



## PATIENT

Mosey StechHomsy

## PRESENTING CLINICAL SIGNS

### SPECIES

Canine

### BREED

Husky X

### SEX

Neutered Male

### AGE

11 Years

### WEIGHT

58 Pounds

### INTERPRETED BY

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

### IMAGING BY

Loetitia Saint-Jacques,  
LVT

### HOSPITAL NAME

Brighton Greens VH

### REFERRING VET

Dr. Amber Murphy

### INVOICE

35838

### DATE

2/23/22

History: melena in feces consistently for 6 months. This has never happened before with this dog. Weight loss of 4 pounds in 6 months. Non-responsive to diet change, metronidazole, or probiotics  
Physical exam findings: WNL Abnormal CBC values: low grade anemia non-regenerative  
Abnormal Chemistry Values: TP 8.5, globulin 6.3, A/G ratio low, Mg 1.4 Abnormal UA Values: USG 1.014, pH 7.5, 1+ proteinuria Protein electrophoresis: Beta 1 4.1 (alpha and gamma WNL) beta globulin elevated with a narrow monoclonal spike, ddx- neoplasia multiple myeloma, macroglobulinemia, lymphosarcoma and ehrlichiosis. Radiograph Findings(email radiographs if available): Radiographic Findings Images of the abdomen. There appears be form fecal material within the colon mixed with gas. There is a gas pattern within the small intestine which is excessive without evidence of dilation. Chronic productive remodeling is present involving the left coxal joint. Liver size and splenic size are normal Conclusion Mild gas accumulation is identified within the small intestine which is nonspecific however may be inflammatory. Gastrointestinal obstructive pattern is not present. The fecal material within the colon appears be formed. Chronic arthrosis of the left hip is identified Eric Herrgesell, DVM, DACVR 530.574.6948 02/16/2022 5:17:24pm Reason for Ultrasound: melena  
Abnormal PE/Chem/CBC/UA Results: sedated w/dex/torb

## 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 prostate is normal in size (1.13 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.

The left kidney has a normal shape and size (6.85 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.

The right kidney has a normal shape and size (6.7 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 hydroureter. Renal vasculature is normal.

### Adrenal Glands

The left adrenal gland is normal in size measuring 0.63 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 0.75 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.



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### **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.

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### **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. There are numerous large nodules/mass effects throughout the hepatic parenchyma. These mass lesions are expansile and deform the hepatic margins. Examples measure 2.29 cm x 3.19 cm and 1.82 cm x 2.18 cm.

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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.

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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.

## WEIGHT

58 Pounds

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.

## INTERPRETED BY

Kathleen Sennello DVM,  
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The ileocecal junction was visualized and largely appears normal. The distal portion of the descending colon is thickened with a complete loss of layering and a large, intraluminal mass effect measuring 2.6 cm x 1.9 cm.

## IMAGING BY

Loetitia Saint-Jacques,  
LVT

### **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 is a significant caudal lymphadenopathy with sublumbar lymph nodes visualized measuring 1.45 cm, 0.81 cm, and 1.12 cm. The omentum is of increased echogenicity around this cluster of large lymph nodes.

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### **Other**

A brief view of the heart was submitted. No significant pericardial effusion was seen.

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## ULTRASONOGRAPHIC FINDINGS

- Large, focal intramural and intraluminal colonic mass
- Severe localized sublumbar lymphadenopathy – concerning for a metastatic process

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- Numerous large hyperechoic hepatic masses – The impression of these lesions is concerning for a metastatic process.

