

## PATIENT

Juliet Dworzan

## PRESENTING CLINICAL SIGNS

## SPECIES

Canine

## BREED

Pit Bull

## SEX

Spayed Female

## AGE

11 Years

## WEIGHT

51 Pounds

## INTERPRETED BY

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

## IMAGING BY

Loetitia Saint-Jacques,  
LVT

## HOSPITAL NAME

Advanced Pet Care of NV

## REFERRING VET

Dr Alexis Hazelwood

## INVOICE

35580

## DATE

2/10/22

History: Oral hemangiosarcomas with hemorrhaging present as of 1/6/2022. Thoracic radiographs performed on 1/27/2022 for metastasis check revealed: FINDINGS: The lungs are normal; no pulmonary nodules. The cardiac silhouette is within normal limits. The pulmonary blood vessels are normal. No pleural or mediastinal abnormalities seen. Bilateral shoulder degenerative changes are seen. The cranial abdomen is within normal limits. Cranial lumbar spondylosis deformans is noted. CONCLUSIONS: 1. Unremarkable thorax; no pulmonary metastasis. 2. Bilateral shoulder degenerative joint disease. RECOMMENDATIONS: If more information is desired regarding management of the bleeding oral mass, consultation with an oncologist and/or radiation oncologist would be recommended. Physical Exam Findings/Reason for Ultrasound: Phone consultation with oncologist – recommendation is for abdominal ultrasonography to check for metastasis (especially to the liver). Ultrasound results to help determine if P is a good candidate for invasive surgery for the removal of the oral mass. LABS WNL  
Abnormal PE/Chem/CBC/UA Results: Previous splenectomy for benign mass. RAD report: CONCLUSIONS: 1. Unremarkable thorax; no pulmonary metastasis. 2. Bilateral shoulder degenerative joint disease.

## 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 (6.38 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 hydronephrosis. Renal vasculature is normal.

The right kidney has a normal shape and size (6.2 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 hydronephrosis. Renal vasculature is normal.

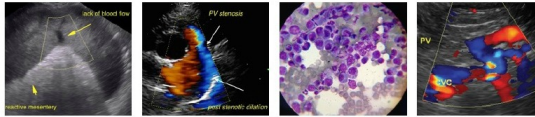
### Adrenal Glands

The left adrenal gland is normal in size measuring 0.67 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 0.81 cm at the cranial pole, 0.86 cm at the caudal pole, and 2.7 cm in length. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is somewhat irregular in appearance in that there is a small focal, hyperechoic area on the caudal pole measuring 0.44 cm. This lesion does not deform the shape of the adrenal gland.

### Spleen

Previous splenectomy.



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**Liver**

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is mildly 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.

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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.

**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.

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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**

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 are occasional prominent mesenteric lymph nodes visualized. The left sublumbar lymph node measures 0.7 cm. The right measures 0.9 cm. Two mesenteric lymph nodes are visualized measuring 0.62 cm and 0.83 cm. The omentum is generally of normal echogenicity.

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**ULTRASONOGRAPHIC FINDINGS**

- Mildly heterogeneous liver – The hepatic changes are consistent with age-related parenchymal remodeling and are not considered clinically significant at this time.
- Moderate gallbladder sludge – The significance of the aggregated gallbladder sludge is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.
- Hyperechoic focus in the caudal pole of the right adrenal gland – The significance of this is currently unclear. This could represent an incidental finding or be an early adrenal nodule.

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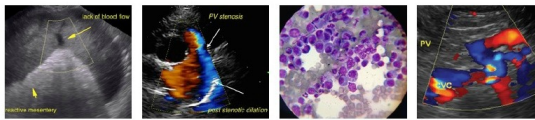
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- Prominent mesenteric lymph nodes – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely. These lymph nodes likely represent normal variation. These measurements represent a good baseline.

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- No spleen visualized – Patient previously had a splenectomy.

**BREED**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Pit Bull

There is no obvious evidence of metastatic lesions. The changes observed within the liver and lymph nodes likely represent normal variation, but a baseline has been established.

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There is a small hyperechoic focus in the left adrenal gland. The significance of this is unclear, but trends towards a benign process. Consider establishing a baseline blood pressure evaluation, and recommend continued monitoring. If this lesion changes or grows, or there is hypertension present, consider further diagnostic workup for possible adrenal nodule, pheochromocytoma, etc.

