

**PATIENT**

Gunner Bartone

**PRESENTING CLINICAL SIGNS**

**SPECIES**

Canine

**BREED**

Rottweiler

**SEX**

Neutered Male

**AGE**

7 Years

**WEIGHT**

99 Pounds

Diagnosis: Sarcoma of the right medial stifle with metastasis to the right popliteal lymph node  
 Relevant Medical History and Physical Exam findings: Gunner presented ~10 days ago for examination of a new mass. He was found to have an approximately 2.5In firm, tightly adhered mass associated with the medial aspect of the right stifle (right over joint and adjacent to patella). The right popliteal lymph node was enlarged at about 3cm. Gunner was mildly asymmetric in his gait but not overtly painful or limping. Comfortable on palpation of all joints. Gunner has a 2 years history of right CCL tear which was managed medically with prolotherapy injections into the joint, acupuncture, chiropractic and NSAIDs. He had been doing well and had no restrictions for about 1.5 years. Recent Diagnostics: Relevant Laboratory Results / Abnormalities: Cytology of the lymph node and mass were consistent with a sarcoma with histiocytic sarcoma considered most likely. Could not exclude osteosarcoma at this point. Current medications (include full name, dosage and frequency): Gabapentin 300mg BID-TID, Galliprant 100mg SID  
 Relevant Radiograph Findings(email radiographs if available): Radiographs of the stifles and chest. Chest radiographs were clear of metastasis. There was a large soft tissue structure associated with the joint with bony lysis of the femoral condyle. There was also severe degenerative changes to both stifles. Radiographs were highly suspicious for histiocytic sarcoma in the radiologists opinion as it didn't have a classic appearance for osteosarcoma and seemed to involve the joint.

**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.

**INTERPRETED BY**

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

The prostate is normal in size (1.1 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.

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques, RVT

The left kidney has a normal shape and size (7.06 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.

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The right kidney has a normal shape and size (5.89 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.

**REFERRING VET**

Dr. Sarah Kalivoda

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.61 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.

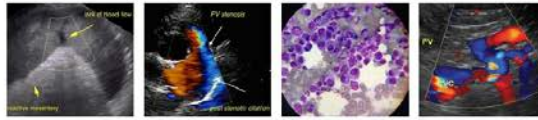
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The right adrenal gland is normal in size. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

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**Spleen**

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The spleen is 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. The spleen is diffusely infiltrative with hypoechoic ill-defined nodules varying in size from 0.25-2.0 cm. These nodules disrupt the splenic capsule and appear expansile. Additionally, there are larger nodules/masses towards the tail of the spleen, measuring 4.34 cm x 5.83 cm.

**BREED**

Rottweiler

**Liver**

**SEX**

Neutered Male

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. No focal nodules or cystic lesions are observed.

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.

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.

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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.

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**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.

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**Free Abdomen**

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a significant caudal lymphadenopathy present with a popliteal lymph node measuring 2.7 cm, and prominent left and right iliac lymph nodes. The left iliac lymph node measures 1.3 cm. The right measures 1.1 cm x 2.8 cm. The omentum is of normal echogenicity.

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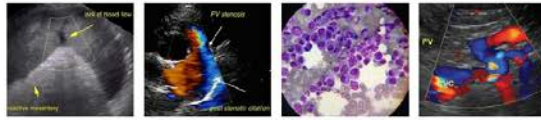
**Other**

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

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The mass medial to the right patella is imaged. It appears cutaneous/subcutaneous, and is 2.1 cm in deep and uniformly hypoechoic.



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**ULTRASONOGRAPHIC FINDINGS**

- Diffusely nodular heterogeneous spleen with larger hypochoic mass effect – concerning for metastatic neoplasia, likely consistent with the suspected histiocytic sarcoma.
- Heterogeneous liver – 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.
- Severe caudal abdominal lymphadenopathy – most consistent with spread of the suspected histiocytic sarcoma to the popliteal lymph node and likely iliac lymph nodes.
- Hypochoic subcutaneous mass effect of the right medial stifle – suspected diagnosis of histiocytic sarcoma based on cytology and radiographic findings.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The findings in the spleen and lymph nodes are concerning for possible metastatic process, presumptively originating in the mass lesion on the pelvic limb. If confirmation is desired, the recommend a fine needle aspirate of the spleen. Recommend consultation with a veterinary oncologist regarding prognosis and treatment options.





