

PATIENT PRESENTING CLINICAL SIGNS

Diesel Rabon Provisional diagnosis. Tracking growth of splenic nodule. Splenic mass previously diagnosed.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine **Urinary System**

BREED Mini Australian Shepherd
The urinary bladder is moderately distended with anechoic urine. The bladder wall appears mildly irregular in the apical portion. In general the wall thickness is normal. The trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or calculi. The findings are most consistent with bacterial cystitis or lack of urine distension.

SEX Neutered Male
The prostate is normal in size (0.74 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.

AGE 9 years
The left kidney has a normal shape and size (4.22 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 15 Pounds
The right kidney has a normal shape and size (4.58 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.

INTERPRETED BY

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Adrenal Glands

The left adrenal gland is normal in size measuring 0.52 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 0.48 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

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

MountainView AH

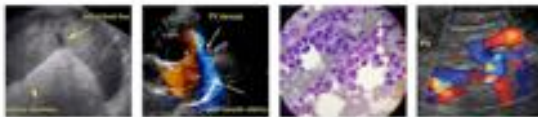
Spleen

REFERRING VET Dr. Kalivoda
The spleen is subjectively normal in size The spleen echotexture is heterogenous and mottled, the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is a distinct, hypoechoic nodule visualized in the caudal third of the spleen measuring 1.14 x 1.54 cm (previous measurements from 2/10/22 were 1.2 x 1.18 cm).

INVOICE

30612 **Liver**

DATE 5/20/22
The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of



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SPECIES

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Neutered Male

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the vasculature and biliary tract appear normal. A hyperechoic nodule is visualized in the parenchyma and measures 0.7 cm (previous measurement was 0.7 x 0.86 cm on 2/10/22). The gallbladder lumen is moderately distended. The wall of the gallbladder is not thickened and has a smooth mucosal surface. There is a moderate amount of primarily non-organized echogenic debris, but some of the debris is starting to adhere to the gallbladder wall and there is mild mucosal stranding. This is consistent with early mucocele development. The bile duct appears normal/non-visible.

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.

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.

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.

Pancreas

The pancreas is prominent and mottled compared to the surrounding isoechoic 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, 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.

Heart

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

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

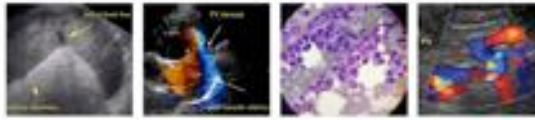
INVOICE

30612

DATE

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- Mildly irregular urinary bladder wall. The findings are most consistent with bacterial cystitis or lack of urine distension. Consider urinalysis and culture
- Hypoechoic splenic nodule. There is a non-cavitated, hypoechoic splenic nodule visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative



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neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis. This nodule appears relatively similar in size compared to the prior measurement from 2/10/22.

SPECIES

Canine

- Mildly heterogenous liver with hyperechoic nodule. 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. This appears stable from the previous exam.

BREED

Mini Australian Shepherd

- Early gallbladder mucocele. This was not readily visualized on the previous exam. Correlate with current blood work findings and I recommend continued monitoring +/- Ursodiol therapy.

SEX

Neutered Male

SECONDARY FINDINGS:

- Mildly mottled pancreas. The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis. This is a stable finding.

AGE

9 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

15 Pounds

Today's scan appears relatively stable from the previous exam that was performed on 2/10/22. There is still a distinct, hypoechoic nodule visualized in the spleen that measures as slightly larger, but the changes are not dramatic. This is a peripheral hypoechoic nodule so there is still some risk for hemorrhage/rupture. I recommend to continue monitoring or sampling of the nodule.

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On today's scan the gallbladder wall appears slightly more thickened with debris and some early organization that could be consistent with early mucocele formation. Correlate these findings with current blood work and consider starting Ursodiol therapy and continued monitoring of the gallbladder.

Consider urinalysis and culture to evaluate the urinary bladder wall changes described.

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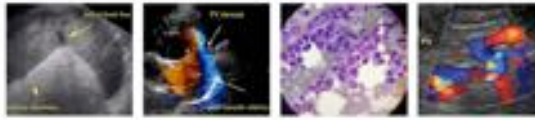
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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