



PATIENT

Tucker Gassen

SPECIES

Canine

BREED

Golden Retriever

SEX

Male

AGE

11 Years 2 Months

WEIGHT

28.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Brian Barnes

HOSPITAL NAME

Westview Vet Hospital

REFERRING VET

Dr. Brian Barnes

INVOICE

38545

DATE

6/7/22

PRESENTING CLINICAL SIGNS

Had acute onset weakness, unable to stand MAY 27, 2022. Abdominal bleed that has now stabilized. Abnormal PE/Chem/CBC/UA Results: HCT = 33.1 % (L) 37.3 - 61.7, HGB = 11.6 g/dL (L) 13.1 - 20.5 Anemia with reticulocytosis - Likely regenerative anemia. Monocytosis, Low RETIC-HGB - SDMA 17 (N 0-14), Urea 19.7 (2.5-9.6), Creat normal, ALT, GGT, ALP all normal Xrays; 1. Suspect small volume abdominal effusion. Abdominal hemorrhage is suspected given the clinical history. Steatitis/peritonitis as a result of pancreatitis or carcinomatosis cannot be ruled out. 2. Possible caudal abdominal mass (i.e. possibly the spleen). However as stated it cannot be ruled out that this is not simply cranial extension of the bladder given the fact this is an intact male. 3. Constipation. 4. Hypovolemia in an otherwise unremarkable thorax. An abdominal ultrasound is recommended for further assessment of this patient. This could help to confirm or out the possibility of an abdominal mass and to help better assess the bladder and prostate. If free abdominal fluid is detected a sample could be obtained for fluid analysis.

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 prostate is large in size (3.03 cm x 5.46 cm in the transverse view), hyperechoic and diffusely cystic. The parenchyma is heterogenous but no discrete focal lesions are present. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (6.33 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 (6.69 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 0.67 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 0.65 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 and irregular. The spleen echotexture is heterogenous and mottled. The blood flow through the hilus and splenic parenchyma appears normal. There is a small 0.48 cm hypoechoic nodule in the mid body. There is a 0.90 cm hypoechoic nodule visualized towards the tail of the spleen. At the head of the spleen, there is a mixed echogenic larger mass measuring 2.35 cm x 2.85 cm.

Liver



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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. There is a large mixed echogenic, hypoechoic mass effect visualized in the caudal aspect of the liver, measuring approximately 8.0 cm x 8.9 cm. This lesion appears cavitated and there is hyperechoic mesentery surrounding.

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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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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 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.)

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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.

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.

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.

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ULTRASONOGRAPHIC FINDINGS

- Numerous mixed echogenic, hypoechoic splenic nodule – There are non-cavitated, hypoechoic splenic nodules visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis. Based on the findings in the liver, this would be concerning for possible metastatic neoplasia.
- Large, mixed echogenic, hypoechoic, partially cavitated hepatic mass – This lesion is concerning for a primary neoplasm. The surrounding inflammation and cavitation is concerning for possible previous hemorrhage.
- Large, hyperechoic, cystic prostate – most consistent with benign prostatic hypertrophy +/- prostatitis. Recommend urinalysis and culture.



