



PATIENT PRESENTING CLINICAL SIGNS

Tyrone Hunter Enlarged liver. No current medications.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine 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.

BREED

Havanese

The prostate is normal in size (0.68 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.

SEX

Neutered Male

The left kidney has a normal shape and size (3.89 cm) with occasional small cortical cysts. Overall echogenicity is normal with adequate 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, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

AGE

10 Years

The right kidney has a normal shape and size (5.47 cm). Overall echogenicity is normal with adequate 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, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

10.1 kg

Adrenal Glands

The left adrenal gland is normal in size measuring 0.58 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.

INTERPRETED BY

Kathleen Sennello DVM,
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(Small Animal Internal
Medicine)

The right adrenal gland is normal in size measuring 0.63 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.

IMAGING PERFORMED BY

Crystal Hill

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. No focal parenchymal abnormalities are visualized.

HOSPITAL NAME

Lynden AC

Liver

The liver is large in size, and normal in echogenicity with smooth peripheral margins. The parenchyma is 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.

REFERRING VET

Dr. Babcock

INVOICE

37685

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 adhered to the wall and an occasional small polyp is noted. The cystic and common bile ducts are normal/not visible.

DATE

5/17/22



PATIENT

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Gastrointestinal

SPECIES

Canine

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.

BREED

Havanese

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 is a focal mixed echogenicity, slightly hypoechoic lesion arising from what appears to be the small intestine measuring 3.24cm in diameter. There is no evidence of an obstruction.

SEX

Neutered Male

Portions of the ileocecal junction were visualized and exhibited normal intact wall layering and are subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally.

AGE

10 Years

Pancreas

WEIGHT

10.1 kg

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

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is no evidence of a diffuse lymphadenopathy present.. The omentum is generally of normal echogenicity.

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Other

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

IMAGING PERFORMED BY

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ULTRASONOGRAPHIC FINDINGS

- Mixed echogenic cranial abdominal mass – This is a well circumscribed lesions, which appears to be arising off the bowel wall. Consider leiomyoma(sarcoma), round cell neoplasia, carcinoma or granuloma.
- Large, mildly 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.
- Moderate gallbladder debris with mild polypoid structures in the lumen – The significance of the gall bladder polyps and debris is unclear. This could represent an early mucocele, cholestasis, or chronic inflammation, or could be an incidental finding.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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There is a focal round, slightly heterogeneous lesion in the cranial abdomen, caudal to the stomach, which is consistent with a small focal bowel mass. Recommend a fine needle aspirate of this lesion.

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Additionally, the liver is slightly heterogeneous and large. No focal hepatic lesions are observed. The gallbladder does have some adherent debris and some early polypoid projections. Findings are



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consistent with early cholecystitis. Consider starting Ursodiol +/- antibiotics and continued monitoring. Depending on if liver enzymes are elevated, you could consider a liver function test and a fine needle aspirate of the liver as well.

