



**PATIENT**

Max Cota

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

Neutered Male

**AGE**

8.5 Years

**WEIGHT**

99.5 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Emily Kirk

**HOSPITAL NAME**

Shiloh Animal Hospital

**REFERRING VET**

Dr. Shana Silverstein

**INVOICE**

46976

**DATE**

4/27/23

**PRESENTING CLINICAL SIGNS**

Presented on 4/21 and diagnosed with periapical abscess of upper fourth premolar. Labs submitted in preparation for dental/extraction showed declining HCT. Ultrasound recommended to assess for internal bleeding prior to general anesthesia.

Abnormal PE/Chem/CBC/UA Results: HCT 36 (38.3-56.5), was 45% in Feb 2023 See attached

**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 prostate is normal in size (1.05 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (6.52 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 (7.53 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 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 small, ill-defined hypoechoic nodule visualized in the spleen measuring 0.81 cm.

**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. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.



**PATIENT**

**Gastrointestinal**

Max Cota

The stomach contains a small amount of intraluminal gas and fluid. It measures at a normal thickness of 0.25 cm 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. The visible portions of stomach appear within normal limits. The entire stomach is not visible due to the small amount of gas visualized within the lumen.

**SPECIES**

Canine

**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. Duodenum wall measures 0.47 cm. Jejunum wall measures 0.28 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

**SEX**

Neutered Male

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.

**AGE**

8.5 Years

**Pancreas**

**WEIGHT**

99.5 Pounds

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.

**Free Abdomen**

**INTERPRETED BY**

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

There may be a scant amount of fluid visualized between the spleen and the liver. There is a slightly prominent inguinal lymph node measuring 0.71 cm. The omentum is of normal echogenicity.

**PRIMARY FINDINGS**

- Ill-defined hypoechoic nodule visualized in the spleen – There is a non-cavitated, hypoechoic splenic nodule visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Moderate gallbladder debris – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.

**IMAGING PERFORMED BY**

Emily Kirk

**HOSPITAL NAME**

Shiloh Animal Hospital

**SECONDARY FINDINGS**

- Questionable scant free abdominal fluid
- Visible/prominent inguinal lymph node – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

**REFERRING VET**

Dr. Shana Silverstein

**INVOICE**

46976

**DATE**

4/27/23

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Today's scan is largely within normal limits. There is a small hypoechoic nodule visualized in the spleen. The significance of this is uncertain. Options moving forward would include a fine needle aspirate of the spleen or continued monitoring with ultrasound. Additionally, there is a small amount of debris visualized in the gallbladder. I suspect this is an incidental finding. There is a small hypoechoic triangle of what appears to be effusion visualized in the abdomen between the spleen and the liver. The significance of this is uncertain. No overt cause for the anemia is visualized.



**PATIENT**

Max Cota

Consider a pathologist review of a blood smear to confirm this is non-regenerative and continued close monitoring for progression of the anemia and the possible need for further evaluation. Recommend a digital rectal exam, looking for evidence of melena.

**SPECIES**

Canine

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.