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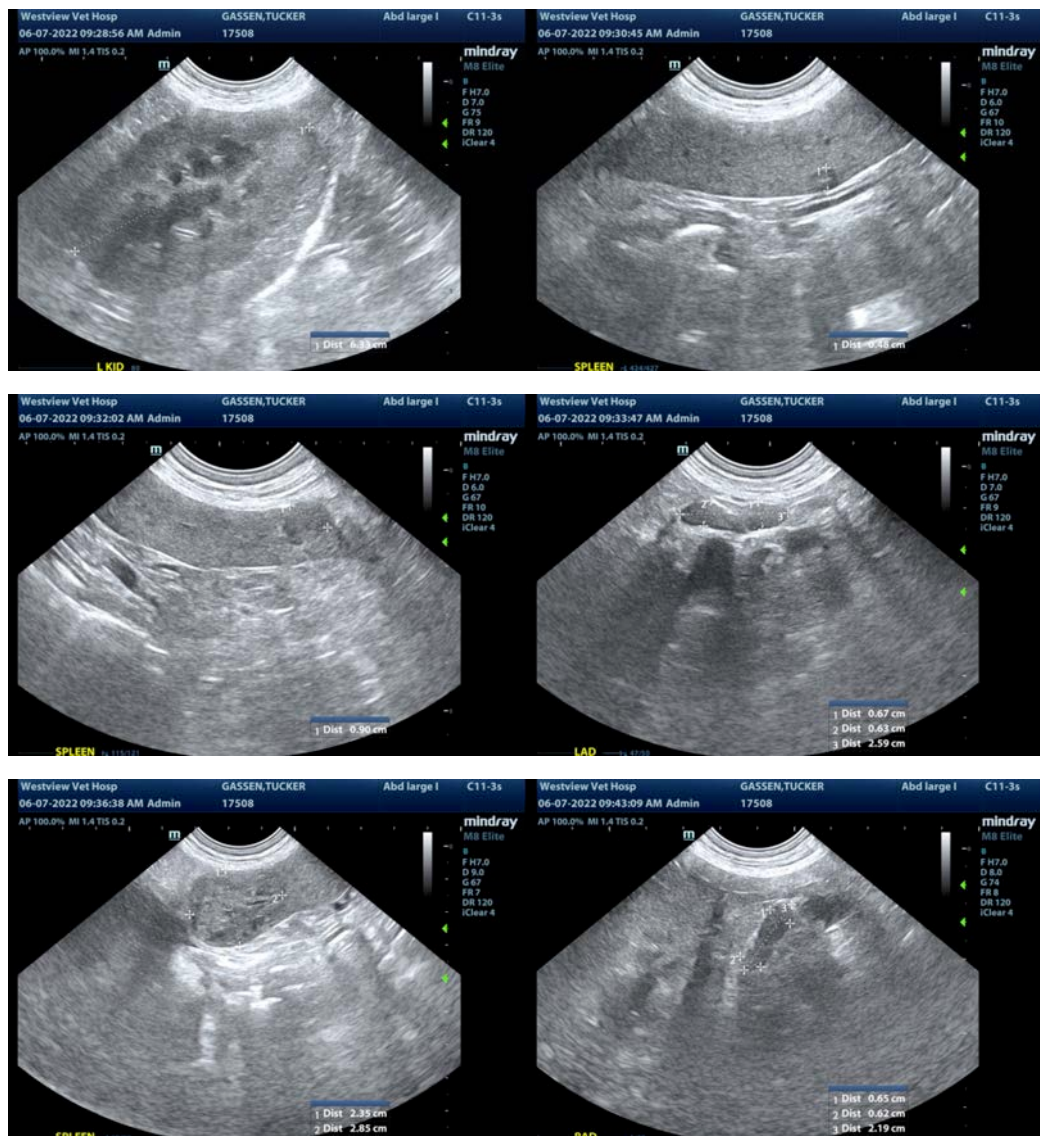
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There appears to be a large, cavitated mass effect on the liver. This lesion has hyperechoic mesentery surrounding, which is concerning for possible previous site of hemorrhage. Additionally, there are numerous mixed echogenic nodules on the spleen, which could represent metastatic neoplasia. Recommend a fine needle aspirate of a splenic lesion. If this appears benign, you could consider advanced imaging to evaluate the liver mass for surgical resection along with splenectomy. Recommend 3-view thoracic radiographs.

The prostate is large and cystic. Consider urinalysis and culture to evaluate for underlying prostatitis. If symptoms of prostatic disease are present, you could consider castration.





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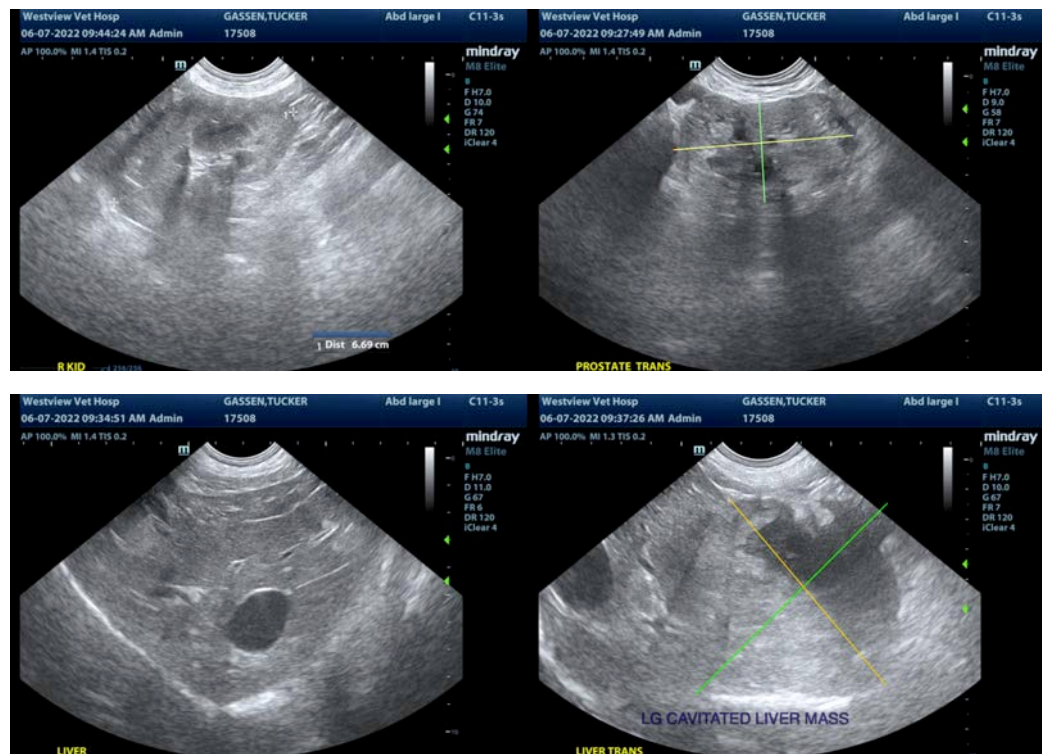
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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