



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Matilda Roa
SPECIES Canine
BREED Border Collie
SEX Spayed Female
AGE 9 Years
WEIGHT 20.5 kg

Came home after hike on Sunday, ate some grass at the end of hike were at the friend's house and she would not lie down- reluctant and the right forelimb seemed to be bothering her. Would not eat or drink and was lethargic. Did not eat monday, reluctant to go on walk, seems possibly sore or nauseous. Mmpink, and abdomen is normal on exam heart rate slightly elevated in comparison to normal examination ate treats in exam and normal cervical movement seems sore on right shoulder palpation and over back, ok to lie down. Gabapentin 100mg, Ampicillin 100mg/ml inj, Omeprazole 20mg, Sulcrate 200mg/ml 5ml, cerenia 10mg/ml inj
 Abnormal PE/Chem/CBC/UA Results: Non regenerative anemia on blood work- HCT 0.28 L/L r/o acute blood loss or early immune mediated or bone marrow or chronic disease? but is quite low for chronic disease. Elevated WBC and toxic neutrophils with bands. Low potassium but not pu/pd - and no hemolysis on bloodwork? Elevated ALT and ALP Please see attached rads and lab work.

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 (5.52 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 (4.02 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 0.51 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 0.57 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 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 normal in echogenicity, but is somewhat abnormal in shape and is large in size. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. There is a focal mixed echogenic mass effect visualized deep in the mid to right side of the liver. This mass effect has areas of hypoechoic tissue that could represent intralobular hemorrhage, necrosis, etc.

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Bronte Village AH

REFERRING VET

Dr. McGrath

INVOICE

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DATE

6/8/22



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The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of hyperechoic debris. The cystic and common bile ducts are normal/not visible.

SPECIES

Canine

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.

BREED

Border Collie

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.)

SEX

Spayed Female

Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

AGE

9 Years

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 area of 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.

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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 increased echogenicity in the cranial abdomen, particularly in the region of the liver mass.

IMAGING PERFORMED BY

Crystal Hill

ULTRASONOGRAPHIC FINDINGS

- Large, mixed echogenic liver mass with surrounding hyperechoic mesentery - There is a large mass lesion in the liver. This could represent a neoplastic lesion, an abscess, etc. Removal is recommended.
- Moderate debris in the gallbladder

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large mixed echogenic mass deep in the liver, which appears to have a large amount of inflamed mesentery surrounding. This could represent a benign or neoplastic lesion, and there could be necrosis or hemorrhage within the lesion, increasing an inflammatory component. Recommend a contrast CT scan and referral to a veterinary surgeon for removal for both diagnostic and therapeutic purposes.

