

**DATE PRESENTING CLINICAL SIGNS**

2/16/23

Mass removal done on 1/12/23 of a 3mm mass caudal aspect of right elbow. Histopathology diagnosed cutaneous hemangiosarcoma-completely excised, narrow margins. Owner has requested thoracic radiographs and an AUS.

**PATIENT**

Maggie Maher

Current Medications: Simparica Trio.  
Date of Previous IntraPet Ultrasound: No previous.

**SPECIES**

Canine

Sedation: Butorphanol 0.2mg/kg IV.

**BREED**

Pit Bull X

Stat Report: Not requested.  
Imaging Performed By: Rachel Brillhart, RDMS.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****SEX**

Spayed Female

**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.

**AGE**

2/1/17

The left kidney has a normal shape and size (6.28 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**WEIGHT**

65.3 Pounds

The right kidney has a normal shape and size (6.43 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal 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 in size measuring 0.62 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.

**HOSPITAL NAME**

CityPets Vet Care

The right adrenal gland is normal in size measuring 0.89 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.

**REFERRING VET**

Dr. Shook

**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.

**INVOICE**

45312

**Liver**

The liver is subjectively normal in size, and hypoechoic 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.

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. 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.

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. Duodenum wall measures 0.44 cm. Jejunum wall measures 0.32 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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.

### ***Pancreas***

The pancreas is normal and isoechoic to surrounding mesentery. There is a hypoechoic rounded lesion visualized in the right cranial abdomen, most consistent with a prominent lymph node, although a pancreatic nodule cannot be ruled out. There is no evidence of regional mesenteric inflammation or fluid.

### ***Free Abdomen***

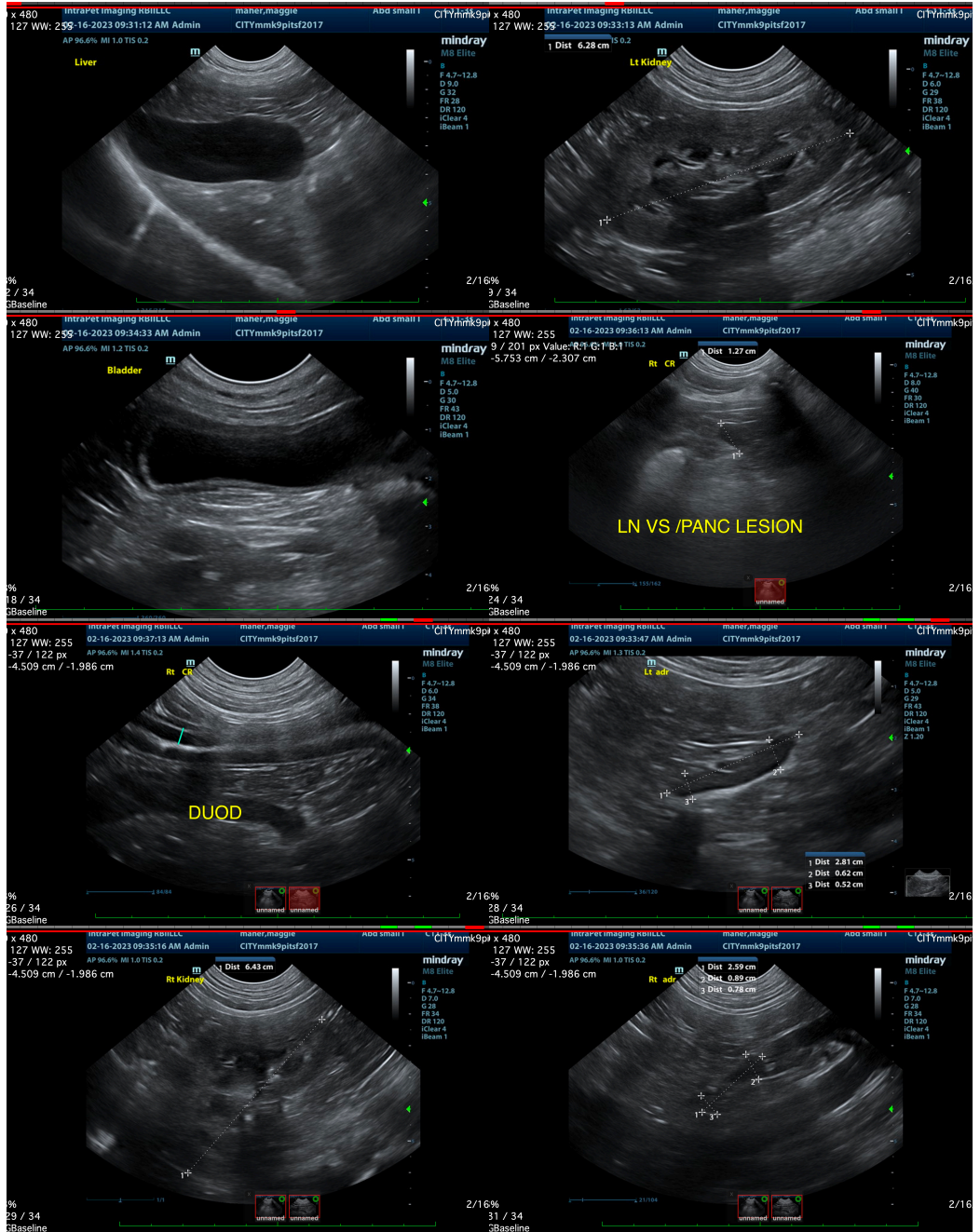
Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is no evidence of a diffuse lymphadenopathy. There is a focal hypoechoic nodule visualized in the right cranial abdomen measuring approximately 1.29 cm x 0.73 cm. This is consistent with a lymph node, although it does over lie the pancreas, and a pancreatic nodule cannot be excluded as a possibility.

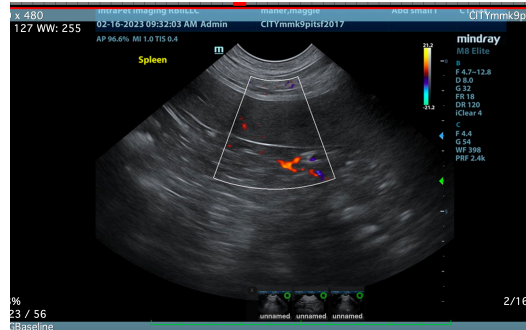
## **ULTRASONOGRAPHIC FINDINGS**

- Hypoechoic, rounded region visualized in the right cranial abdomen – Differentials include a lymph node or pancreatic nodule in this region.
- Hypoechoic, mildly 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.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Today's scan appears largely normal. No focal lesions consistent with a hemangiosarcoma are visualized. There is a small hypoechoic nodule in the right cranial abdomen, which could be an abnormal/prominent lymph node or could be a nodule associated with the pancreas. I suspect this is deep and would be challenging to aspirate at this time. If a window can be obtained, you can consider this. Alternately, consider recheck of this lesion in 6-8 weeks.





**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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