



Portable Animal Vascular Sonography, Inc.

PATIENT

Sweetey Odor

PRESENTING CLINICAL SIGNS

SPECIES

Canine

BREED

Terreier X

SEX

Male

AGE

3/15/09

WEIGHT

72.8 Pounds

Chief Concern / Provisional Diagnosis: ~
patient has had prev. hemangiomas removed from skin, appears to have more
has a large mast cell tumor R thorax that needs surgical excision. Recommend metastatic work
up prior to surgery
concern for other MCT on scrotum
Relevant Medical History and Physical Exam findings: ~
MCT R thorax, skin tumors, susp. solar dermatitis

Recent Diagnostics:
Relevant Laboratory Results / Abnormalities: ~
CBC:

slt decreased MCH regen anemia/hemolysis~
decreased retic hemoglobin - blood loss - parasitism/inflammation, iron deficiency
plt elevated, inflammation, HAC, neoplasia, primary thrombocytosis
Chemistry:

~TP elevated
glob elevated - inflammation, autoimmune, neoplasia
alt 360 (121)
ast 211 (55)
alp 566 (150) primary liver dz, gall bladder dz

T4:
~2.6
~

Current medications (include full name, dosage and frequency): ~
welactin
alenza
dasuquin~

INTERPRETED BY

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

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

IMAGING BY

Loetitia Saint-Jacques,
LVT

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.

HOSPITAL NAME

MountainView AH

The prostate is large in size (3.76 cm in height in the sagittal view) but has a regular shape with smooth external margins. The parenchyma is hyperechoic and heterogenous. There is a focal hypoechoic lesion within the enlarged prostate measuring 1.41 cm x 1.3 cm. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

REFERRING VET

Dr. Sarah Kalivoda

The left kidney has a normal shape and size (6.66 cm). Overall echogenicity is slightly hyperechoic with poor 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.

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DATE

5/19/22



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PATIENT

Sweetie Odor The right kidney has a normal shape and size (6.69 cm). Overall echogenicity is slightly hyperechoic with poor 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 hydronephrosis. Renal vasculature is normal.

SPECIES

Canine **Adrenal Glands**

The left adrenal gland is normal in size measuring 0.65 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.

BREED

Terreier X The right adrenal gland is normal in size measuring 0.59 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.

SEX

Spleen

Male The spleen is large in size and irregular. The spleen echotexture is heterogenous and mottled. The blood flow through the hilus and splenic parenchyma appears normal. There are at least three mass effects visualized within the spleen. There is a solid, mildly hypoechoic lesion towards the tail of the spleen measuring 4.82 cm x 6.19 cm. There is a hypoechoic moth eaten, slightly cavitated lesion towards the head of the spleen measuring 3.65 cm x 4.33 cm, and a more mid body solid lesion of mixed echogenicity, partially hyperechoic, measuring 1.56 cm x 1.3 cm.

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Liver

The liver is large in size and irregular in shape. The parenchyma is mildly heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There is a large hyperechoic mixed echogenic mass effect on the right side of the liver measuring > 8.05 x 10.5 cm.

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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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LVT

Gastrointestinal

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.

HOSPITAL NAME

MountainView AH

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 were no focal lesions consistent with obstruction or a mass effect observed.

REFERRING VET

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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

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

SPECIES *Pancreas*

Canine 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.

BREED *Free Abdomen*

Terreier X Evaluation of the peritoneal cavity did not reveal any evidence of effusion. The sublumbar lymph nodes are slightly hypoechoic and prominent. The right measures 0.85 cm in diameter. The left measures 0.73 cm in diameter. A prominent mesenteric lymph node is visualized at 0.63 cm. The omentum is of normal echogenicity.

SEX *Other*

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

Both the left and right testicles are imaged and no significant lesions are visualized.

AGE **PRIMARY FINDINGS**

3/15/09

- Large, hyperechoic prostate with focal hypoechoic lesion – Prostatic changes are most consistent with benign prostatic hyperplasia. Other differentials include bacterial prostatitis and prostatic neoplasia. However, given the lack of lower urinary tract symptoms, these differentials are considered less likely in this patient. The nature of the hypoechoic lesion is unclear. This could represent a focal area of inflammation, an early abscess, or even a mass effect/metastatic lesion.

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- Multiple large hypoechoic, somewhat cavitated splenic masses – Multiple large, heterogenous masses with cavitations are present within the splenic parenchyma. The masses distort the splenic capsule. Differentials for the masses include neoplasia (e.g., hemangiosarcoma, hemangioma, metastatic MCT), hematoma, abscess, other. A neoplastic process is favored.

IMAGING BY

Loetitia Saint-Jacques,
LVT

- Large, solid, mixed echogenic hepatic mass – most consistent with a primary hepatic mass. Adenoma or carcinoma are most likely, although a metastatic lesion from the spleen or MCT is possible.

HOSPITAL NAME

MountainView AH

- Mildly prominent sublumbar lymph nodes – The appearance of these lymph nodes is most consistent with reactive lymph nodes, although an early metastatic process cannot be ruled out.

REFERRING VET **SECONDARY FINDINGS**

Dr. Sarah Kalivoda

- Decreased corticomedullary distinction in both kidneys – The bilateral renal findings are consistent with age-related change.

