



PATIENT

Zoey Matari

SPECIES

Canine

BREED

Shorkie

SEX

Spayed Female

AGE

12 Years

WEIGHT

18 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Bergen County VC

REFERRING VET

Dr. Laurel Gess

INVOICE

38952

DATE

6/21/22

PRESENTING CLINICAL SIGNS

Lethargic, decreased appetite, was vomiting - although no vomiting in the last 48 hrs. Tense abdomen, possible mass effect. Treatment: had SQs, Cerenia, Pepcid, and Buprenex.
Abnormal PE/Chem/CBC/UA Results: CBC: 4 nRBCs, neut look sl. toxic. Chem: Alk. Phos. 615, chol 437, glob. 4.2, Na 140, cl. 88, Phos. 8.5, BUN 74, SDMA 20, creat. 1.5 (high end normal). U/A: 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 size (4.57 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 (5.23 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 0.61 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 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 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 subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. 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.

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.



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The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Jejunum wall measured 0.25 cm. Occasional mucosal speckling is visualized. 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 liquid fecal material and gas shadowing distally. In the cranial abdomen there is a large hypoechoic irregular mass effect which lies between the duodenum and colon which in some views could be of bowel (colonic) origin, alternately a pancreatic mass causing secondary colonic changes is possible.

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Pancreas

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The pancreas is large and hypoechoic to the surrounding mesentery, particularly in the region of the right limb of the pancreas, between the duodenum and the colon. There is a focal irregular, solid, complex mass effect may originates from pancreatic tissue. In some images, there even appears to be some associated plicated bowel. Findings are concerning for a pancreatic mass although a colonic mass is possible.

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Free Abdomen

There is a focal peritonitis evident around the cranial abdominal mass and the pancreas. There is no 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.

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ULTRASONOGRAPHIC FINDINGS

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- Large, hypoechoic irregular pancreas with a focal mass effect visualized – most consistent with a pancreatic mass, severe pancreatitis, alternately a bowel mass (colonic?) is possible.
- Mildly thickened small intestine with mucosal speckling – Bright mucosal speckling has been proposed to represent dilated lacteals or focal accumulation of mucus, cellular debris etc.. in the mucosal crypts of the small intestine.
- Corrugated bowel in the region of the pancreatic mass – I suspect this is most consistent with focal enteritis secondary to the regional peritonitis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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There is a large hypoechoic, severely inflamed mass lesion visualized in the region of the duodenum and colon. This most likely represents a focal pancreatic mass with associated abnormal bowel (colon). Alternately, it could be severely diseased pancreas or even a mass effect originating from the colon with associated pancreatitis/peritonitis, etc.

REFERRING VET

Dr. Laurel Gess

Recommend a fine needle aspirate of this pancreatic mass lesion and 3-view thoracic radiographs. If a cytologic diagnosis is not able to be obtained, you could consider exploratory surgery to obtain biopsies, and if a conservative approach is absolutely necessary, you could consider aggressive medical therapy, followed with serial imaging, as there is a chance this could be severe necrotizing pancreatitis, etc. (But I feel is this is most consistent with a mass and surgery would be necessary).

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This is an extensive lesion and there is concern for spread (carcinomatosis) and the possibility that surgical resection would not be possible.

