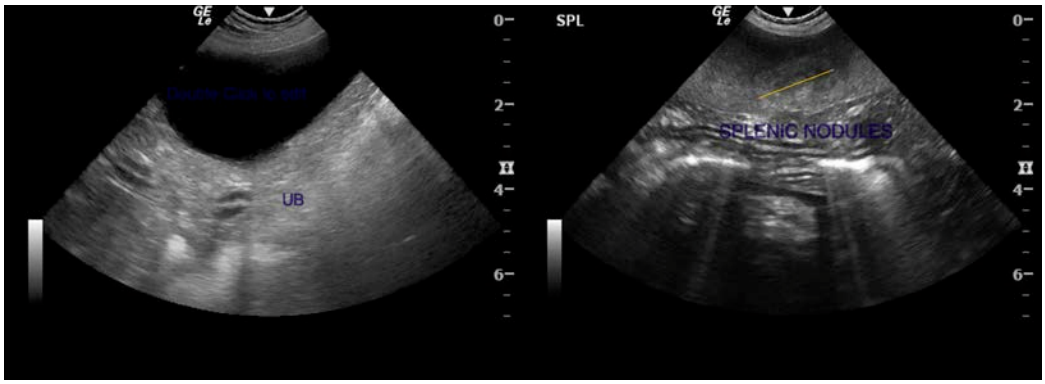
AGE

12 Years

WEIGHT

32 Pounds





INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

MountainView AH

REFERRING VET

Dr. Pablo Mendoza

INVOICE

33405

DATE

12/9/21

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)

kathleen.sennello@sonopath.com