



PATIENT

Roxie Cavayelo-Burns

PRESENTING CLINICAL SIGNS

Weight loss, elevated liver enzymes.

SPECIES

Canine

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.

BREED

Boston Terrier

The left kidney has a normal shape and size (3.6 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.

SEX

Spayed Female

The right kidney has a normal shape and size (3.98 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.

AGE

11 Years

Adrenal Glands

WEIGHT

14.6 Pounds

The left adrenal gland is normal in size measuring 0.66 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 0.47 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.

INTERPRETED BY

Eric Lindquist, DMV

Spleen

DABVP, Cert. IVUSS

The spleen is subjectively normal in size. The spleen echotexture is mildly heterogenous, the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is an intraparenchymal hypoechoic nodule visualized measuring 0.51 cm. Additionally, there is a large cavitated/cystic mass lesion arising from the area of the head of the spleen at 3.37 cm x 3.51 cm. This mass effect deforms the splenic capsule significantly.

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

New Bridge VP

Liver

REFERRING VET

Dr. Glennon

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 is an ill-defined 1.4 cm x 1.62 cm moth eaten/cavitated nodule deep on the right side of the liver.

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

35805

Gastrointestinal

DATE

2/23/22

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 largely adequate and there is no impression of reduced peristaltic activity. In some images, the area of the pyloric wall



PATIENT	appears prominent with reduced detail of layering. In this area, the pyloric wall measures approximately 0.7 cm in thickness. No discrete mass lesions are observed.
Roxie Cavayelo-Burns	
SPECIES	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.
Canine	
BREED	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.
Boston Terrier	
SEX	Pancreas
Spayed Female	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.
AGE	Free Abdomen
11 Years	Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.
WEIGHT	Other
14.6 Pounds	A brief view of the heart was submitted. No significant pericardial effusion was seen.
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
Eric Lindquist, DMV	<ul style="list-style-type: none"> Large, cavitated splenic mass with additional hypoechoic nodule – A large, heterogenous mass with cavitations is present within the splenic parenchyma. The mass distorts the splenic capsule. Differentials for the mass include neoplasia (e.g., hemangiosarcoma, hemangioma), hematoma, abscess, other. A neoplastic process is favored. Heterogeneous liver with small hypoechoic cystic nodule – 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. The nature of the cystic nodule is unclear. This could represent a small benign cystadenoma or an undefined metastatic lesion. Subjectively thickened pyloric wall – This could be due to imaging artifact, edema, inflammation, or infiltrative neoplasia.
DABVP, Cert. IVUSS	
IMAGING PERFORMED BY	
Kelly Vazquez	
HOSPITAL NAME	
New Bridge VP	
REFERRING VET	
Dr. Glennon	
INVOICE	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
35805	There is a large splenic mass towards the head of the spleen, which is somewhat cavitated.
DATE	There is a smaller cystic mass in the liver, and a subjectively thickened pylorus.
2/23/22	The most straightforward way to deal with these issues would be to consider splenectomy for both diagnostic or therapeutic purposes, and consider liver biopsy at the time of surgery as well as evaluation of the pylorus, and biopsy if it appears thickening.



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There is a possibility that all of these lesions are benign, or that there could be some metastatic potential here.

SPECIES

Canine

Non-surgical evaluation of all of these issues would be more difficult. You consider things such as a liver function test, screening for Leptospirosis, a fine needle aspirate of the liver, and continued monitoring of the other lesions with ultrasound.

