

**PATIENT**

Luna Lafrate

SPECIES

Canine

BREED

Goldendoodle

SEX

Spayed Female

AGE

10 years

WEIGHT

55.4 Pounds

INTERPRETED BYKathleen Sennello
DVM, MS, Diplomate
ACVIM (Small Animal
Internal Medicine)**IMAGING PERFORMED BY**

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging Michigan

REFERRING VET

Dr. Milford VC

INVOICE

96001

DATE**PRESENTING CLINICAL SIGNS**

Vomited last Friday 2/4/22. Still Has diarrhea today ,1 week later. About a month back patient was very sick per owner. Had fever for 2 days and did not see a DVM.

Abnormal PE/Chem/CBC/UA Results: Radiographs: Spleen enlarged. Gas in intestines, certain loops of bowel has ingesta, seems stasis(not moving). Bowel mass or some sort of tumor suspected. A lot of radiopacity in x-ray.

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 (4.61 cm). Overall echogenicity is normal with prominent corticomedullary rim sign 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 (7.16 cm). Overall echogenicity is normal with prominent corticomedullary rim sign 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 0.58 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.

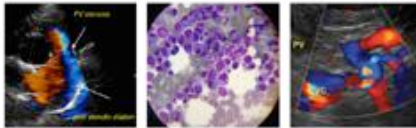
The right adrenal gland is normal in size measuring 0.62 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively 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 nodular with the largest hypoechoic nodule visualized measuring 2.44 x 1.3 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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smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

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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 uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. The duodenum measures 0.5 cm and the jejunum measures 0.37 cm. Bowel loops follow a typical curvilinear path with distinct wall layering.

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Visualized peristalsis appears appropriate. While no focal mass effects are visualized there is a hypoechoic region of bowel with decreased wall distinction measuring 0.45 cm.

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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.

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Free Abdomen

There is a severe mesenteric lymphadenomegaly with hypoechoic large lymph nodes visualized in the abdomen measuring 3.8 cm, 3.5 x 6.0 cm, 7.3 x 2.8 cm and 2.5 x 6.8 cm. The omentum is of normal uniform echogenicity. There is no evidence of effusion.

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ULTRASONOGRAPHIC FINDINGS**PRIMARY FINDINGS:**

- Severe mesenteric lymphadenopathy. The moderate/severe mesenteric lymphadenopathy is most concerning for a neoplastic process, although you can see significant lymphadenopathy in some cases of autoimmune/inflammatory disease, infectious disease (tick born disease-such as Bartonella, fungal infections, FIP (cats)) etc.. A fine needle aspirate with cytology is recommended for further evaluation.
- Moderate, small intestinal thickening with some focal areas with reduced detail of layering. The bowel wall thickening could be consistent with inflammation, edema, or infiltrative neoplasia. A reduction in the detail of wall layering favors either severe intestinal disease or neoplastic infiltration. Biopsy is recommended.
- Corticomedullary rim sign in both kidneys. Clinical significance uncertain, can be seen in normal patients and in cases of ethylene glycol toxicity, chronic interstitial nephritis, and leptospirosis.
- Large, heterogenous liver. The diffuse hepatic changes are non-specific and could be consistent

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with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.

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- Large, diffusely nodular spleen. 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. This is reminiscent of a reticular pattern, which is common seen with round cell neoplasia.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The combination of the severely enlarged mesenteric lymph nodes, the reticulated/nodular spleen and the thickened bowel is highly concerning for round cell neoplasia. I recommend a FNA of the mesenteric lymph nodes and spleen. I also recommend three view thoracic radiographs to look for concurrent intrathoracic disease. If a cytologic diagnosis can be obtained then consider consultation with a veterinary oncologist regarding treatment options and prognosis.

