



PATIENT PRESENTING CLINICAL SIGNS

Foxy Trattner Abd ultrasound requested following presentation to local ER on 12/26/21 for collapse, pallor; has been doing well since
Abnormal PE/Chem/CBC/UA Results: CBC today is normal other than slight lymphopenia; on 12/26 noted to have hyperproteinemia 9.8 with elev globulins 7.1; mild azotemia with isosthenuria (quiet sed)
 Thoracic rads 12/26 remarkable only for hypovolemia

SPECIES

Canine

BREED

Pointer

SEX

Spayed Female

AGE

12 years

WEIGHT

29 kg

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 (6.51 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 (6.0 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)

IMAGING PERFORMED BY

Dr. Callihan/Pacific
mobile

HOSPITAL NAME

Pacific Crest Mobile
Vet

REFERRING VET

Dr. Harvey/ Skagit AC

Adrenal Glands

The left adrenal gland is normal in size measuring 0.7 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 0.75cm 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 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. There is a very large cavitated thin walled mass effect on the spleen measuring > 9.87 x 7.83 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. No focal nodules or cystic lesions are observed. The gallbladder lumen is moderately distended. The wall of the gallbladder is not thickened and has a

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PATIENT	smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.
Foxy Trattner	
SPECIES	Gastrointestinal
Canine	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.
BREED	
Pointer	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.)
SEX	Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.
Spayed Female	
AGE	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.
12 years	
WEIGHT	Pancreas
29 kg	The region 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.
INTERPRETED BY	Free Abdomen
Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)	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 increased echogenicity in the cranial abdomen in particular.
IMAGING PERFORMED BY	Heart
Dr. Callihan/Pacific mobile	A brief view of the heart was submitted. No pericardial effusion was seen.
HOSPITAL NAME	ULTRASONOGRAPHIC FINDINGS
Pacific Crest Mobile Vet	PRIMARY FINDINGS:
REFERRING VET	<ul style="list-style-type: none"> Large, cavitated, thin walled splenic mass. 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. Mildly heterogenous liver. The hepatic changes are consistent with age-related parenchymal remodeling and are not considered clinically significant at this time. Decreased corticomedullary distinction in both kidneys. The bilateral renal findings are
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PATIENT

consistent with age-related change.

Foxy Trattner

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large, cavitated, thin walled, splenic mass, which I suspect either, ruptured and the fluid was resorbed or it may have hemorrhaged within the capsule.

SPECIES

Canine

- Recommend three view thoracic radiographs

BREED

Pointer

- Recommend splenectomy for both therapeutic and diagnostic purposes. Based on the thin walled nature of this lesion I would consider surgery necessary in the very near future.

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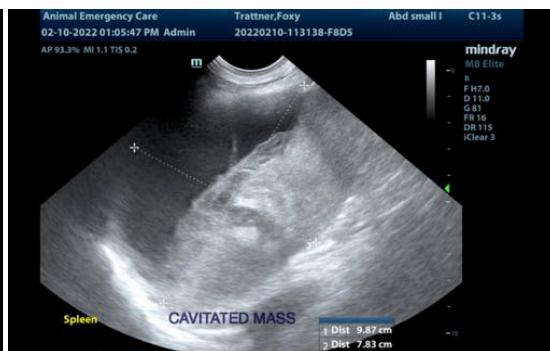
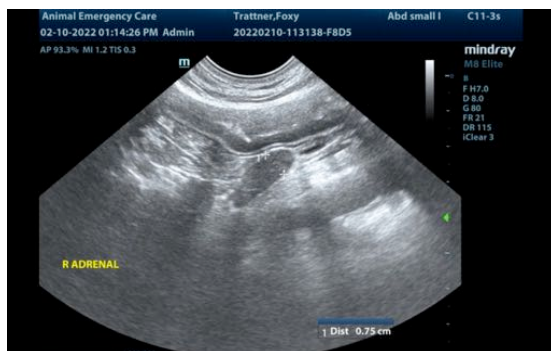
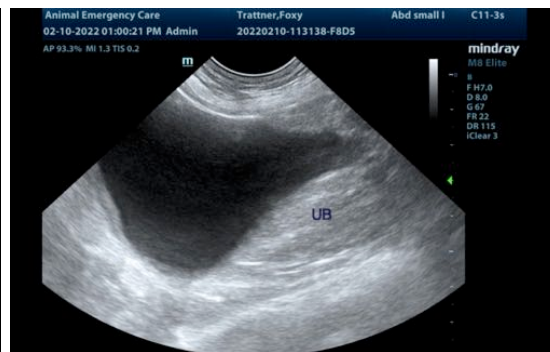
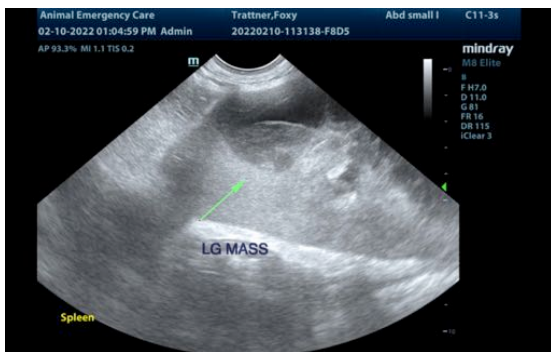
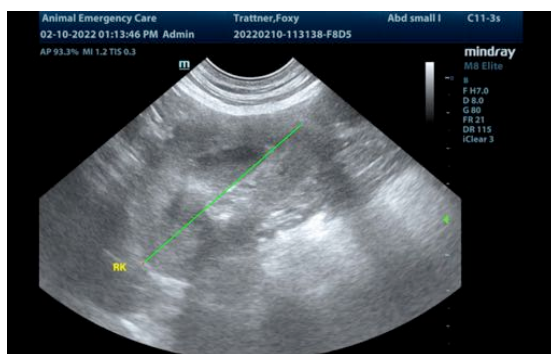
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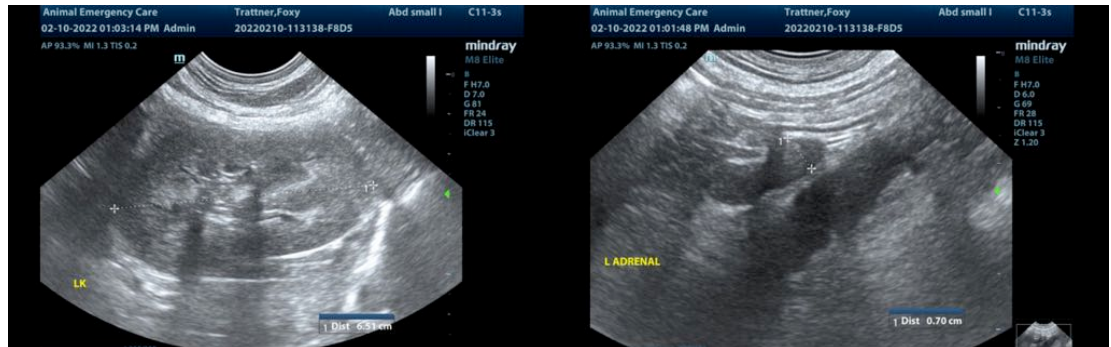
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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