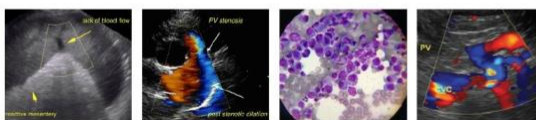
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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PATIENT

Sweetie Odor

There are numerous irregular, hypoechoic and (in some areas) cavitated masses on the spleen. Some of these are concerning for an underlying neoplastic process. If cancerous this could be a primary splenic neoplasm or represent metastatic disease. Additionally, there is a large hepatic mass present, which could be related or be a concurrent but different lesion. Often, large hepatic masses can have relatively benign behavior. Recommend a fine needle aspirate of the splenic and liver lesions to look for evidence of mast cell disease. If no mast cells are seen, options moving forward would include splenectomy for both diagnostic and therapeutic purposes +/- contrast CT scan to evaluate for possible removal of the hepatic mass, spleen and further evaluation for metastatic disease.

SPECIES

Canine

BREED

Terreier X

The prostate is large and hyperechoic. This is most consistent with benign prostatic hypertrophy +/- prostatitis. Recommend urinalysis and culture. The nature of the hypoechoic lesion is unclear. This could represent a focus of inflammation, infection/an early abscess, or less likely a nodule (benign or cancerous). A fine needle aspirate of this lesion could be considered and/or neutering and continued monitoring.

SEX

Male

AGE

3/15/09

The sublumbar lymph nodes are prominent. I suspect this is most consistent with a reactive lymphadenopathy, but given the suspected scrotal mast cell tumor, a metastatic lesion cannot be excluded as a possibility. Recommend continued monitoring of this lesion.

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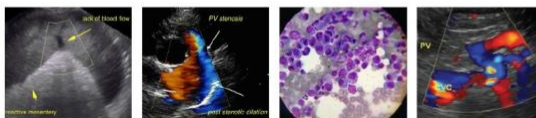
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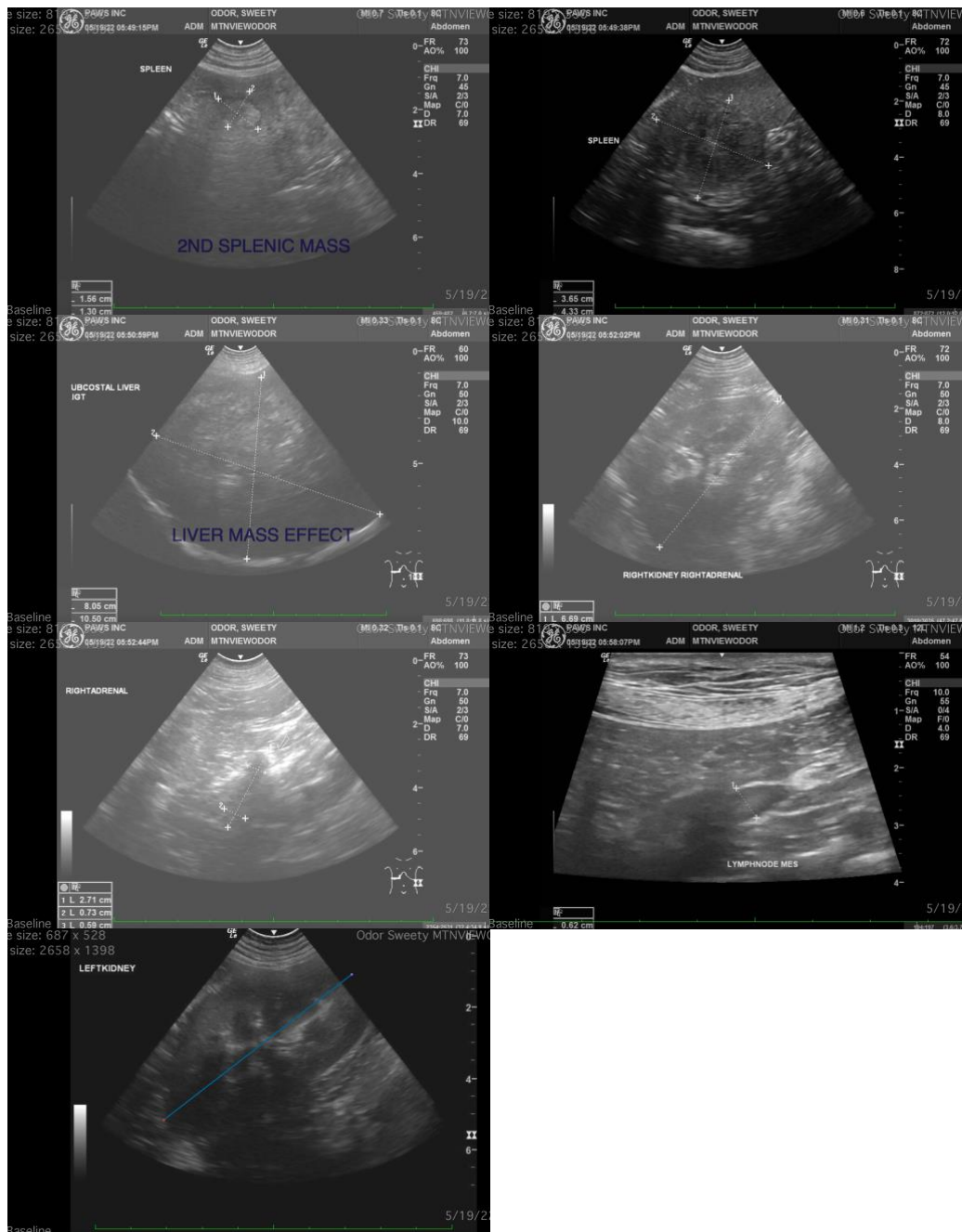
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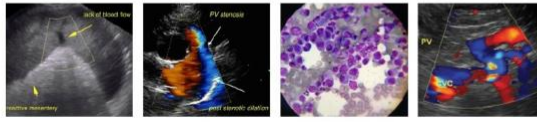
The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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Sweetie Odor 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.

SPECIES

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kathleen.sennello@sonopath.com

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