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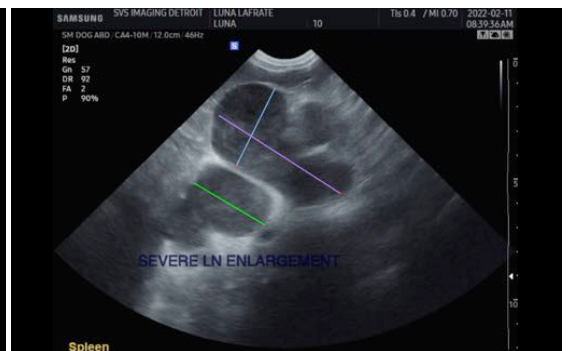
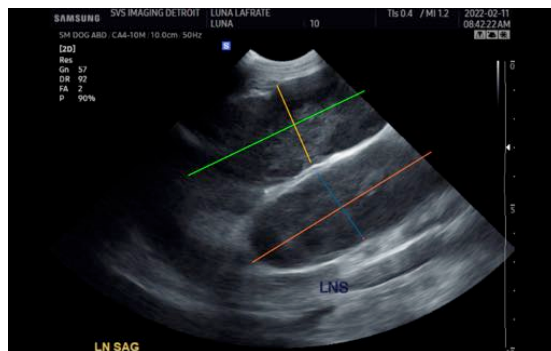
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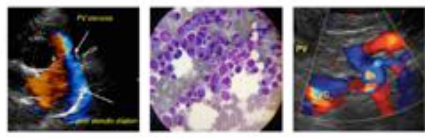
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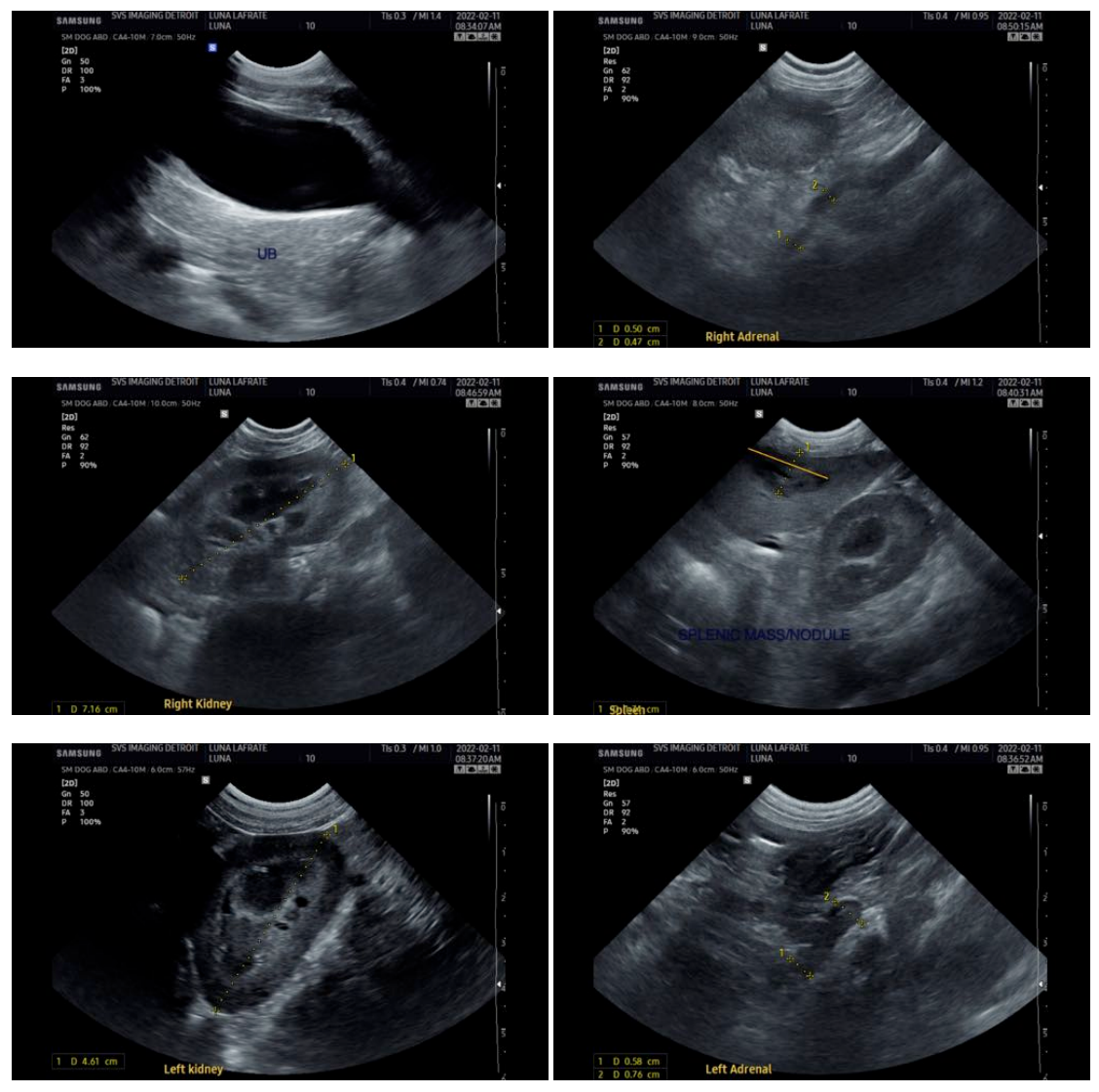
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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