



PATIENT

Enzo McDermott

PRESENTING CLINICAL SIGNS

Patient presents for vomiting and anorexia. R/O neoplasia vs. other. Current meds: Clavamox, Baytril, and Cerenia. Elevated liver enzymes.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Pit Bull Mix

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.

SEX

Neutered male

The prostate is normal in size (1.2 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.

AGE

9 years

The left kidney has a normal shape and size (6.97 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.

WEIGHT

58 lbs

The right kidney has a normal shape and size (6.08 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)

Adrenal Glands

The left adrenal gland is normal/borderline large in size measuring 0.82 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.

IMAGING PERFORMED BY

Kelly Vazquez, CVT

The right adrenal gland is large in size measuring 1.01 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.

HOSPITAL NAME

New Bridge VH

Spleen

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

REFERRING VET

Dr. Glennon

Liver

INVOICE

96045

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

DATE

2/15/22



PATIENT

smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

Enzo McDermott

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. There is a hypoechoic mass effect ventral to the stomach which is not associated with the pylorus and measured 2.22 x 2.15 cm. This mass is likely of either gastric or pancreatic origin.

BREED

Pit Bull Mix

SEX

Neutered male

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.

AGE

9 years

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.

WEIGHT

58 lbs

Pancreas

INTERPRETED BY

The left limb of the pancreas is normal and isoechoic to surrounding mesentery. The right limb of the pancreas particularly adjacent to the stomach appears somewhat mottled and slightly hypoechoic. There is a large, round, well-defined, hypoechoic mass ventral to the stomach and measured 2.22 x 2.15 cm. This mass appears adjacent to the slightly irregular pancreas and additionally has contact with the stomach. Differentials for this mass would be a gastric mass, pancreatic mass or even an echogenic pancreatic mass or cyst (seems unlikely).

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

IMAGING PERFORMED BY

Kelly Vazquez, CVT

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is the occasional prominent mesenteric lymph node visualized. In particular there was a prominent lymph node cranial to the spleen measuring 0.8 cm in diameter. The omentum is of normal uniform echogenicity.

HOSPITAL NAME

New Bridge VH

Other

REFERRING VET

Dr. Glennon

There is pleural effusion evident cranial to the diaphragm and an area of irregular tissue measuring 3.51 x 3.71 cm which could represent an intrathoracic mass.

INVOICE

96045

DATE

2/15/22



PATIENT

Enzo McDermott

SPECIES

Canine

BREED

Pit Bull Mix

SEX

Neutered male

AGE

9 years

WEIGHT

58 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kelly Vazquez, CVT

HOSPITAL NAME

New Bridge VH

REFERRING VET

Dr. Glennon

INVOICE

96045

DATE

2/15/22

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Cranial abdominal mass effect most likely involving the stomach or pancreas. A pancreatic cyst or abscess seems unlikely.
- Heterogenous 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.
- Borderline bilateral adrenomegaly. The bilateral adrenomegaly could be consistent with bilateral hyperplasia (e.g., secondary to pituitary-dependent hyperadrenocorticism), bilateral infiltrative neoplasia, inflammatory adrenal disease, other. Correlation with clinical findings is recommended.
- Pleural effusion with a suspected intrathoracic mass. The findings are concerning for possible neoplastic disease. I recommend fluid analysis and cytology.

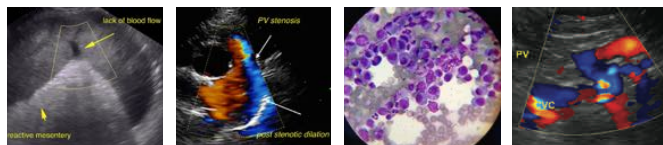
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a well circumscribed hypoechoic mass effect visualized ventral to the stomach in the lateral views. This mass lesion abuts both the right limb of the pancreas and part of the body of the stomach so its origin is unclear. It is very hypoechoic and well circumscribed. I cannot 100% rule out a fluid filled structure, but I do not think that is the case in the situation.

- I recommend three view thoracic radiographs
- Recommend fluid analysis and cytology on the suspected pleural effusion
- Recommend a FNA with cytology of the mass effect ventral to the stomach

Specific liver enzyme elevations are not included in the history. This could be consistent with Cushing's disease due to the bilateral borderline adrenomegaly or could be consistent with infiltrative disease to the liver. Correlate with liver enzyme elevations and clinical signs. Consider a FNA of the liver if indicated.

Based on the changes cranial and caudal to the diaphragm there is concern for neoplasia with metastatic disease. If you are unable to determine a diagnosis based on cytology of the thoracic fluid and FNA of the abdominal mass consider a CT scan to further evaluate for intrathoracic masses and to try to determine a surgical plan if desired.



