



**PATIENT**

Ena Hagen

**SPECIES**

Canine

**BREED**

Mixed

**SEX**

Spayed Female

**AGE**

12 Years

**WEIGHT**

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Desen Eertunc

**HOSPITAL NAME**

Healing Spirit

**REFERRING VET**

Dr. Desen Ertunc

**INVOICE**

37393

**DATE**

5/4/22

**PRESENTING CLINICAL SIGNS**

3 day history of progressive anorexia and vomiting. Has hypoadrenocorticism relatively well controlled with DOCP and Prednisolone.

Abnormal PE/Chem/CBC/UA Results: PE= Moderately dehydrated, otherwise WNL. Sampling of abdominal fluid revealed frank blood- hemoabdomen. CBC: RBC= 5.2 (5.5-8.5), Hgb= 10.9 (12-18), HCT= 36 (37-55), MCHC= 30 (31-39), otherwise WNL Chem: ALP= 495 (20-150), ALT= 491 (10-118), Amy = 2328 (200-1200), BUN= 64 (7-25), Ca= 13.1 (8.6-11.8), Phos= 9.4 (2.9-6.6), Creat= 4.2 (0.3-1.4) C cPL < 50 (<200 normal) Cortisol= < 1 ug/dL U/A: S.G.= 1.020, pH= 5.0 , Protein= 30 mg/dL Sediment: TNTC RBCs and WBCs, suspected extra-cellular rods PT/PTT and urine culture pending

**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 is normal in size (6.7 cm) with some cortical mineralization. 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 is normal in size (7.1 cm) with cortical mineralization. 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 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 normal in size and is surrounded by echogenic fluid. 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. The visible portions of the vasculature and biliary tract appear normal. There is a very large, ill-defined, irregular, cystic/cavitated mass effect in the caudal aspect of the liver measuring at least 11.7 cm x 11.97 cm.

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 0.13-0.38cm in wall thickness) and the jejunum measured as normal (between 0.15-0.36cm.) 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.

**WEIGHT**

**Free Abdomen**

There is a large amount of free echogenic fluid, most consistent with hemorrhage. There is no mesenteric lymphadenopathy noted. The omentum is of increased echogenicity in the cranial abdomen.

**INTERPRETED BY**

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

**ULTRASONOGRAPHIC FINDINGS**

- Large, irregular, cystic/cavitated liver mass – this is the likely source of the hemoabdomen reported. There is high concern for a neoplastic process.
- Large volume free abdominal fluid – Based on sampling and history, this is most consistent with a hemoabdomen.

**IMAGING PERFORMED BY**

Dr. Desen Eertunc

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is a large, abnormal, cystic/cavitated region on the liver that would be the likely source for the hemorrhage noted. Options moving forward include a contrast CT scan to better evaluate for metastatic lesions and to plan for surgical removal, or referral to a veterinary surgeon for exploratory and hopeful resection of the lesion for both diagnostic and therapeutic reasons.

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

**REFERRING VET**

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There is no obvious evidence of renal pelvic dilation to indicate pyelonephritis, but if the urine culture comes back positive, based on the degree of azotemia. I would treat with a protocol for pyelonephritis.

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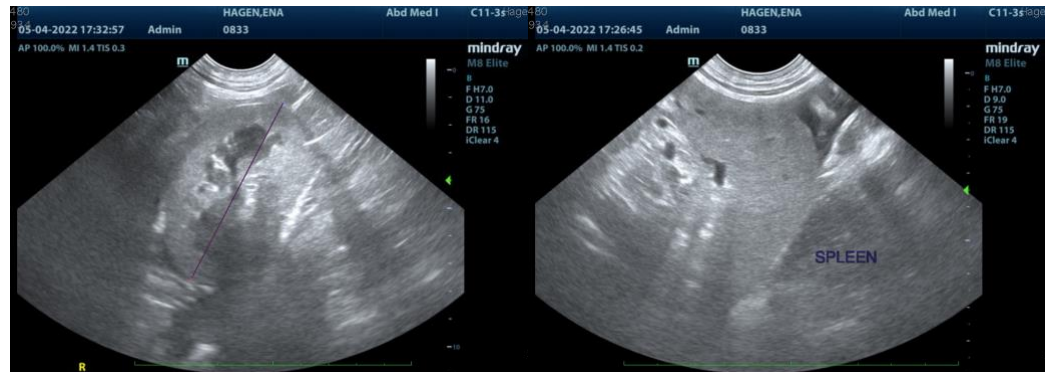
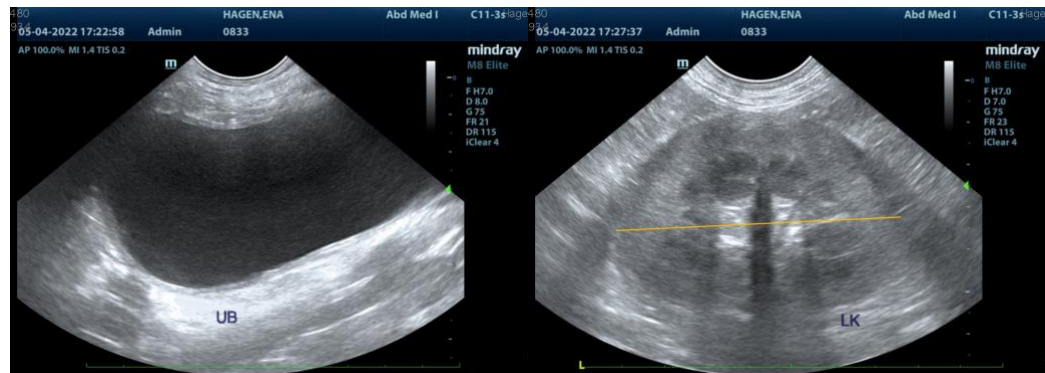
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not



**PATIENT** visible in the image/video clips provided.

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

Canine kathleen.sennello@sonopath.com

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