



**PATIENT PRESENTING CLINICAL SIGNS**

Elroy Hammill Lethargic. Elevated liver enzymes. Fever. Increased WBC.

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Canine Urinary System**

The urinary bladder is minimally distended with anechoic urine. Evaluation of the urinary bladder is hindered by lack of urine distention. No significant lesions were observed.

**BREED**

Weimaraner The visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

**SEX**

Neutered Male The left kidney has a normal shape and size (7.7 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.

**AGE**

9 Years The right kidney has a normal shape and size (8.0 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 hydronephrosis. Renal vasculature is normal.

**WEIGHT**

31 kg

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.37 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.

**INTERPRETED BY**

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

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

**Spleen**

The spleen is subjectively normal in size. The spleen echotexture is heterogenous and mildly mottled, the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is a hypoechoic mass lesion visualized, mildly deforming the splenic capsule, measuring 2.0 cm x 1.3 cm x 2.0 cm.

**IMAGING PERFORMED BY**

Dave Stasiuk

**Liver**

**HOSPITAL NAME**

Resolution Vet  
Ultrasound

The liver is large and irregular. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There are diffuse, discrete hyper- and mixed echogenicity nodules throughout the hepatic parenchyma, varying in size from 0.2-2.5 cm. Findings are concerning for metastatic neoplasia, but a benign etiology cannot be excluded.

**REFERRING VET**

Dr. Nagy

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

**INVOICE**

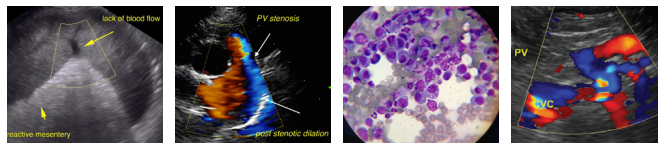
35775

**Gastrointestinal**

**DATE**

2/18/22

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.



**PATIENT**

Elroy Hammill

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.)

**SPECIES**

Canine

Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

**BREED**

Weimaraner

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.

**SEX**

Neutered Male

**Pancreas**

The left limb of the pancreas appears normal. In the area of the right limb of the pancreas at the gastroduodenal flexure there is an irregular, hypoechoic mass effect measuring 2.7 cm x 2.7 cm. This lesion appears to be coming in contact with the pancreas and is likely a pancreatic mass, although a gastric lymph node cannot be excluded as a possibility.

**AGE**

9 Years

**Free Abdomen**

There is a moderate amount of mildly echogenic fluid present. There is no significant lymphadenopathy (other than possibly the gastric lymph node), and the omentum is generally of increased echogenicity.

**WEIGHT**

31 kg

**ULTRASONOGRAPHIC FINDINGS**

- Mildly mottled spleen with hypoechoic nodule – There is a non-cavitated, hypoechoic splenic nodule visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Hypoechoic irregular mass lesion in the right cranial abdomen – Most consistent with a pancreatic mass.
- Large, irregular, heterogeneous liver with distinct hyperechoic and mixed echogenicity nodules – 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. These nodules are numerous and discrete, and concerning for possible metastatic neoplasia.
- Moderate ascites.

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(Small Animal Internal  
Medicine)

**IMAGING PERFORMED BY**

Dave Stasiuk

**HOSPITAL NAME**

Resolution Vet  
Ultrasound

**REFERRING VET**

Dr. Nagy

The combination of the splenic lesion, numerous hepatic nodules, and suspected pancreatic nodule are concerning for an underlying neoplastic process. Additionally, there is a relatively large amount of echogenic fluid in the abdomen. Recommend fluid sampling with fluid analysis and cytology, a fine needle aspirate of a liver nodules, the splenic nodule, and if possible, the pancreatic mass.

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Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.