PATIENT

Enzo McDermott

SPECIES

Canine

BREED

Pit Bull Mix

SEX

Neutered male

AGE

9 years

WEIGHT

58 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kelly Vazquez, CVT

HOSPITAL NAME

New Bridge VH

REFERRING VET

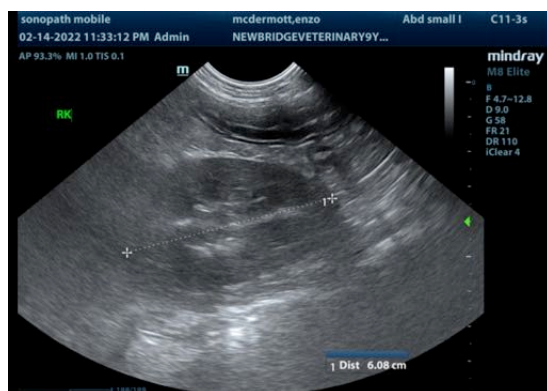
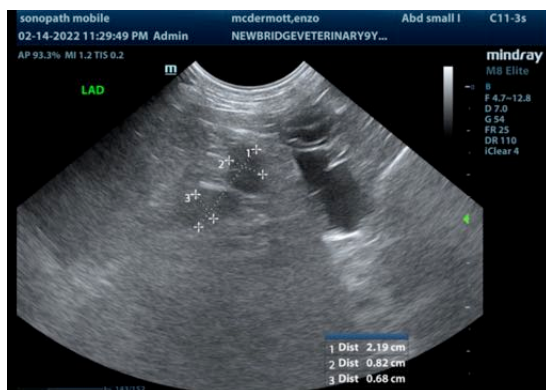
Dr. Glennon

INVOICE

96045

DATE

2/15/22





PATIENT

Enzo McDermott

SPECIES

Canine

BREED

Pit Bull Mix

SEX

Neutered male

AGE

9 years

WEIGHT

58 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kelly Vazquez, CVT

HOSPITAL NAME

New Bridge VH

REFERRING VET

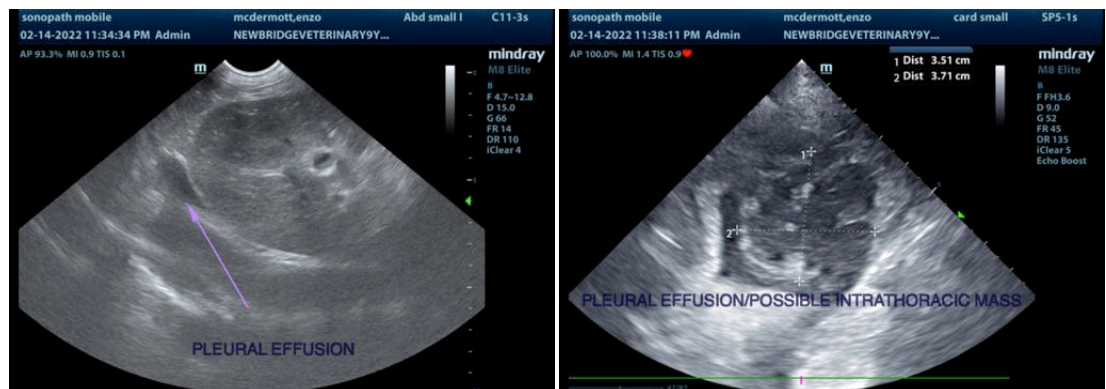
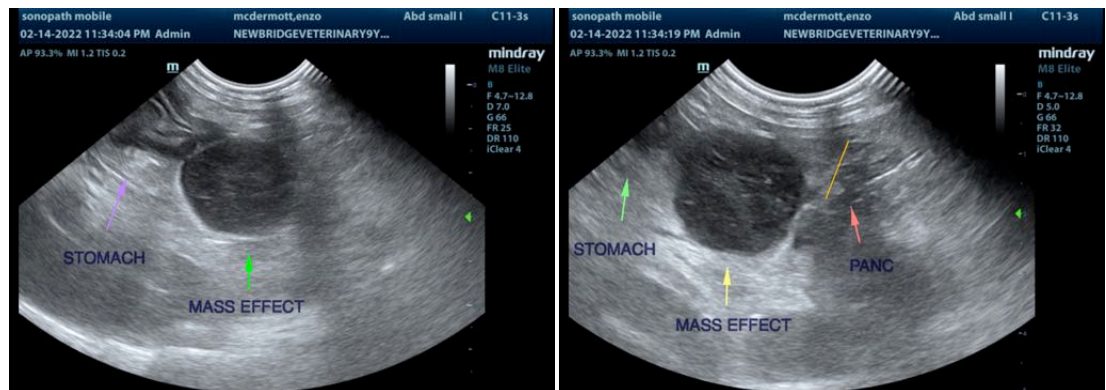
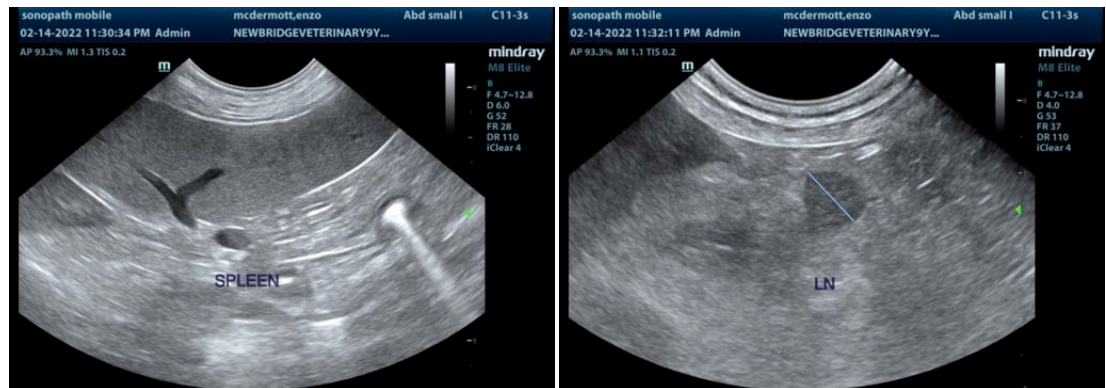
Dr. Glennon

INVOICE

96045

DATE

2/15/22



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)

kathleen.sennello@sonopath.com