



PATIENT

Zara Sprenkle

SPECIES

Canine

BREED

Boxer Mix

SEX

Spayed Female

AGE

7yr

WEIGHT

28kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Laura de Cordon

HOSPITAL NAME

Mason Dixon Animal
Emergency Hospital

REFERRING VET

Dr. Laura de Cordon

INVOICE

10205

DATE

5/10/2023

PRESENTING CLINICAL SIGNS

p has been panting/pacing a lot recently, long skinny bowel movements, p is peeing blood and very uncomfortable, p is not eating normally and is drinking a lot took p to reg vet two weeks ago and found a large mass, then took her to PETS last Wednesday and Monday and they diagnosed her with bladder cancer, the recommended getting an ultrasound ASAP, they did place a u cath and didn't see anything come out.

Abnormal PE/Chem/CBC/UA Results: Bloodwork declined Urinalysis Voided sample: unable to obtain at this time Radiographs: declined Ultrasound Abdominal: large cavitated abdominal mass caudal to bladder.

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 (7.04 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 (6.53 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.

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.

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 hypoechoic nodule visualized within the parenchyma measuring 0.83 cm.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is hypoechoic and mildly 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.

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 is moderately dilated with fluid and irregular shadowing material most consistent with moderate 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. No masses or focal lesions were observed.

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The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with mild to moderate 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.

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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 a large amount of gas shadowing distally.

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Pancreas

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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.

Free Abdomen

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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 omentum is of normal uniform echogenicity.

Other

There is a large hypoechoic solid mixed echogenicity mass effect visualized caudodorsal to the urinary bladder. It measures 10.63 cm x 5.72 cm. Its tissue of origin is not clearly visualized, consider a possible mass effect of the uterine stump or less likely a colonic mass lesion.

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PRIMARY FINDINGS

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- Small hypoechoic nodule 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 histopathology would be necessary to get a definitive diagnosis.
- Mildly heterogenous hypoechoic 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 hypoechoic mixed echogenicity mass effect visualized caudodorsal to the urinary bladder. This could represent a uterine body mass, a colonic mass, irregular lymphoid tissue, etc. Recommend a fine needle aspirate.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large rounded solid mass effect arising in the pelvic canal caudodorsal to the urinary bladder. Primary differential would be a uterine body mass, although a colonic mass and other possibilities exist. This could represent a benign lesion or a neoplastic lesion. A contrast CT scan is recommended



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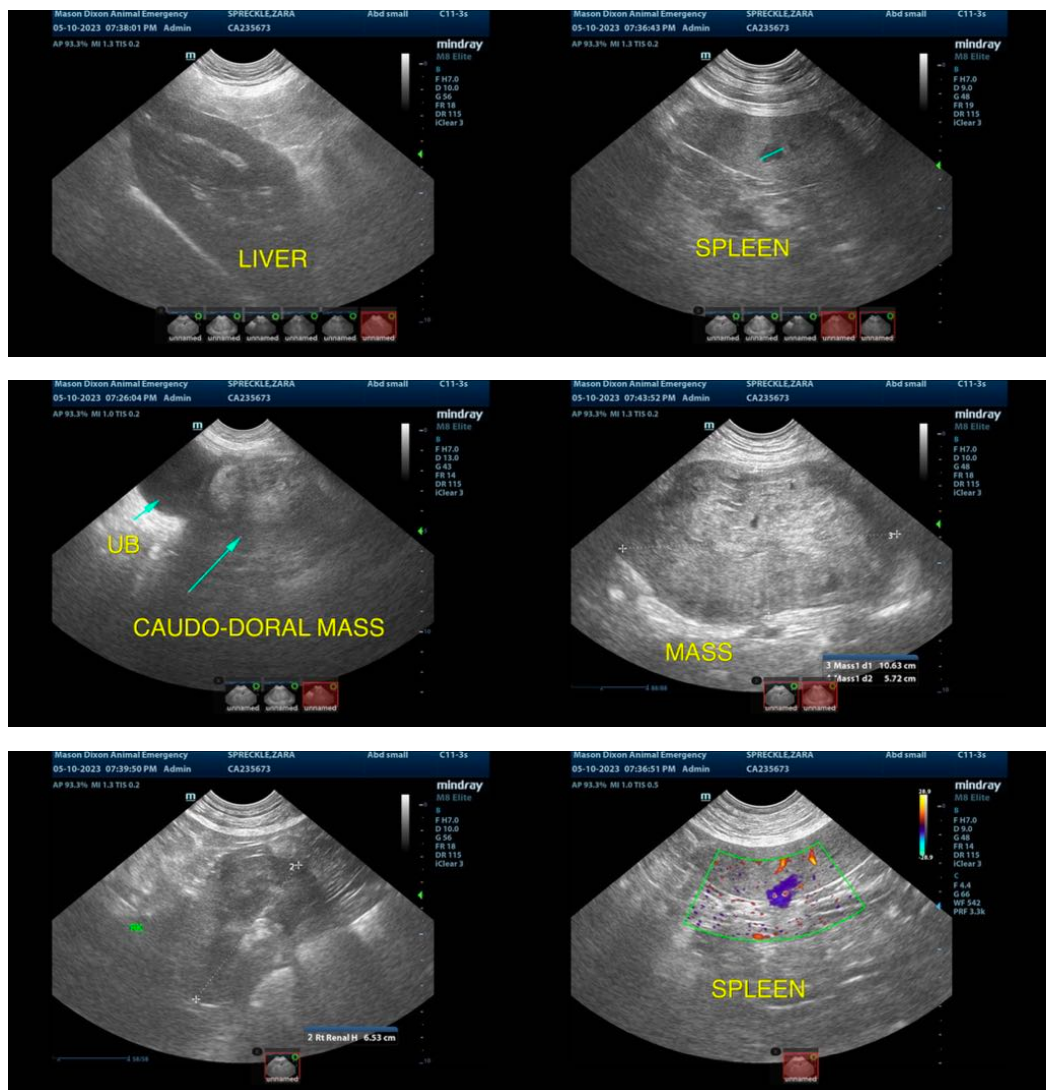
5/10/2023

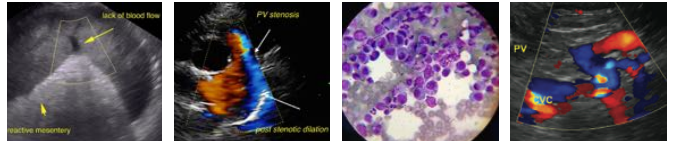
to better evaluate the intrapelvic region for possible removal of this mass lesion, as I suspect it is causing a partial urinary and colonic obstruction at this time. Although, severe dilation of the urinary tract was not visualized and the colon/bowel appears somewhat "gassy". Correlate this with abdominal radiographs. Stool softeners are recommended.

You could consider a fine needle aspirate of this lesion in case it is round cell neoplasia or some other chemo-responsive lesion.

There is a small hypochoic lesion visualized in the spleen options moving forward would include continued monitoring or fine needle aspirate.

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





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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)

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