

PATIENT

Skye Hemmerich

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

AGE

12 Years

WEIGHT

29.3 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Crystal Hill

HOSPITAL NAME

Buck Animal Hospital

REFERRING VET

Dr. Sommers

INVOICE

46932

DATE

4/25/23

PRESENTING CLINICAL SIGNS

Normal chest on rads but seems to be breathing harder even though her resp rate is 36. Abnormal gum color, too pale. Normal hydration. LN normal, normal urine/bowel movements, still drinking ok. No blood seen in urine or stools. T 38.2. No abdominal pain but tough to palpate and suspect some kind of internal bleeding. Seems very quiet and lethargic. No meds.

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.

The left kidney has a normal shape and size (5.14 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 (6.54 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 region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect is 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.

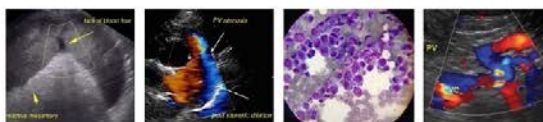
Spleen

The spleen is large, irregular, and severely mottled. The blood flow through the hilus and splenic parenchyma appears normal. There are numerous parenchymal mixed echogenicity nodules that deform the splenic capsule. One such lesion measures 1.47 cm. A larger lesion measures at 3.01 cm x 2.54 cm. There is a questionable lesion visualized towards the head of the spleen that appears somewhat irregular and cavitated and could be splenic or hepatic in origin.

Liver

The liver is large and irregular. The parenchyma is severely heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There are numerous ill-defined hypoechoic nodules throughout the liver. Additionally, there are some more defined, larger cavitated lesions visualized. One such lesion measures at 3.6 cm x 4.57 cm. Findings could be consistent with metastatic neoplasia, although other differentials are possible.

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.



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Gastrointestinal

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

SPECIES

Canine

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.)

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Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

SEX

Spayed Female

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 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.

WEIGHT

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Free Abdomen

There is a large amount of free abdominal fluid. No lymphadenopathy. The omentum is of normal echogenicity.

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ULTRASONOGRAPHIC FINDINGS

- Numerous mixed echogenic splenic masses – These lesions are concerning for an underlying neoplastic process, as they deform the splenic capsule. Consider such differentials as hemangiosarcoma, hemangioma, histiocytic sarcoma, lymphoma, hematoma, hemangioma, and regenerative nodules.
- Irregular, severely heterogeneous liver with a cavitated 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 irregular liver lobe with a mass effect is concerning for a possible neoplastic process. Free fluid surrounding the liver increases concern that one of these lesions could have ruptured.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

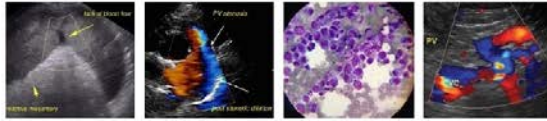
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There are concerning nodules/masses visualized in both the spleen and the liver, as well as a large amount of free abdominal fluid. Recommend sampling of the fluid to confirm this is a true hemoabdomen. Provided 3-view thoracic radiographs are normal, options moving forward would include a contrast CT scan to further evaluate for evidence of metastasis, and to try and localize the source of the bleeding (I suspect it is the hepatic mass). Additionally, you could consider a fine needle aspirate of the spleen. Depending on the results of these tests, you may consider splenectomy and liver lobectomy to stop the suspected bleeding and allow time for further therapy. Unfortunately, the prognosis is very guarded.



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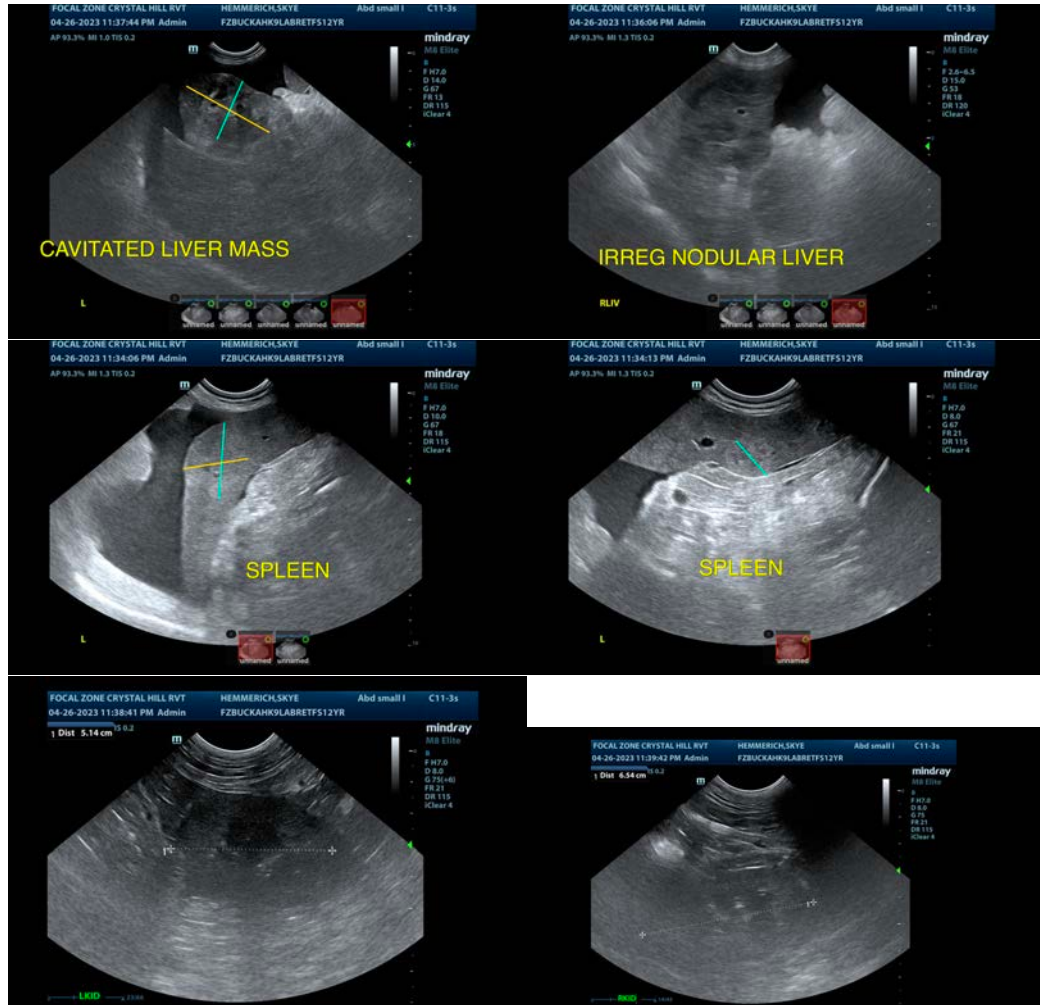
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

kathleen.sennello@sonopath.com