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

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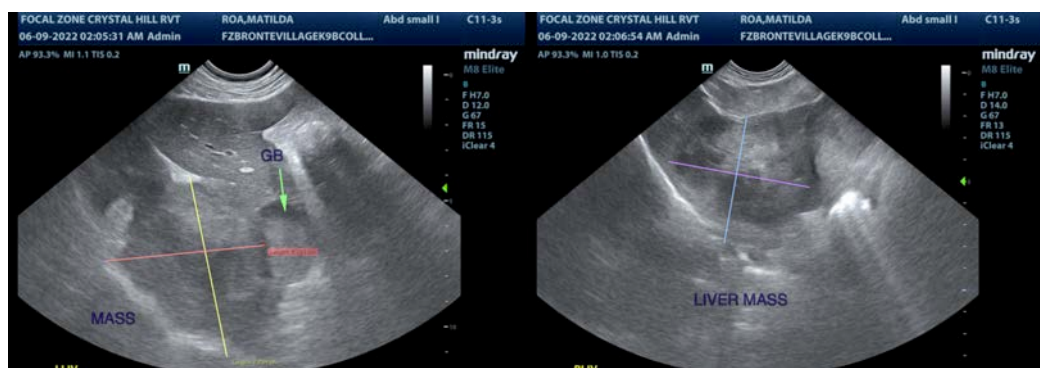
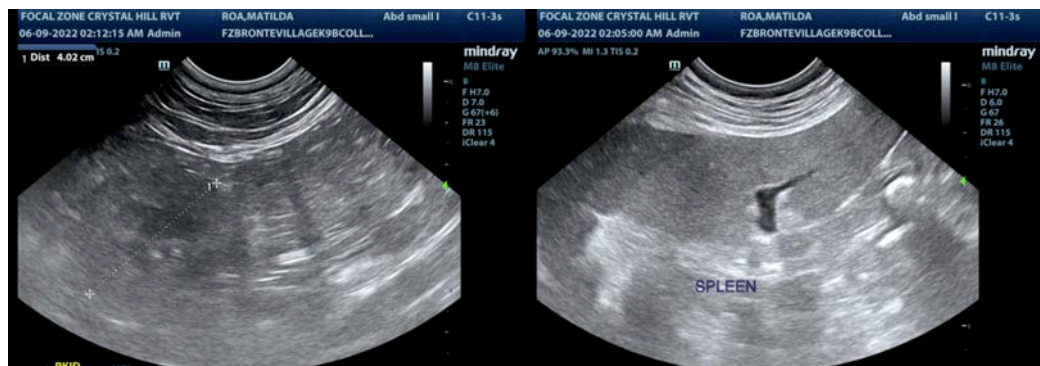
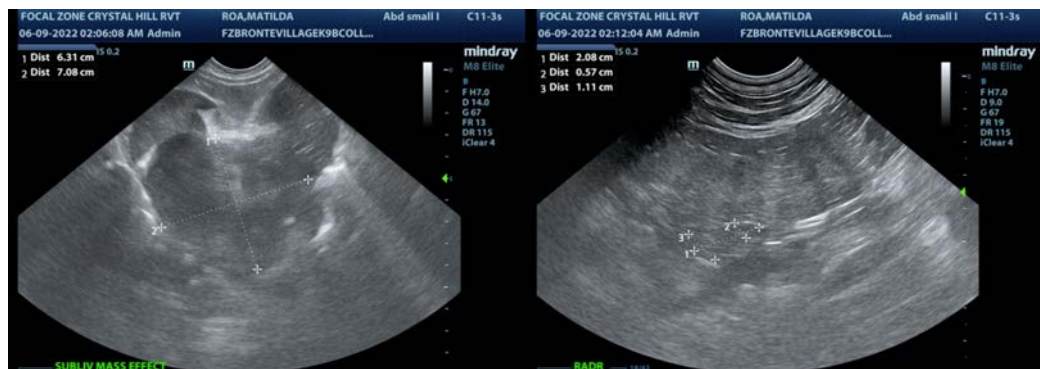
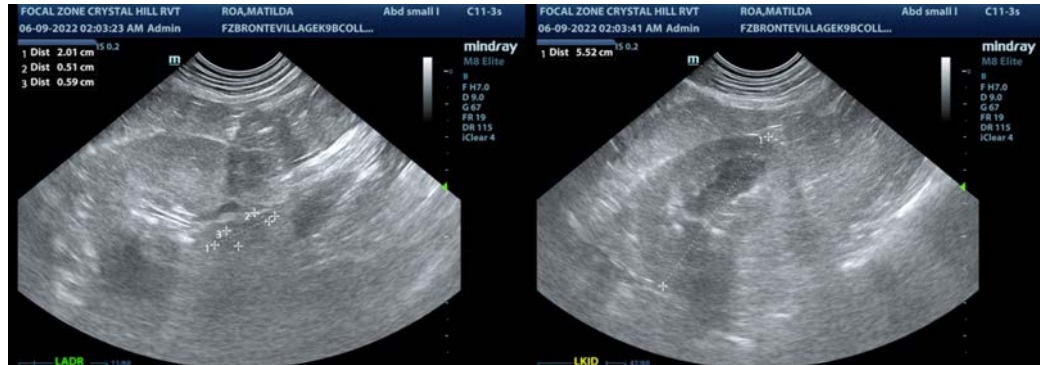
Dr. McGrath

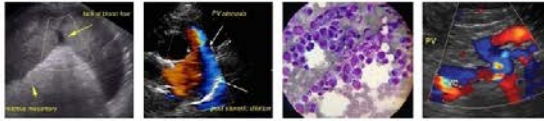
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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Canine

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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