



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Jake Masopust
Presented for vomiting and lethargy. Diagnosed with pancreatitis. Screening U/S showed possible abnormal spleen, treated for pancreatitis. U/S referral to screen for evidence of neoplasia. Recent history of 6 Lb weight loss.

SPECIES Canine
Abnormal PE/Chem/CBC/UA Results: PE- BAR, Multiple SQ masses, dental calculus. BCS 6/9. cPL = abnormal Chem: TP= 10.2 (5.2-8.2g), Alb= 4.6 (2.2-3.9 g/dL), Glob= 5.5 (2.5-4.5)g/dL, ALT= 222 (10-125) U/L, ALP= 524 (23-212_ tBili= 3.9 (0-0.9) mg/dL, Lipase= 5,955(200-1000)

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED Labrador Retriever
Urinary System

SEX Neutered Male
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 visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

AGE 10 Years
The left kidney has a normal shape and size (6.7 cm) with small non-obstructive nephroliths. Overall echogenicity is slightly hyperechoic with poor 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, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT N/A
The right kidney has a normal shape and size (5.4 cm) with small non-obstructive nephroliths. Overall echogenicity is slightly hyperechoic with poor 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, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

Kathleen Sennello DVM,
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(Small Animal Internal
Medicine)

Adrenal Glands

The left adrenal gland is normal in size measuring 0.52 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.

IMAGING PERFORMED BY

Dr. Desen Ertunc

The right adrenal gland is normal in size measuring 0.81 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. There is a very small, hypoechoic lesion visualized in the caudal third of the spleen measuring 0.24 cm in diameter. Additionally, there are hyperechoic lesions visualized, most consistent with benign myelolipomas.

REFERRING VET

Dr. Desen Ertunc

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. No focal nodules or cystic lesions are observed.

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The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is minimal sludge present. Visualization of the bile duct is difficult due to shadowing ingesta within the stomach, but no significant dilation is noted.

SPECIES

Canine

Gastrointestinal

The stomach is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. 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 layering is adequate and there is no impression of reduced peristaltic activity. The pyloric wall appears slightly prominent, measuring at 0.68 cm. This is likely inflammatory, but a neoplastic process cannot be excluded as a possibility.

BREED

Labrador Retriever

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.

SEX

Neutered Male

AGE

10 Years

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.

WEIGHT

N/A

Pancreas

The pancreas is very prominent and hypoechoic caudal to the stomach and towards the left cranial abdomen. It is well defined, and the surrounding mesentery is diffusely hyperechoic. This focal area could be consistent with focal resolving pancreatitis, a resolving (or developing) abscess, a lymph node, etc. Findings are consistent with moderate to severe pancreatitis. The hypoechoic region measures 2.2 cm x 2.32 cm.

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Free Abdomen

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 mesenteric is very hyperechoic around the area of the pancreas.

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PRIMARY FINDINGS

- Focal, hypoechoic region of pancreas surrounded by hyperechoic mesentery – findings could be consistent with focal pancreatitis, a mass effect, or a developing or resolving abscess.
- 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.

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SECONDARY FINDINGS

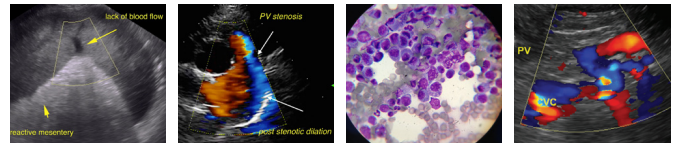
- Decreased corticomedullary distinction in both kidneys with non-obstructive nephroliths – The bilateral renal findings are consistent with age-related change.
- Small, hypoechoic lesion visualized within the splenic parenchyma – There is a non-cavitated, hypoechoic splenic nodule visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or

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histopathology would be necessary to get a definitive diagnosis. This lesion is so small that it would be difficult to sample. Recommend continued monitoring.

