



PATIENT

Tucker Firkin

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

13 Years

WEIGHT

63 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Kevin Moon

HOSPITAL NAME

Shiloh Vet Hospital

REFERRING VET

Dr. Kevin Moon

INVOICE

36180

DATE

3/15/22

PRESENTING CLINICAL SIGNS

Decreased activity and appetite started just before housemate passed away in December. Lyme, heartworm negative 3/5/2022

Abnormal PE/Chem/CBC/UA Results: ALP 603 IU/L Amylase 1195 IU/L (1125 high end) Precision PSL 291 IU/L (high end 140) cbc, UA normal

LIMITED ULTRASONOGRAPHIC EXAMINATION

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 large, hypoechoic, mildly cavitated mass lesion in the left cranial abdomen measuring 4.81 cm x 3.8 cm. I suspect this is of splenic origin, but a definitive connection cannot be visualized, and the possibility of it being of hepatic origin cannot be excluded as a possibility.

Liver

The liver is large in size, and normal in 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, poorly defined, hypoechoic nodules visualized within the hepatic parenchyma, one measuring 1.6 cm in diameter, another measuring 3.6 cm in diameter, and in the area of the gallbladder there is a larger mass effect measuring approximately 7.75 cm x 4.7 cm. There is a hypoechoic, slightly irregular cavitated lesion also visualized in the cranial abdomen, which I suspect to be of splenic origin, but hepatic origin cannot be excluded as possibility.

Pancreas

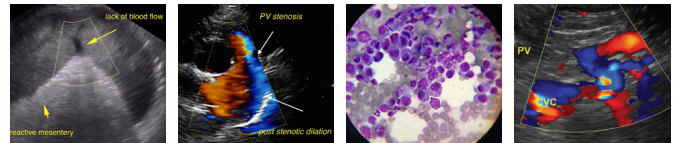
The pancreas is prominent and hypoechoic as compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

ULTRASONOGRAPHIC FINDINGS

- Large, heterogeneous liver with numerous ill-defined nodules and a larger mass effect – 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 mass lesions could be consistent with a benign or cancerous lesion.
- Mottled spleen with suspected hypoechoic mildly cavitated mass lesion – 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. A definitive connection to the head of the spleen cannot be visualized directly, but is strongly suspected. Recommend fine needle aspirate.
- Hypoechoic, prominent pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is large and heterogeneous with multiple nodules and a larger, irregular mass lesion. Additionally, there is a somewhat cavitated hypoechoic cranial abdominal mass, which is most



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suspicious for a splenic lesion, but this cannot be 100% confirmed, as it could be of hepatic origin as well. Consider a fine needle aspirate of the larger liver mass and the cranial abdominal mass suspected to be splenic in origin.

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

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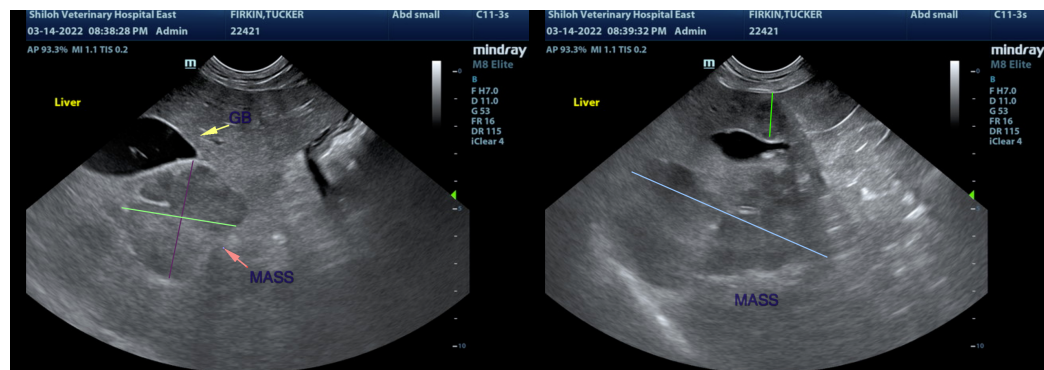
The pancreas is prominent with surrounding hyperechoic mesentery. The cranial abdominal mass is also in this region, so the cause of the inflammation is unclear. These changes are most consistent with mild pancreatic inflammation or previous pancreatic inflammation.

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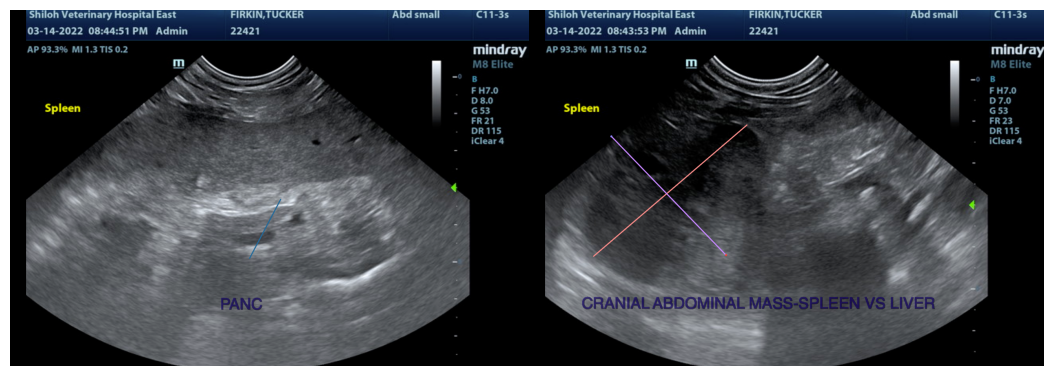
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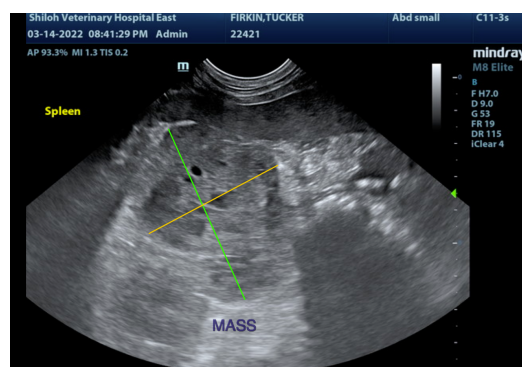


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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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