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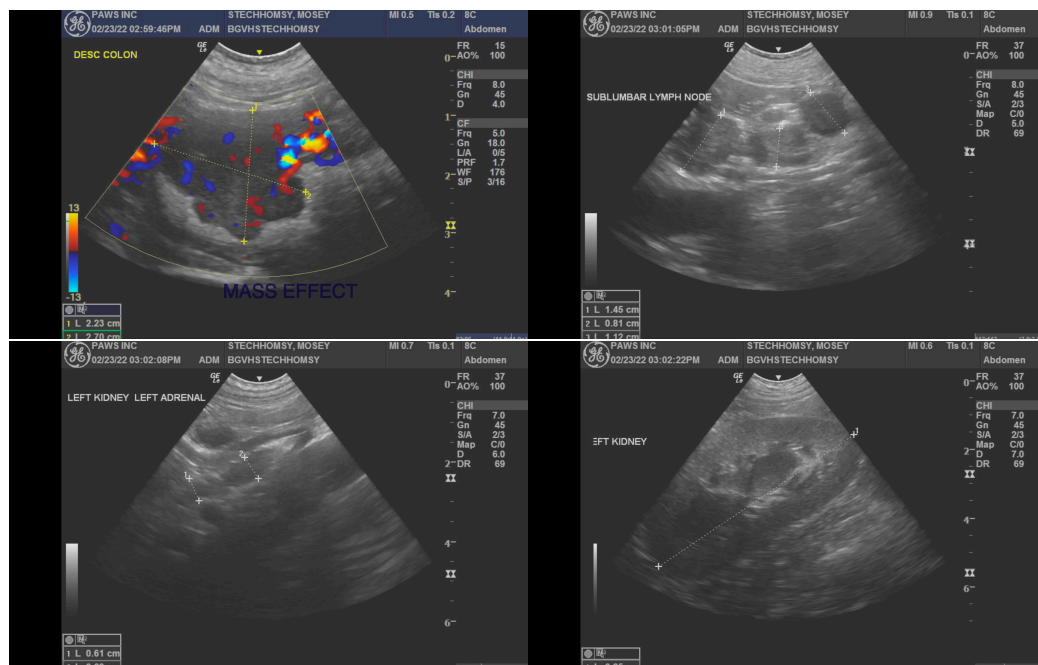
2/23/22

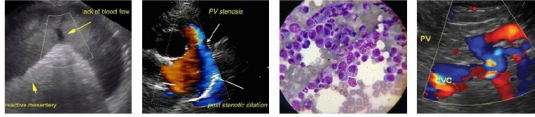
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

A large colonic mass is visualized in the distal colon. There is complete loss of wall detail/layering. Additionally, there is a large cluster of very enlarged hypoechoic sublumbar lymph nodes and hyperechoic liver masses.

- Consider a fine needle aspirate of the colonic lesion and hepatic lesions.
- If possible, consider a fine needle aspirate of a sublumbar lymph node.
- Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.

Once a cytologic diagnosis is obtained, consider a consultation with a veterinary oncologist regarding treatment options and prognosis.





Portable Animal Western Sonography, Inc.

IMAGING PERFORMED BY  
pawsonography@gmail.com 530-786-8340

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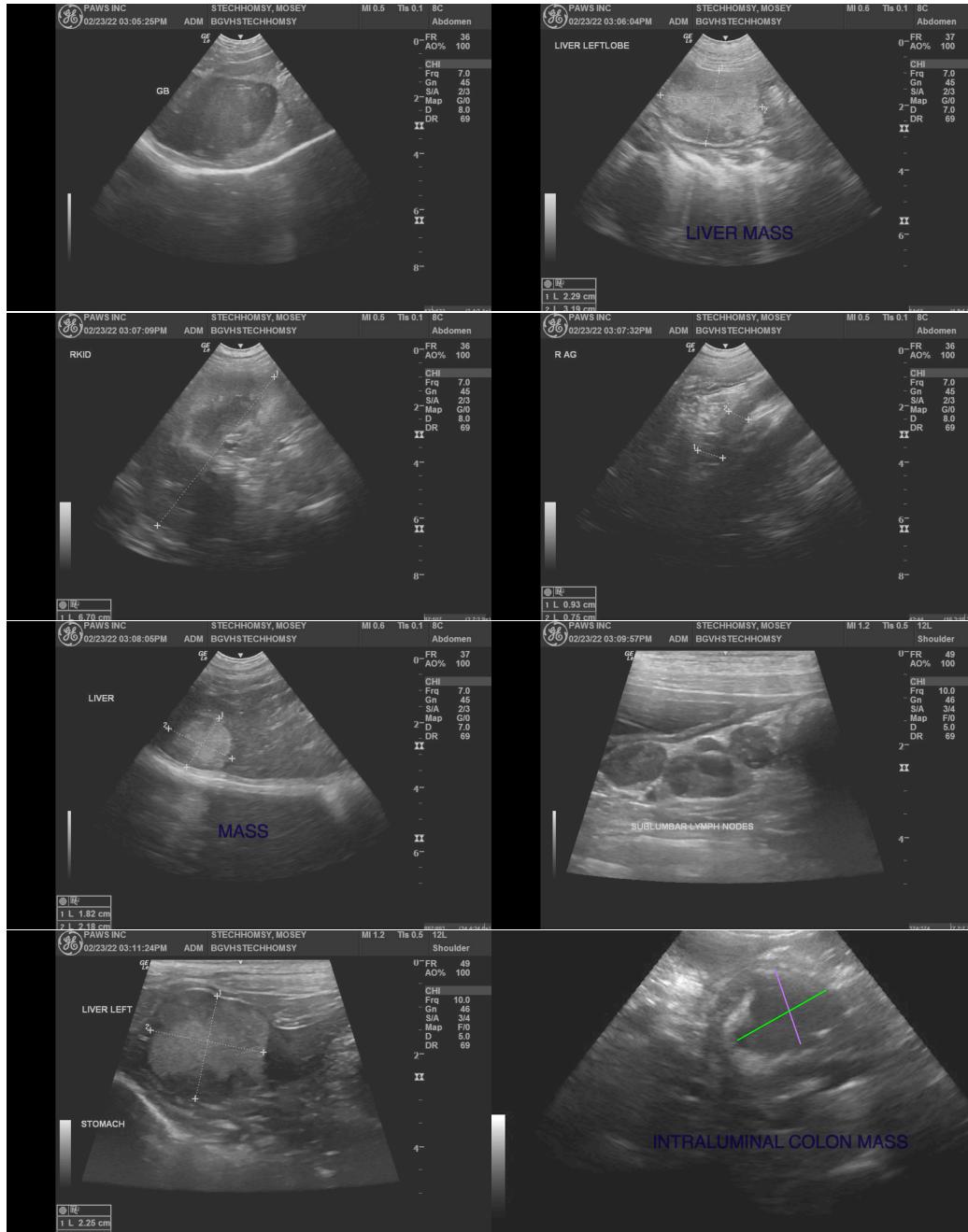
Dr. Amber Murphy