SPECIES

Canine

- Moderate gastric ingesta – correlate with feeding history. If the patient was adequately fasted, then consider delayed gastric emptying. Shadowing contents obscured visualization in some areas of the cranial abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

BREED

Labrador Retriever

There is a focal hypoechoic lesion caudal to the stomach and in the left cranial abdomen, most consistent with abnormal pancreatic tissue. This lesion could be consistent with a mass, abscess (either developing or resolving), lymph node, or just focal severe pancreatitis. Correlate findings with clinical picture, possibly the results of previous imaging. Consider the fine needle aspirate of this region and culture and sensitivity results if it appears to be an abscess. If the patient is doing reasonably well or improving, I would recheck this lesion in two weeks. If it is not doing well, then consider recheck at an earlier date. If an abscess is diagnosed, there is the possibility of instilling antibiotic directly into the lesion.

SEX

Neutered Male

AGE

10 Years

The elevation in liver enzymes could be due to a primary hepatopathy, a biliary obstruction secondary to pancreatitis, or even sepsis. Correlate with the clinical picture. I was not able to visualize the bile duct very well due to interference from gastric contents, but no obvious dilation was observed, although the gallbladder was reasonably large. A fine needle aspirate of the liver could be considered. Ursodiol could be considered, and continued monitoring of the gallbladder with ultrasound.

WEIGHT

N/A

The gastric wall appears slightly prominent in the region of the pylorus. This could be due to secondary inflammation/gastritis. Recommend continued monitoring. If this area changes, then a biopsy could be recommended. Additionally, there is a very small, hypoechoic lesion in the spleen, which can likely be monitored at this time.

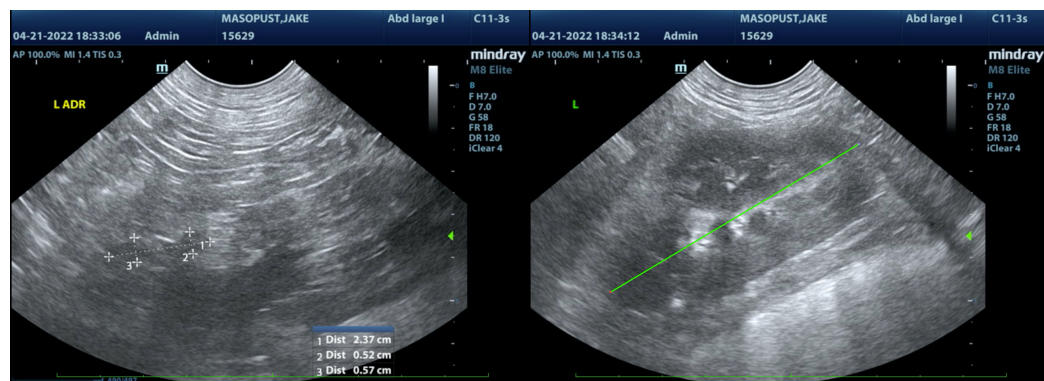
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Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.