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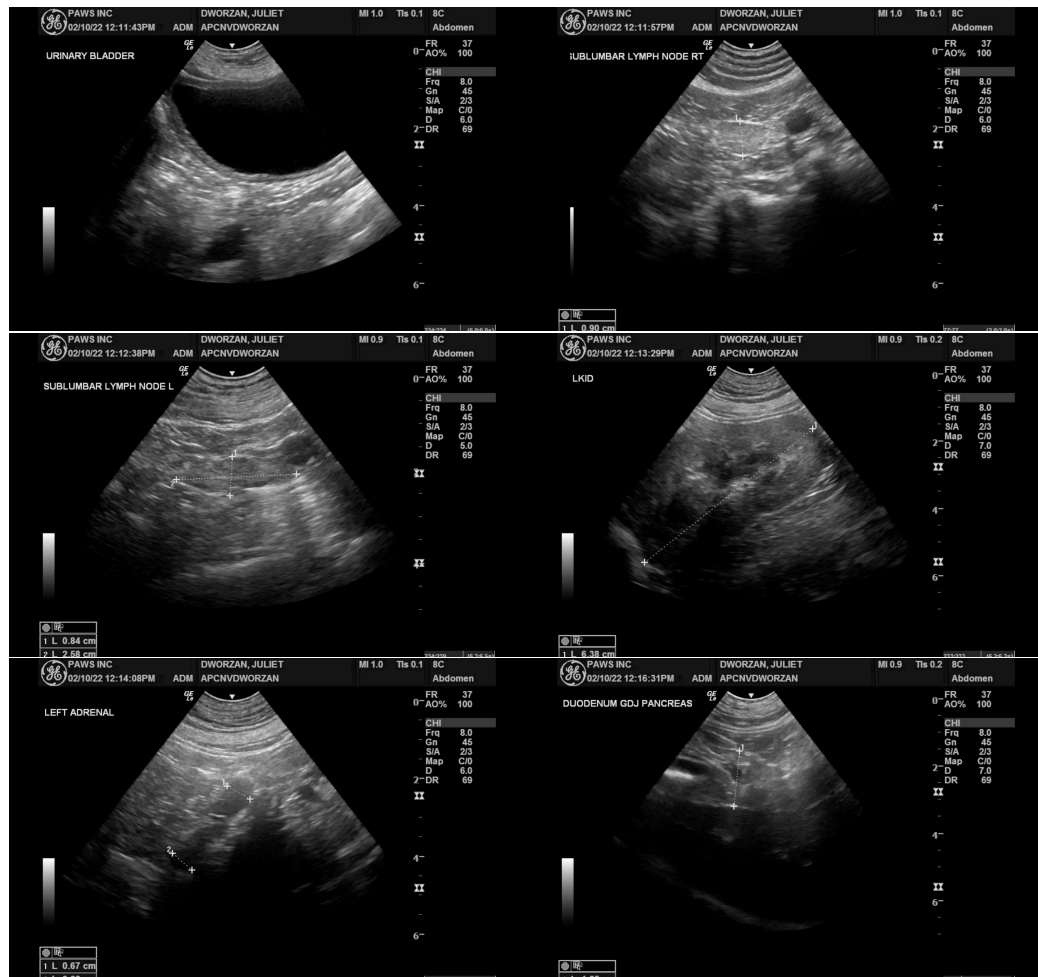
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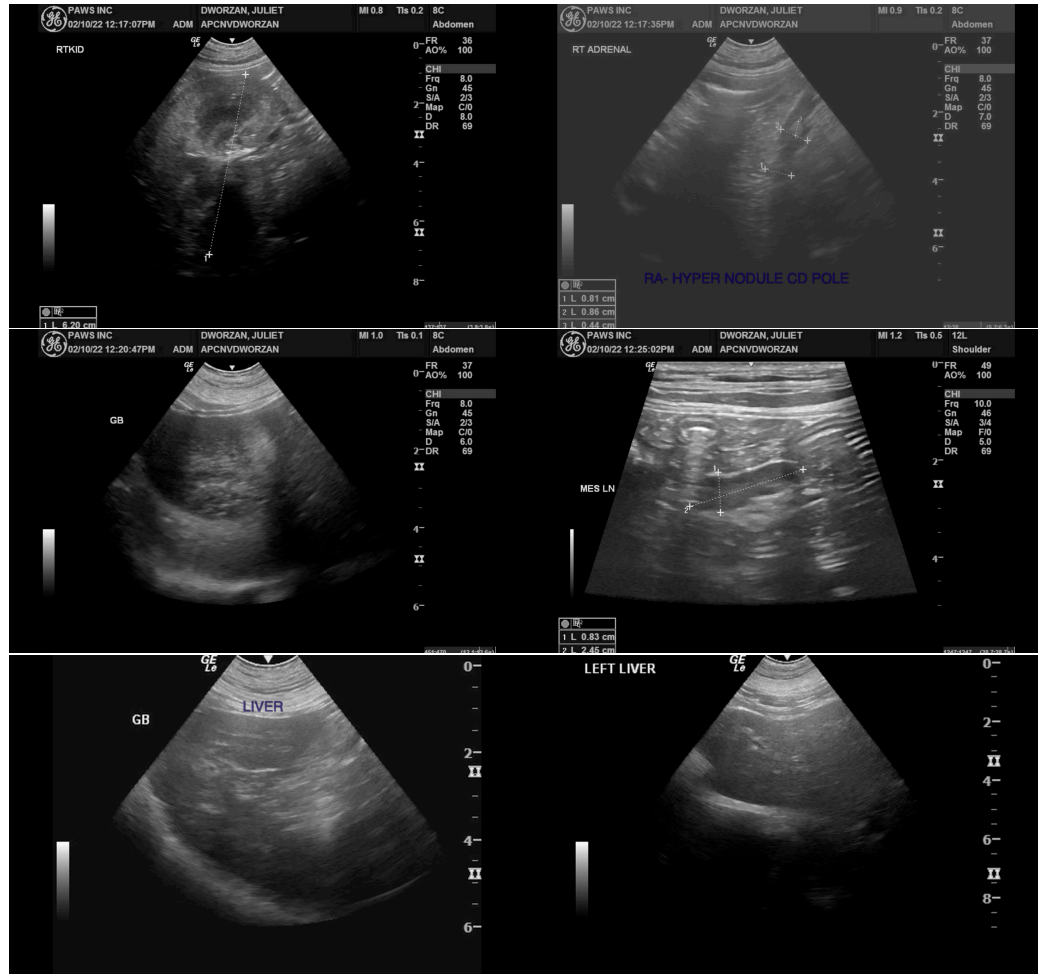
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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