BREED

Boston Terrier

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

SEX

Spayed Female

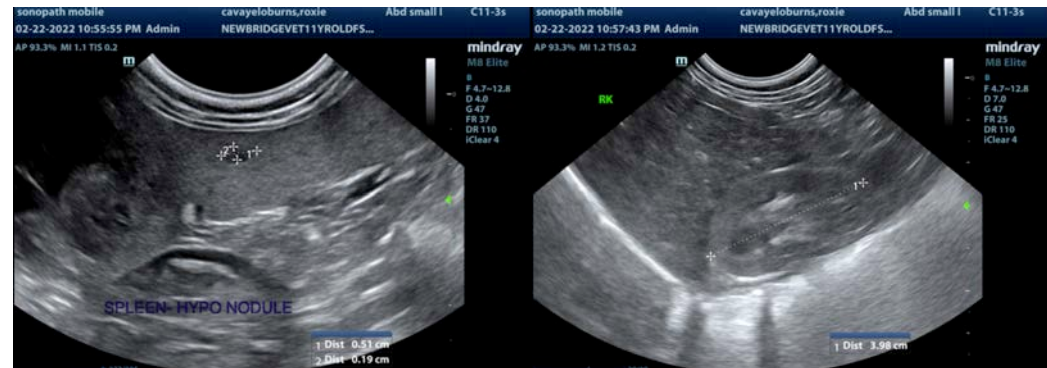


AGE

11 Years

WEIGHT

14.6 Pounds

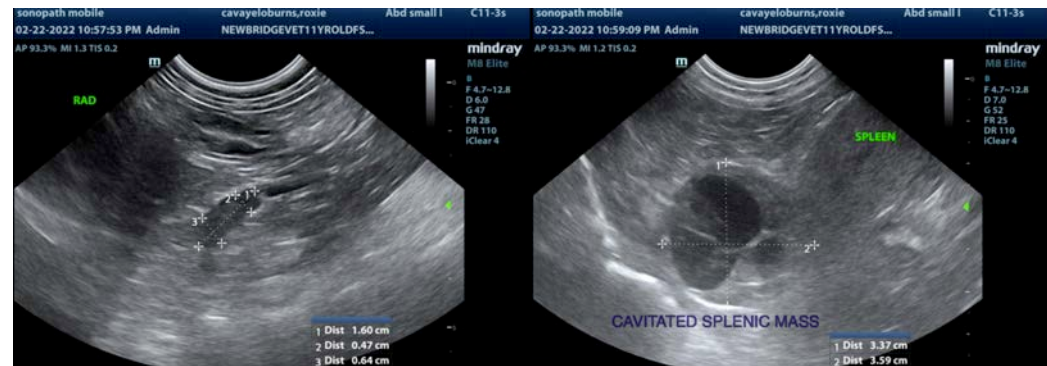


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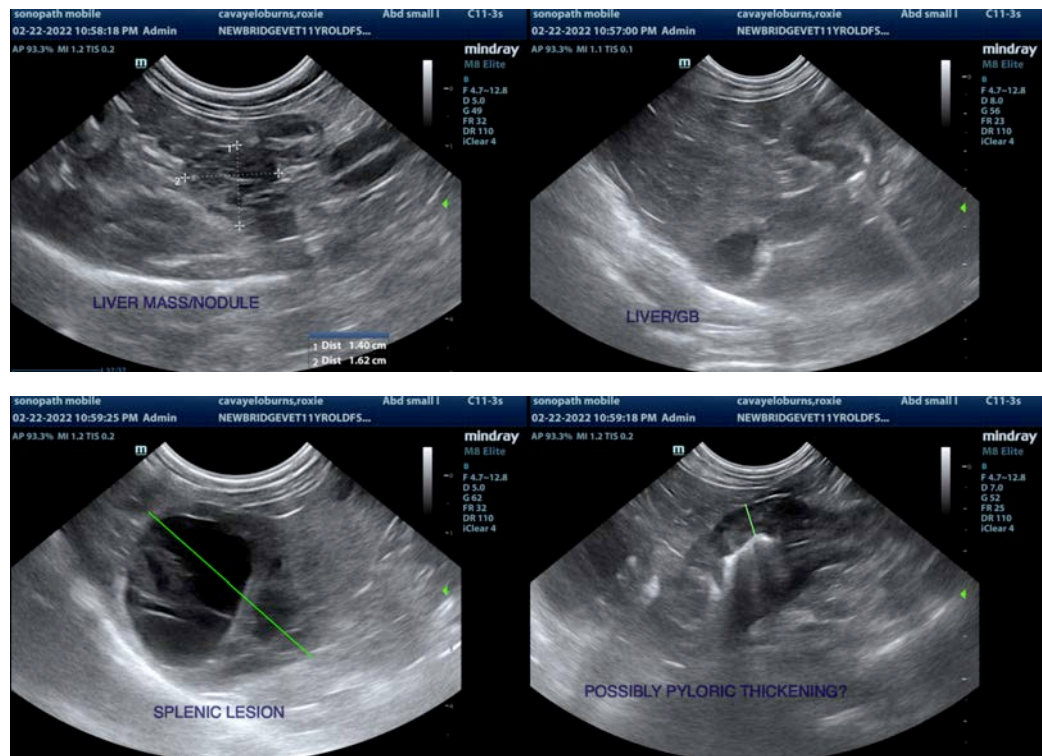
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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