



PATIENT

Thor Colombo

SPECIES

Canine

BREED

German Shepherd

SEX

Male

AGE

11 Years

WEIGHT

84.4 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Elaina Petrone

HOSPITAL NAME

Long Branch AH

REFERRING VET

Dr. Beeber

INVOICE

46712

DATE

4/18/23

PRESENTING CLINICAL SIGNS

Hematuria, intact male
Abnormal PE/Chem/CBC/UA Results: Anemia 22% NRBC's

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was not imaged.

The prostate was not imaged.

The left kidney has a normal shape and size (5.75 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal 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 (7.39 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland was not clearly visualized.

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 is visualized.

Spleen

There is a large, irregular, solid mass effect measuring 13.32 cm x 8.87 cm in what appears to be the left cranial abdomen. No normal spleen is visualized. This could represent a splenic mass, a liver mass, etc. There is the appearance of echogenic fluid surrounding the mass lesion.

Liver

The liver is subjectively normal in size and echogenicity, but irregular. 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 irregular, large, solid mass effect visualized in what appears to be the left cranial abdomen. I suspect this represents a splenic mass, but a hepatic mass lesion cannot be ruled out.

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

Gastrointestinal

The stomach was not clearly seen.

The duodenum was not clearly seen. No significant pathology was visualized associated with the gastrointestinal tract. Jejunum wall measures 0.27 cm.



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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.

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Pancreas

The area of 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.

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Free Abdomen

There is a large volume of echogenic free fluid, highly concerning for possible hemorrhage. No lymphadenopathy is visualized. The omentum appears diffusely hyperechoic.

SEX

Male

Other

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

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ULTRASONOGRAPHIC FINDINGS

WEIGHT

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- Large, solid, irregular mass effect in what appears to be the left cranial abdomen – A splenic mass effect would be the primary differential, but an association with splenic tissue is not visualized. Alternately, a hepatic mass lesion would be considered. Differentials include : benign lesions (lymphoid hyperplasia, hemangioma etc..) or cancerous lesions (hemangiosarcoma, lymphoma,etc..)
- Irregular, heterogeneous liver – 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.
- Large volume echogenic free fluid – Recommend sampling. Concern is high for a hemoabdomen.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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There is a solid irregular mass effect visualized in what appears to be the left cranial abdomen. An association with this mass lesion and other tissue is not clearly visualized. This could represent a splenic mass lesion, a hepatic mass, etc. Based on the echogenic free fluid in the abdomen, there is concern for a possible hemoabdomen and rupture of this mass lesion.

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The urinary bladder and the prostate were not clearly visualized on today's exam, the hematuria reported could be secondary to the hemorrhage arising from the prostate, or the bladder or kidneys. Additionally, it could represent hemolysis and bilirubin.

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Options moving forward could include a contrast CT scan of the abdomen to further evaluate the origin of this mass and looking for evidence of metastasis. Additionally, referral to a veterinary surgeon could be considered for exploratory surgery for evaluation and possible mass removal. Correlate these findings with 3-view thoracic radiographs, full bloodwork, etc.

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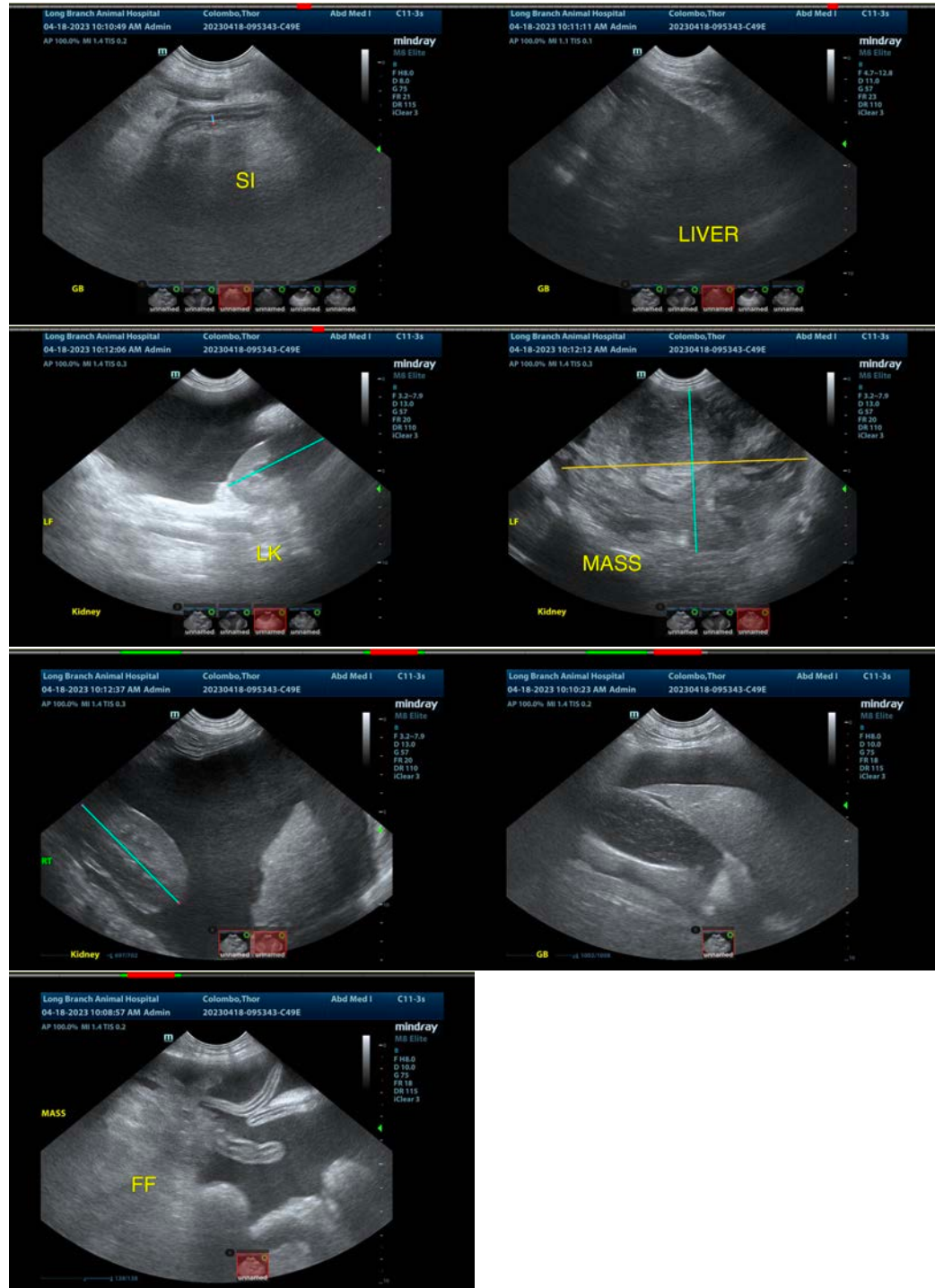
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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kathleen.sennello@sonopath.com

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