**BREED**

Labrador Retriever

**SEX**

Neutered Male

**AGE**

8.5 Years

**WEIGHT**

99.5 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Emily Kirk

**HOSPITAL NAME**

Shiloh Animal Hospital

**REFERRING VET**

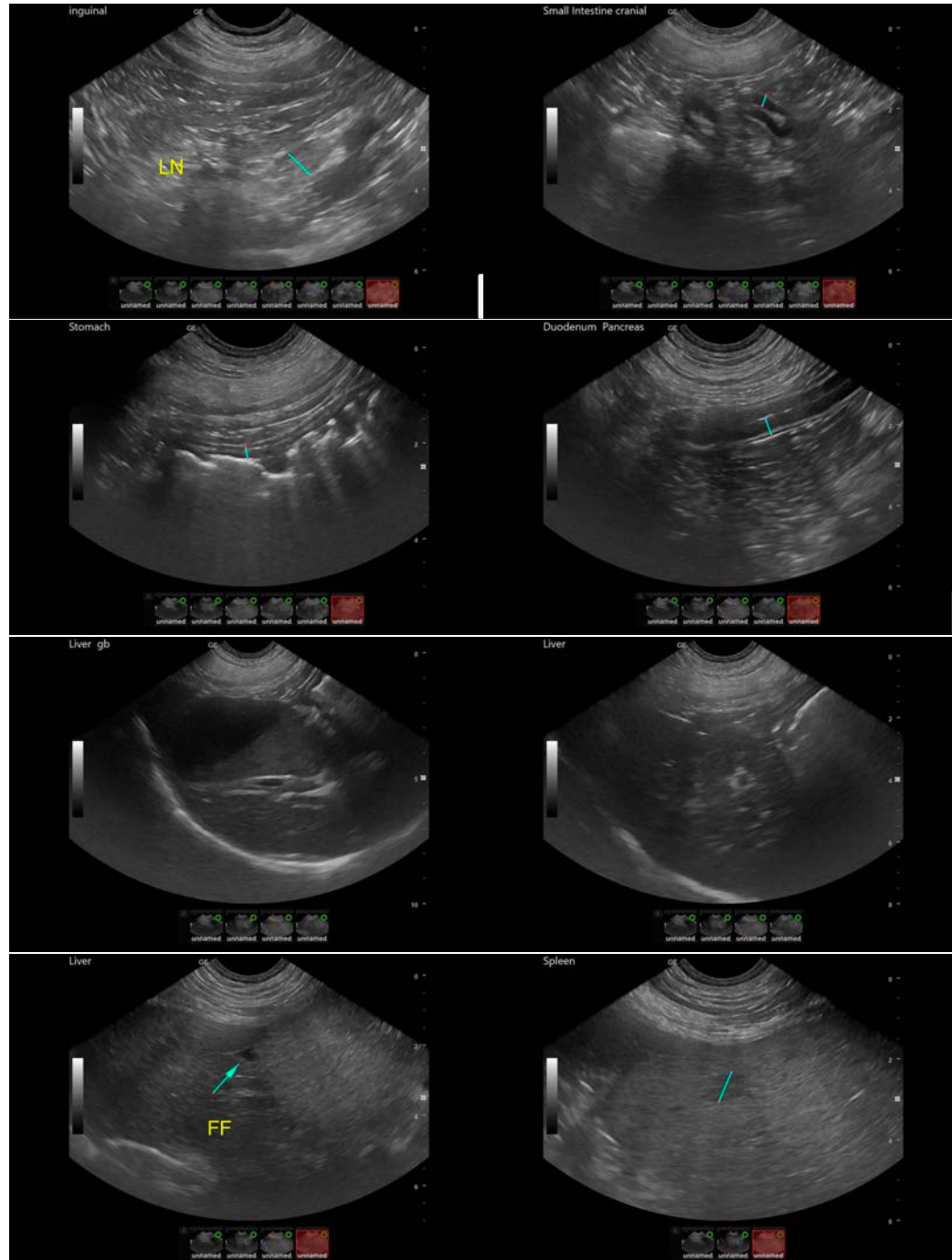
Dr. Shana Silverstein

**INVOICE**

46976

**DATE**

4/27/23





**PATIENT**

Max Cota

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

Neutered Male

**AGE**

8.5 Years

**WEIGHT**

99.5 Pounds

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Emily Kirk

**HOSPITAL NAME**

Shiloh Animal Hospital

**REFERRING VET**

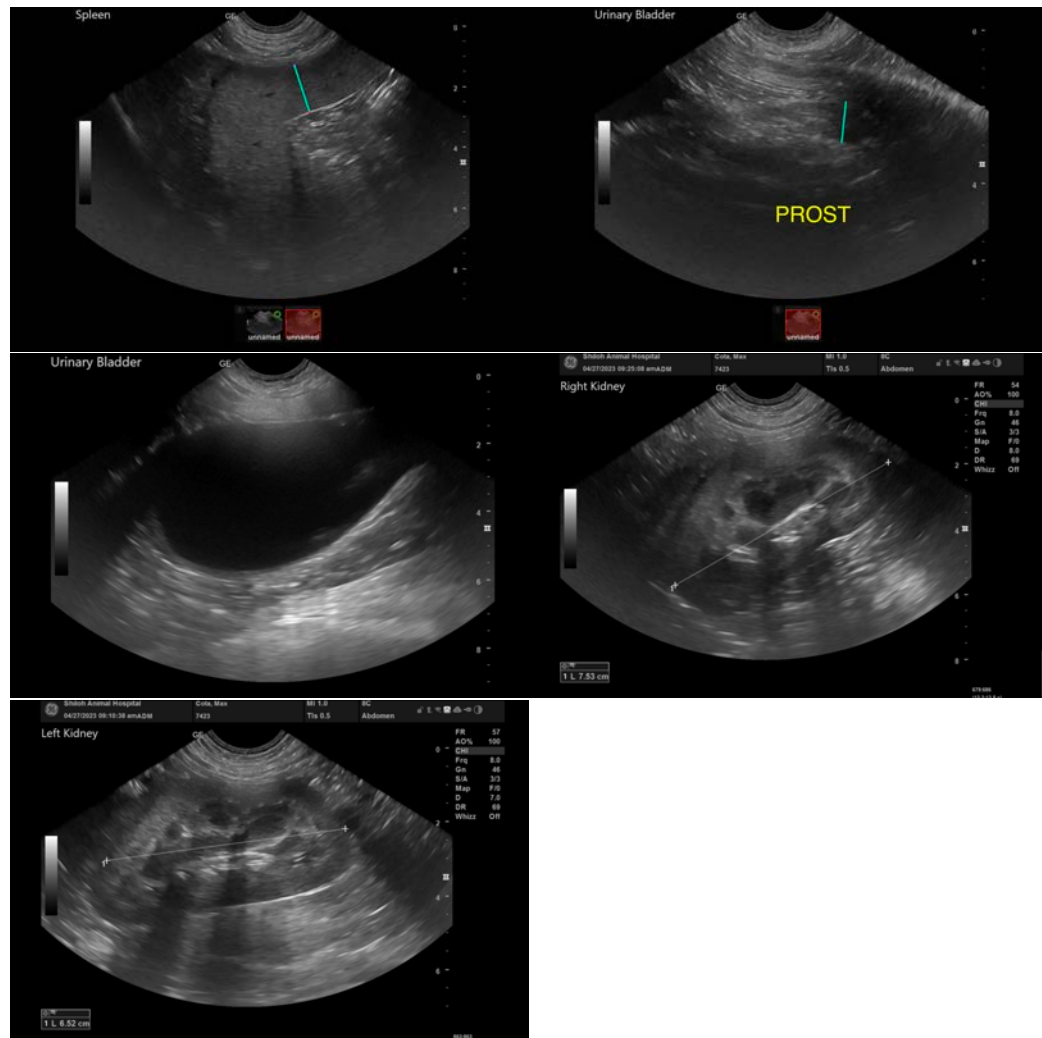
Dr. Shana Silverstein

**INVOICE**

46976

**DATE**

4/27/23



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