



PATIENT

Charity Trout

SPECIES

Canine

BREED

Jack Russell Terrier

SEX

Spayed Female

AGE

11 Years

WEIGHT

21.8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jack Reese

HOSPITAL NAME

Willow Run VC

REFERRING VET

Dr. Molly Arnold

INVOICE

37756

DATE

5/18/22

PRESENTING CLINICAL SIGNS

Several week history of decreased appetite and lethargy. Owners report hiding at home.
Abnormal PE/Chem/CBC/UA Results: Cranial Abdominal Pain ALP 265 (23 - 212 U/L) ALT 217 (10 - 125 U/L)

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 (4.81 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.

The right kidney has a normal shape and size (5.28 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.84 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.

The right adrenal gland is normal in size measuring 0.69 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.

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.

Liver

The liver is large in size and irregular in shape. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. Deep on the right side, there is a rounded, irregular region, most consistent with a cavitated mass effect at approximately 4.5 cm in diameter. Additionally, there are focal, somewhat ill-defined nodules/masses visualized within the parenchyma. Examples of these measured 1.3 and 0.85 cm. The margins of the liver appear somewhat nodular. 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 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.

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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.

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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 gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

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Pancreas

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.

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Free Abdomen

There is a small volume of free abdominal fluid. Occasional prominent mesenteric lymph nodes are visualized at 0.40 cm and 0.37 cm. The omentum is of increased echogenicity.

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Other

Pleural effusion is noted cranial to the diaphragm as well as a small volume of pericardial effusion.

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ULTRASONOGRAPHIC FINDINGS

- Large, irregular, nodular liver with focal lesions – The changes observed in the liver are concerning for an underlying neoplastic process, although benign regenerative nodules cannot be excluded as a possibility.
- Free abdominal fluid
- Pleural effusion with scant pericardial effusion – recommend 3-view thoracic radiographs and cardiac ultrasound.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

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The liver appears nodular with numerous mass effects and some suspected cavitations. Recommend a liver function test, coagulation parameters, and a fine needle aspirate of the liver.

Additionally, there appears to be pleural effusion and possibly a small amount of pericardial effusion. Recommend 3-view thoracic radiographs and possible sampling of the pleural effusion for cytology and fluid analysis. Consider a cardiac ultrasound.

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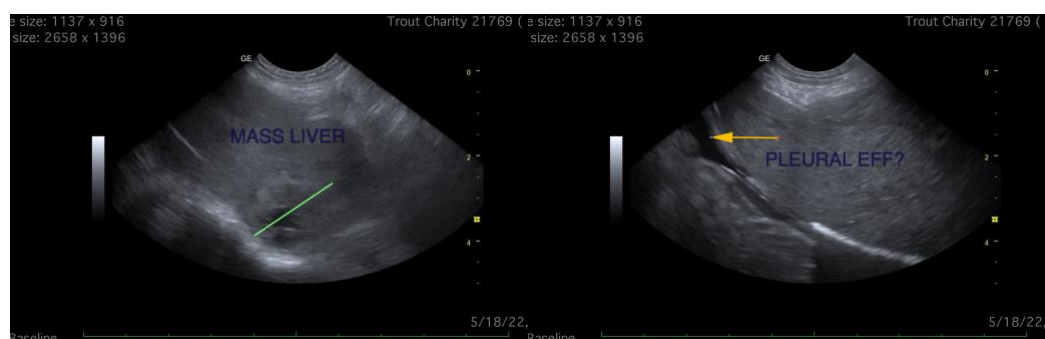
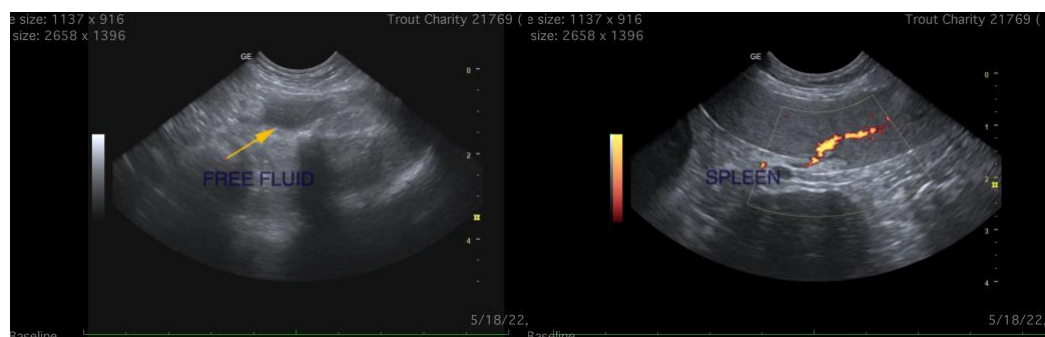
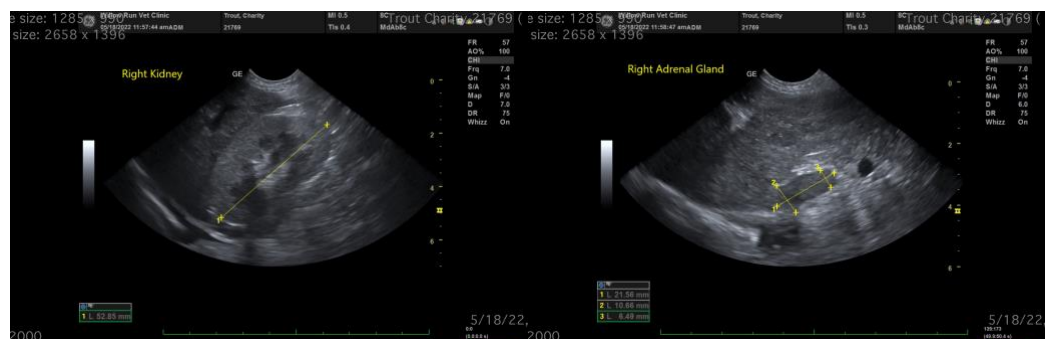
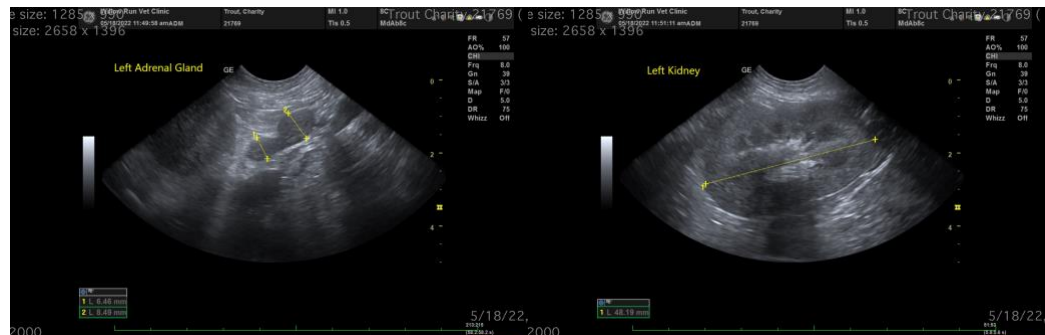
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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