

**IMAGING PERFORMED BY**

SVS Mobile Imaging MI 734-637-7711  
svsimagingmi@gmail.com



EDUCATIONAL TELECONSULTATION SERVICES™  
1-800-838-4268 info@sonopath.com SonoPath.com

**PATIENT**

Jewels Dworther

**SPECIES**

Canine

**BREED**

West Highland Terrier

**SEX**

Spayed Female

**AGE**

16 Years

**WEIGHT**

30 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Amy Mayhew, LVT

**HOSPITAL NAME**

SVS Imaging MI

**REFERRING VET**

North Oakland  
Visiting Vet

**INVOICE**

39037

**DATE**

6/23/22

**PRESENTING CLINICAL SIGNS**

High temp, extended belly  
Abnormal PE/Chem/CBC/UA Results: see attached labs.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder is moderately distended with anechoic urine. The Bladder wall appears mildly irregular with no masses or focal calculi visualized. The area of the trigone, ureteral papillae and visible urethra appear within normal limits. Findings are most consistent with cystitis. Recommend urinalysis and culture.

The left kidney has a normal shape and size (5.24 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 (4.83 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 area of the left adrenal gland appears normal. Visualization is obscured by the large liver and spleen.

The right adrenal gland is large in size measuring 1.17 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 large in size and irregular. 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. The spleen has a diffusely hypoechoic nodular appearance consistent with a "reticulated" pattern. There is a hypoechoic nodule in the tail of the spleen measuring 1.41 cm x 1.43 cm.

**Liver**

The liver is large in size and irregular. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

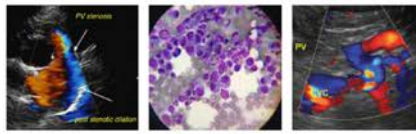
The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

**Gastrointestinal**

The stomach contains minimal luminal contents. In some areas, the stomach wall appears somewhat thickened measuring 0.83 cm with intact wall layering. 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.) 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 hypoechoic as 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.

**ULTRASONOGRAPHIC FINDINGS**

- Large reticulated spleen – This pattern is concerning for possible round cell neoplasia (LMA most common). Recommend a fine needle aspirate.
- Large, heterogeneous liver – 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.
- Hypoechoic, mottled pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Subjectively thickened gastric wall with intact wall layering – The stomach wall thickening could be consistent with inflammation, edema, infiltrative neoplasia, imaging artifact due to rugal folds, other.
- Mildly irregular urinary bladder mucosa – The bladder mucosal changes could be consistent with cystitis or artifactual due to lack of adequate luminal distension. Bladder neoplasia cannot be ruled out but is considered unlikely in this patient.
- Large right adrenal gland – As the left adrenal gland is obscured, it is difficult to say if this unilateral or bilateral adrenomegaly. Recommend reevaluation once a diagnosis is obtained regarding the splenic enlargement.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The spleen is large and diffusely nodular. These findings are concerning for an underlying neoplastic process. Recommend a fine needle aspirate. If a diagnosis is not obtained off of a splenic aspirate, additionally consider a liver function test and fine needle aspirate of the liver.

Recommend a urinalysis and culture to further evaluate the mild diffuse irregularity in the urinary bladder wall.

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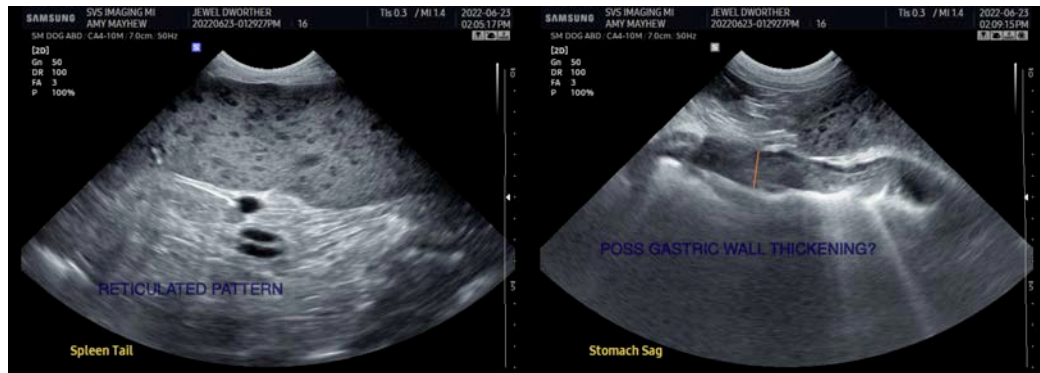
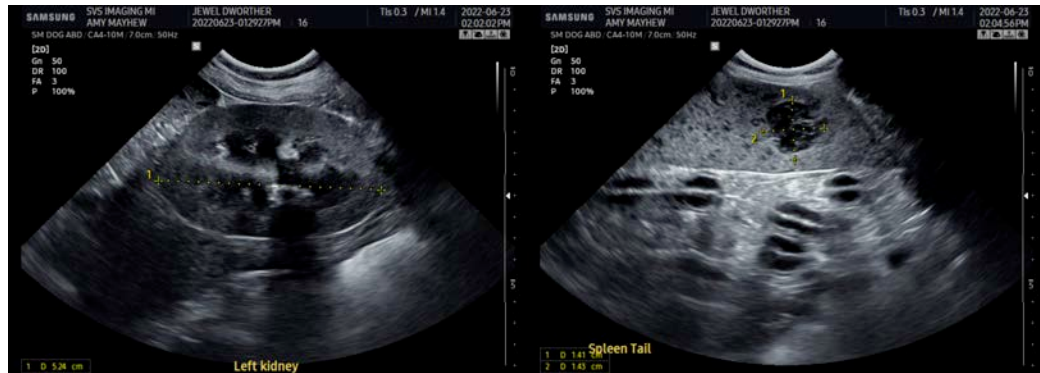
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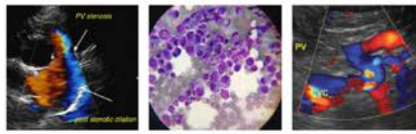
Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.

Recommend reevaluation of both adrenal glands in the future once a diagnosis in therapy is implemented regarding the splenic lesion (hopefully we will be able to see the left adrenal gland better at that point).



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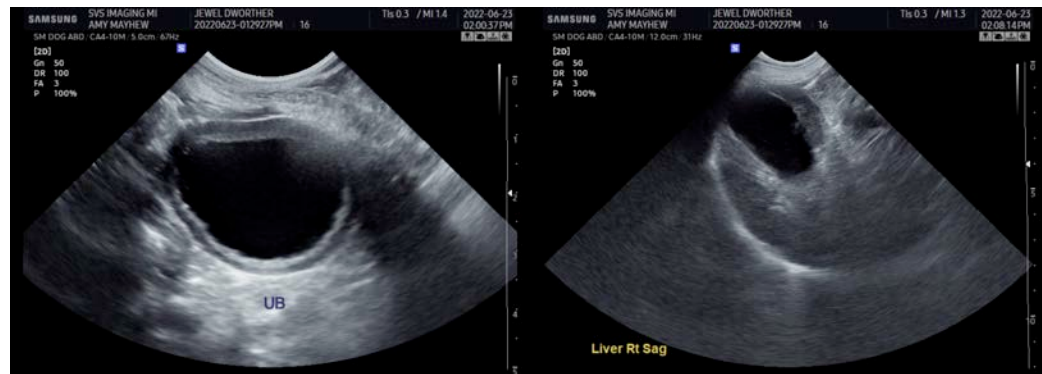
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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