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AGE

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N/A

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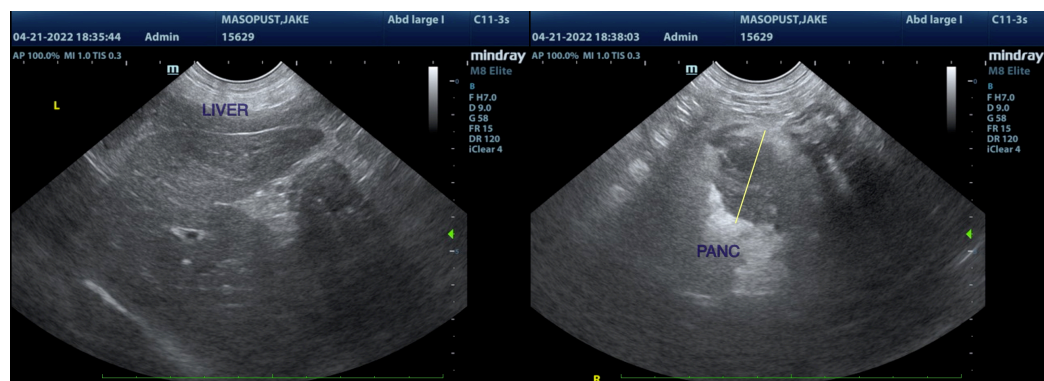
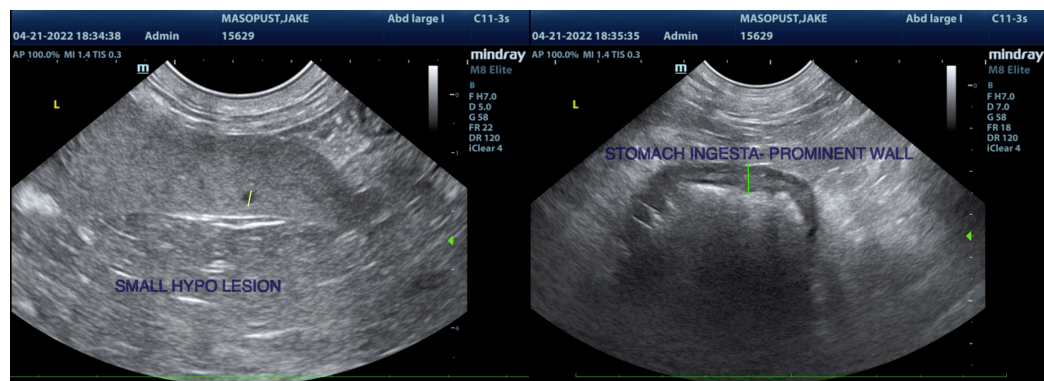
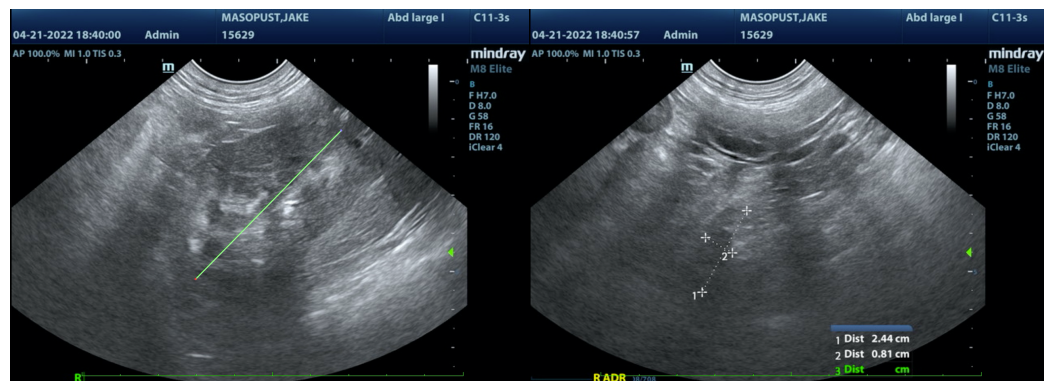
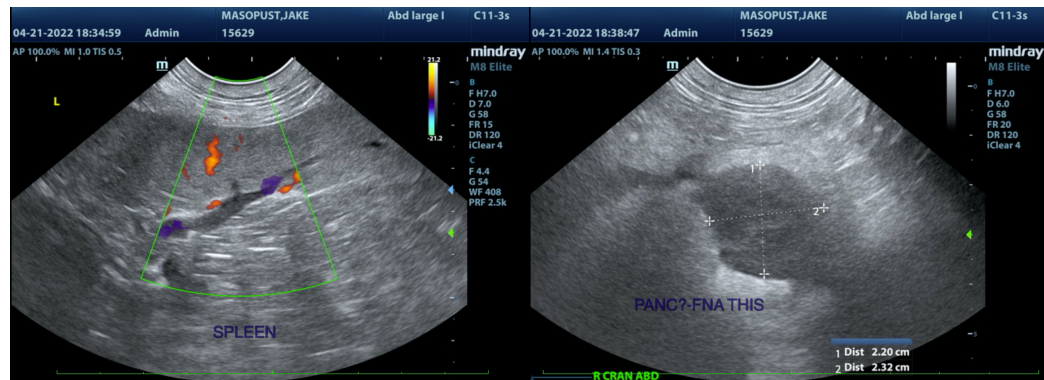
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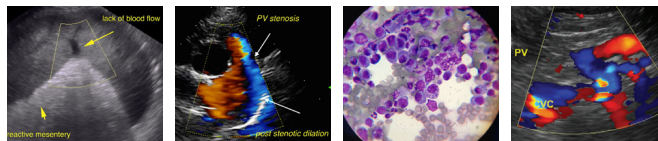
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

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)

BREED

Labrador Retriever

kathleen.sennello@sonopath.com

SEX

Neutered Male

AGE

10 Years

WEIGHT

N/A

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