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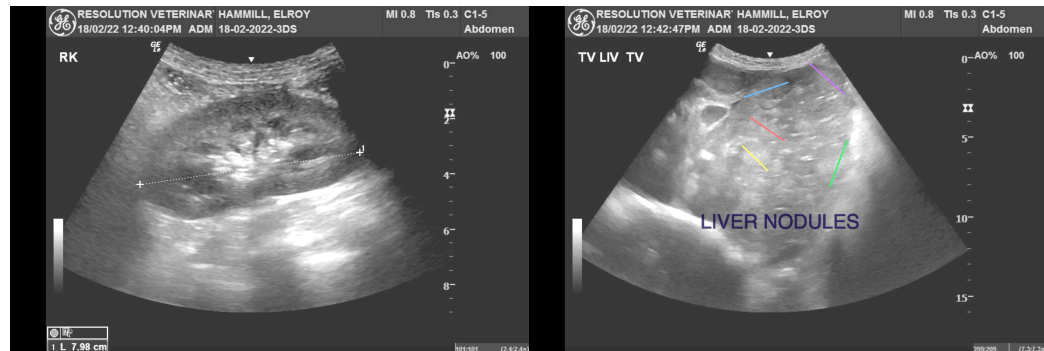
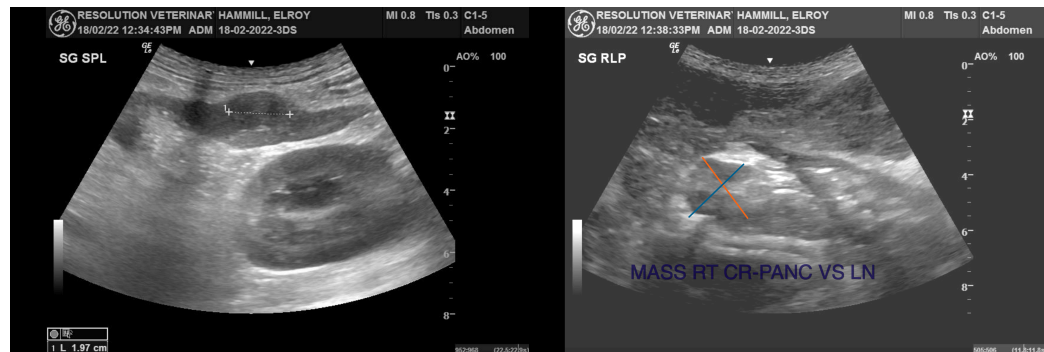
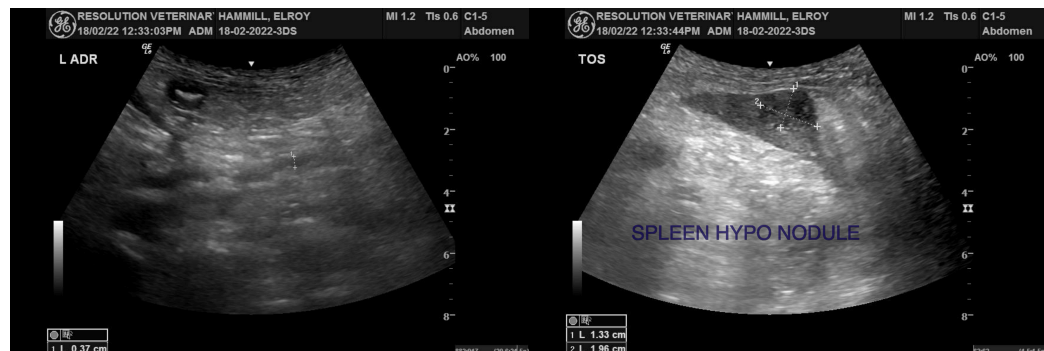
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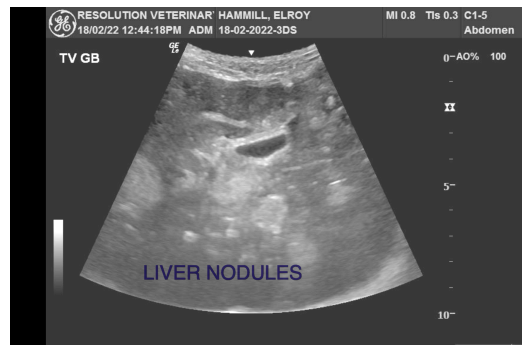
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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