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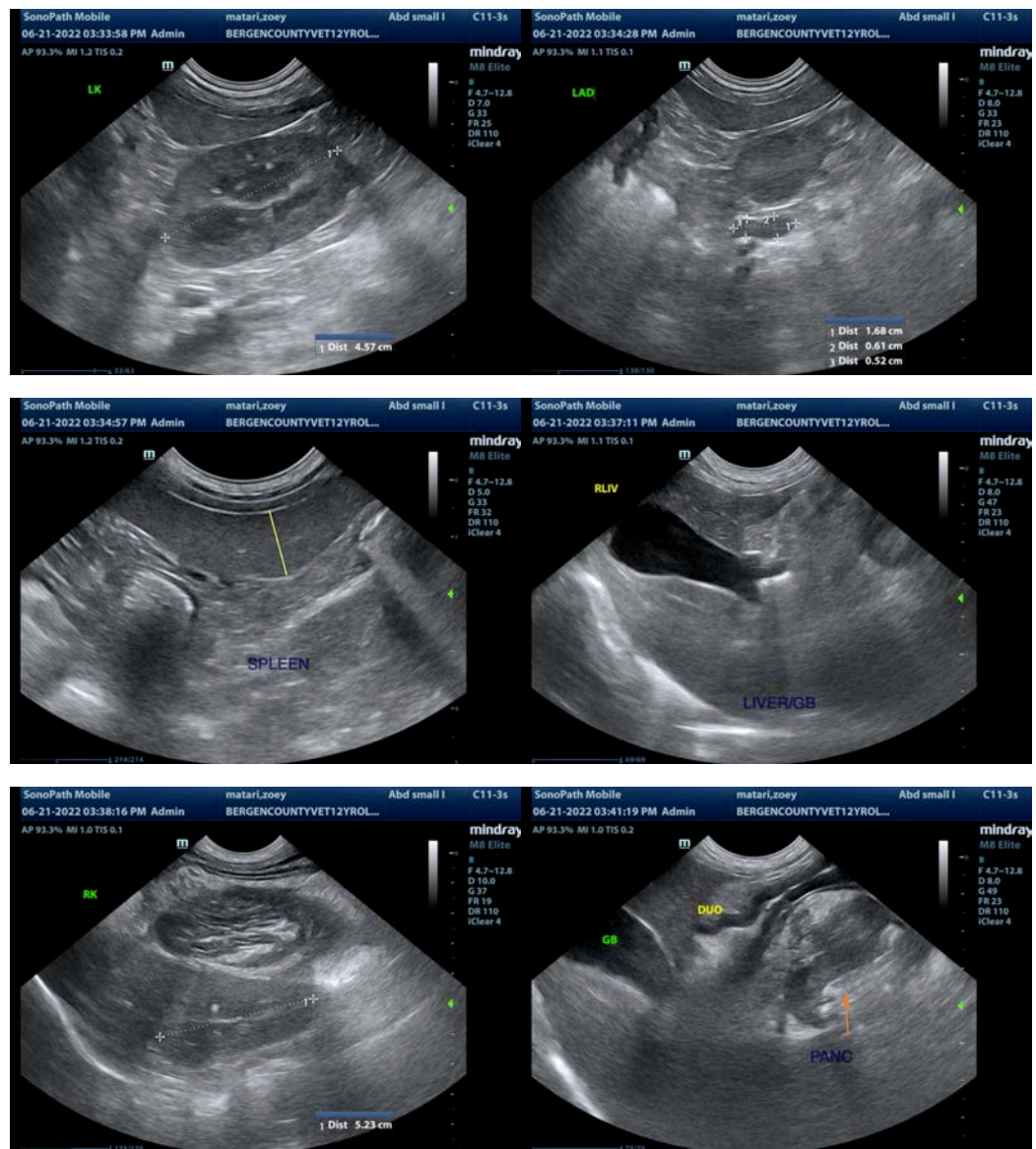
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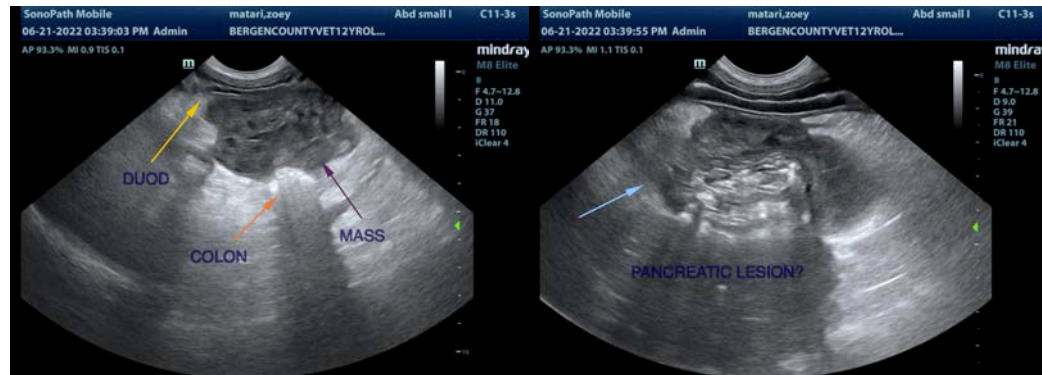
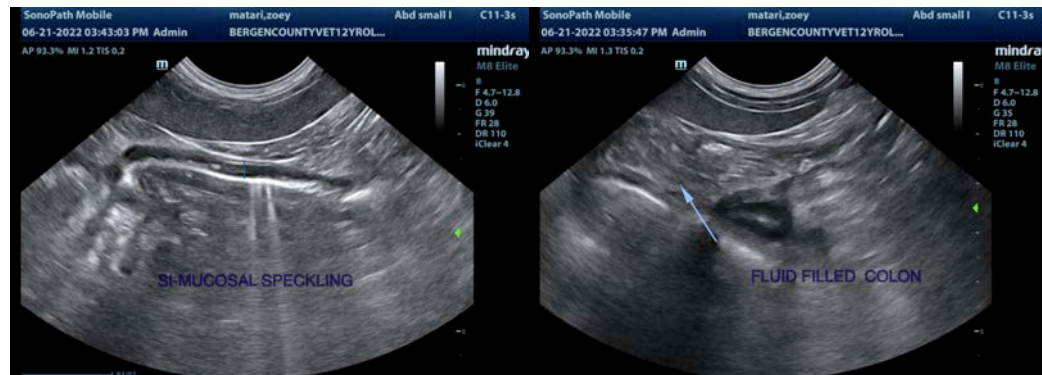
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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