



PATIENT PRESENTING CLINICAL SIGNS

Cleo Panik
History: (03/21/2022) Lethargy and abdominal tenderness. Open skin wound at spay site. Was spayed 02/25/2022. (03/22/2022) Sonogram done in house revealed fluid-filled structure adjacent to right kidney. Concern for hydronephrosis vs cyst. Currently on clavamox for skin wound and gabapentin for pain.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: (03/21/2022) CBC: LEU 27900, NEU 20650, and MON 1760.

BREED

Collie

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Spayed Female

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

12 Months

The left kidney has a normal shape and size (6.34 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.

WEIGHT

60.4 Pounds

The right kidney has a normal shape and size (7.04cm). 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

INTERPRETED BY

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

The left adrenal gland is normal in size measuring 0.33 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 0.39 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.

IMAGING PERFORMED BY

Potomac Mobile
Veterinary Ultrasound

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 homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed. The gall bladder 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.

REFERRING VET

Dr. Cathy Jarrett

INVOICE

14509

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

DATE

3/25/22



PATIENT

adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

Cleo Panik

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Most of the areas of visualized duodenum, jejunum and ileum have relatively uniform diameter with minimal fluid distention. Wall thickness is normal. Bowel loops follow a typical curvilinear path with distinct wall layering, maintaining the typical 1:3 muscularis to mucosa ratio. The duodenum measures as normal (between 0.3 cm – 0.5 cm in wall thickness). The jejunum measures as normal (between 0.2 cm – 0.47 cm). Visualized peristalsis appears appropriate. There is one section of small intestine in the caudal abdomen with questionable intraluminal material. This could be passing foreign material, ingesta, etc. There is no obvious evidence of an obstruction at this time. I recommend continued monitoring.

Canine

BREED

Collie

SEX

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.

Spayed Female

AGE

Pancreas

12 Months

The pancreas is prominent and hypoechoic as compared to the surrounding isoechoic mesentery. There is a large multiloculated cystic structure visualized within the abdomen and in the area of the pancreas, which will be described under other. There is no surrounding free fluid visualized.

Free Abdomen

WEIGHT

There is no free fluid. There are occasional prominent mesenteric lymph nodes, with a mesenteric lymph node visualized, measuring 0.45 cm.

60.4 Pounds

There is a very large multiloculated cystic structure visualized in the abdomen. This lesion is located caudal to the stomach and medial to the spleen. It is large and measures approximately 5.57 cm x 7.71 cm with some areas appearing to be filled with anechoic fluid and others with either more echogenic fluid or soft tissue density. The origination of this lesion is uncertain, it could be pancreatic, an omental cyst/abscess, etc.

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Additionally, there is a more focal hypoechoic structure medial to the spleen, which could be a portion of this multiloculated cyst or even a splenic lymph node or daughter spleen.

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ULTRASONOGRAPHIC FINDINGS Secondary Findings

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Primary Findings

- Large, multiloculated, fluid filled cystic structure in the mid abdomen, concern for a cyst, abscess, other. Could be pancreatic in origin or other.
- Questionable foreign material within the small intestine. There is some shadowing material within the small intestine which does not appear to be causing an obstruction at this time. I recommend continued monitoring.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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There is a large multiloculated cystic lesion within the abdomen, this could represent a cyst, abscess, cystic mass effect, other. The origin of this lesion is unclear, but it is in the region of the pancreas. This structure was sampled at the time of ultrasound. Fluid analysis and aerobic and anaerobic culture are recommended. Based on the abdominal pain present, and the extent of this lesion, I am concerned that surgical intervention and further investigation will be necessary. Consider referral to a veterinary

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surgeon for this evaluation, as I cannot predict the extent of this disease. Additionally, you could consider a contrast CT scan to further investigate.

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There is questionable shadowing material visualized within the small intestine. I recommend evaluation of this area at the time surgery.

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Collie

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

SEX

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12 Months

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**IMAGING
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REFERRING VET

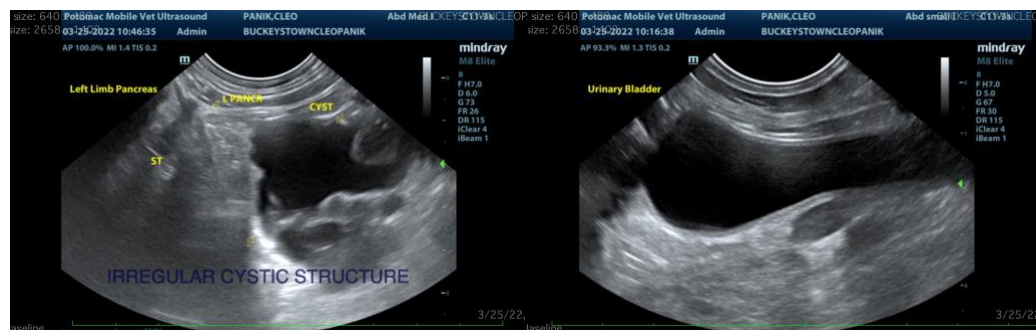
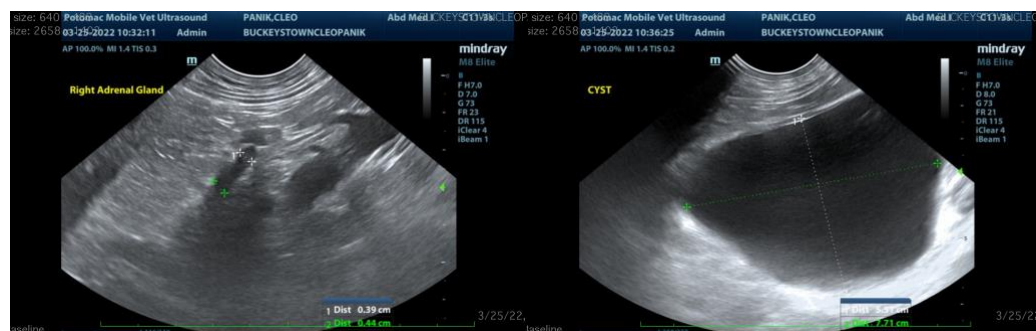
Dr. Cathy Jarrett

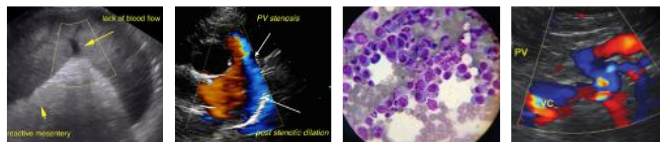
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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