SPECIES

Canine

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

BREED

Havanese

SEX

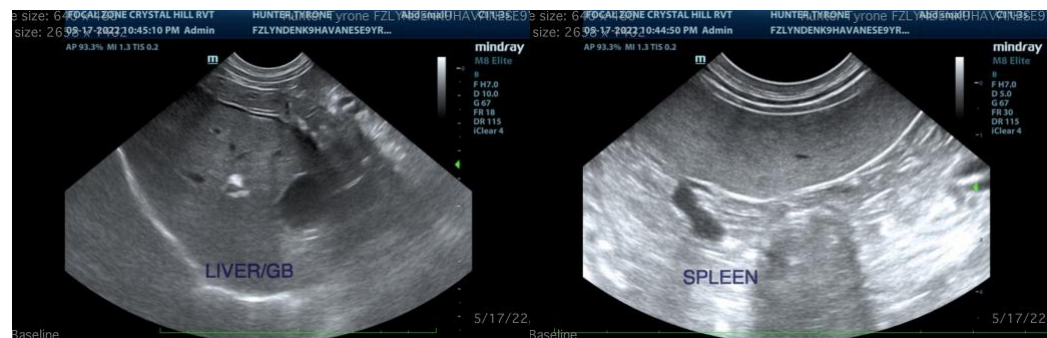
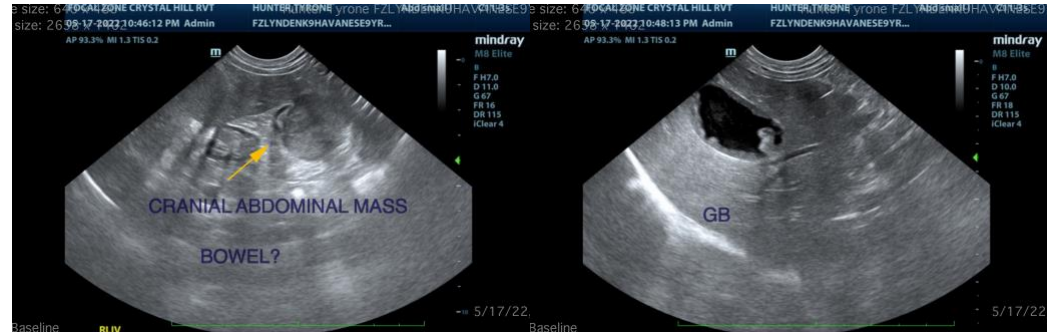
Neutered Male

AGE

10 Years

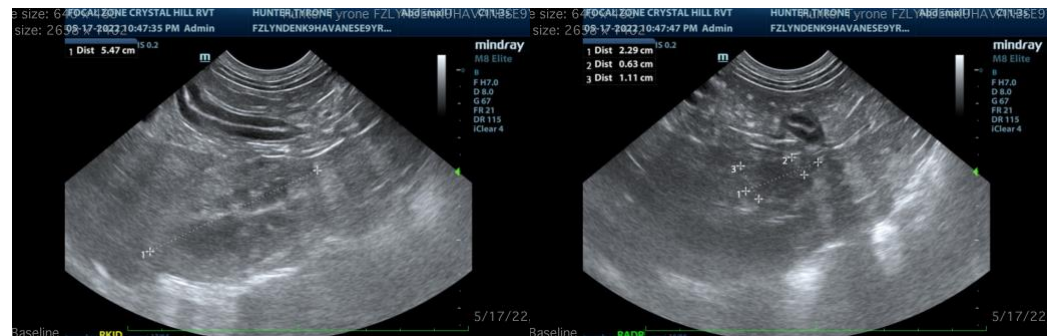
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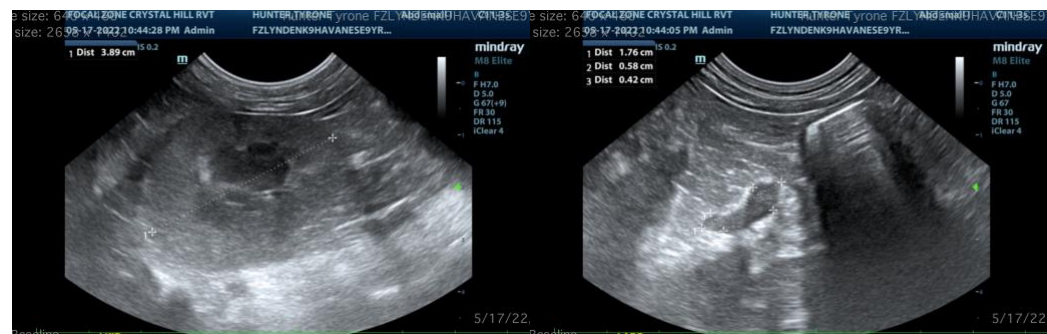
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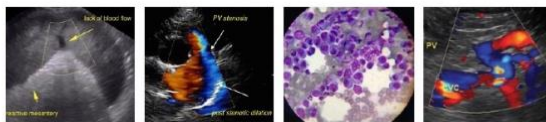
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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.

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

SPECIES

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