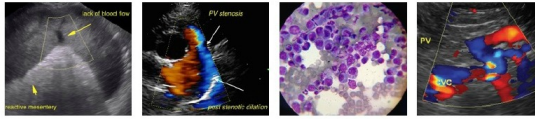
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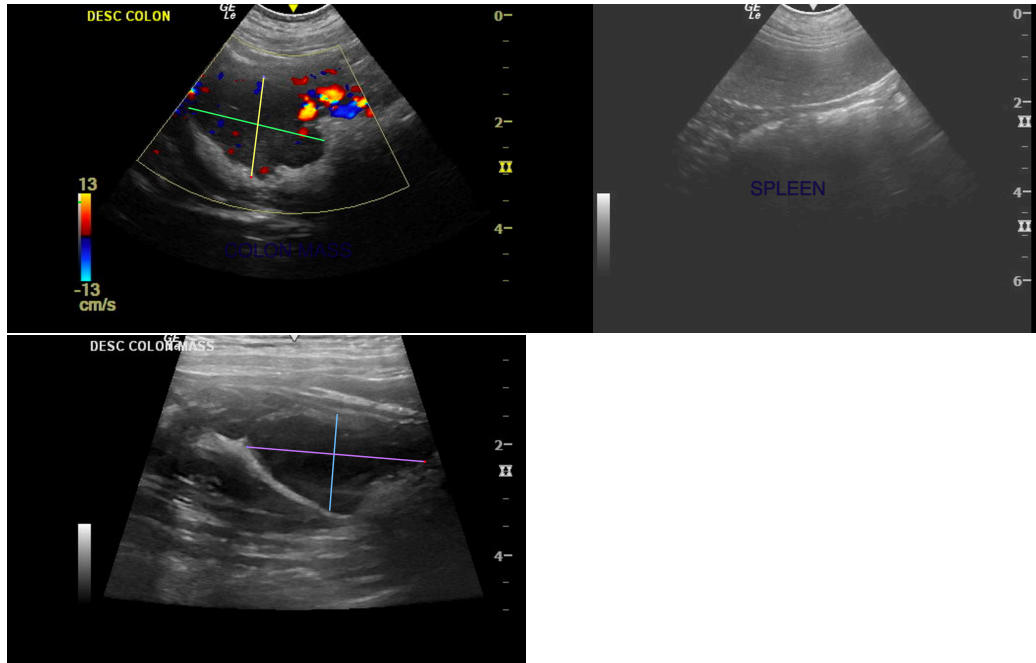
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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Medicine)

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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