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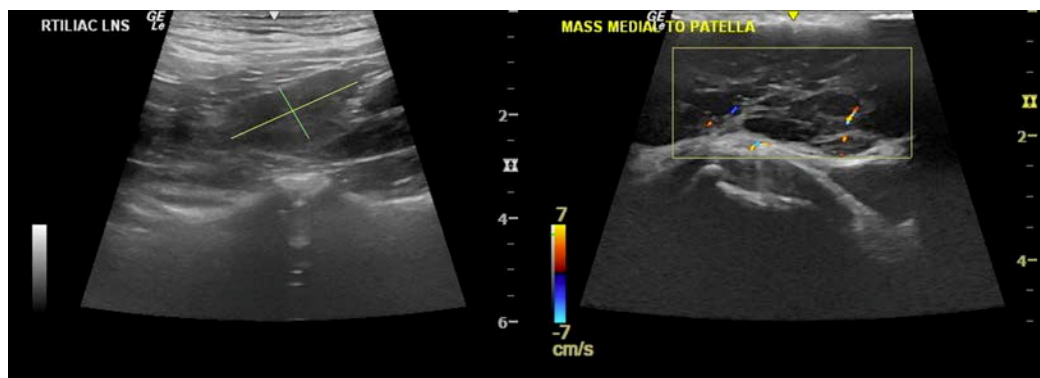
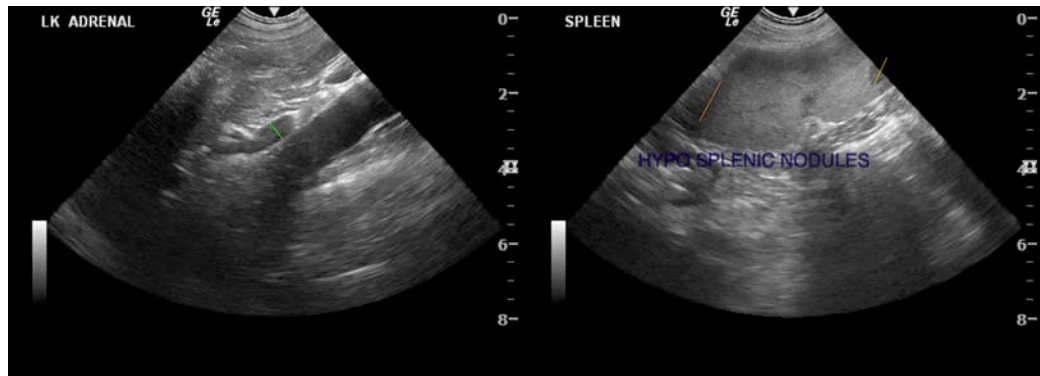
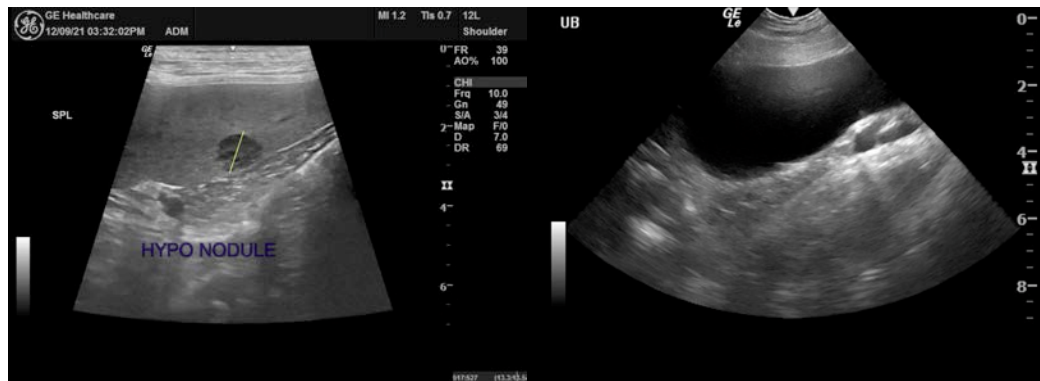
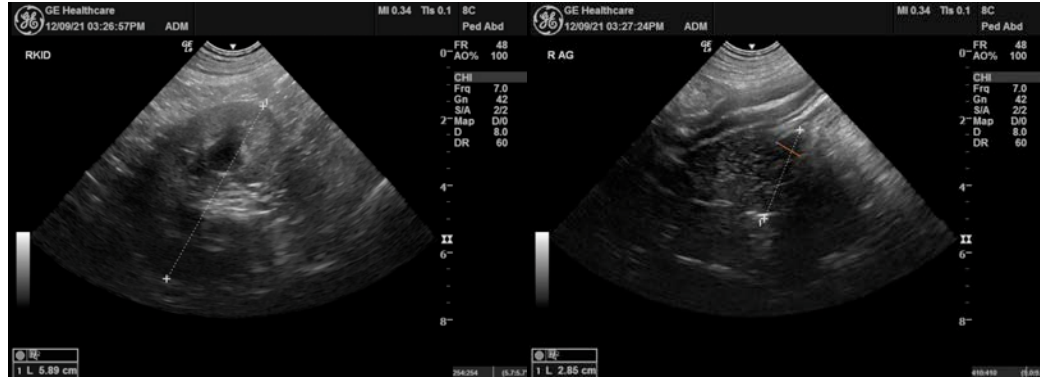
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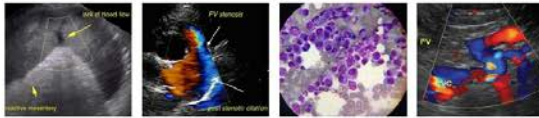
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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