**DATE PRESENTING CLINICAL SIGNS**

7.14.2023

Louie is an 8-year-old MN Chihuahua referred for evaluation due to wound on hind limb and suspected GI bleeding. - had toenails clipped at vet a few months ago - yesterday started chewing very aggressively at leg - no bone associated with nail bed - explained neoplastic conditions of toe - went over neoplastic conditions - went over anemia and regenerative anemia - has been lethargic, not eating or drinking - no interest in food at all - has been on antibiotics about a month ago for bruising on abdomen - cleared up - has been limping on leg for a long time - has been losing weight for the past few months - has been abnormal since Feb/March

PATIENT

Louie Huebschman

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered Male

AGE

7/13/2015

WEIGHT

12.7 lbs

INTERPRETED BY

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ACVIM (Small Animal
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HOSPITAL NAME

Animal EH

REFERRING VET

Dr. Goessling

INVOICE

13696

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder is moderately distended with echogenic urine. The bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2 cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The prostate is normal in size (0.69 cm) and shape for this neutered male dog. The parenchyma is homogenous, and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (4.57 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. Small nonobstructive nephroliths are noted. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.75 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. Numerous small, nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.47 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 (0.50 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 large in size, the echotexture is homogenous, and the splenic capsule is irregular. The blood flow through the hilus and splenic parenchyma appears normal. There are numerous, large, expansile hypo- to mixed echogenicity mass effects arising from the splenic parenchyma (examples of which measure 3.66 x 3.38 cm in diameter, 3.75, and 2.79 cm in diameter).

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 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 non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7 cm 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.

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 0.3-0.5 cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47 cm) 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 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.

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.

Other

The right auricle and pericardium were visualized and were unremarkable. No obvious pathology is visualized. If cardiac function evaluation is desired a full echocardiogram is warranted. There is no evidence of pleural effusion or pulmonary mass lesions observed.

ULTRASONOGRAPHIC FINDINGS

Findings

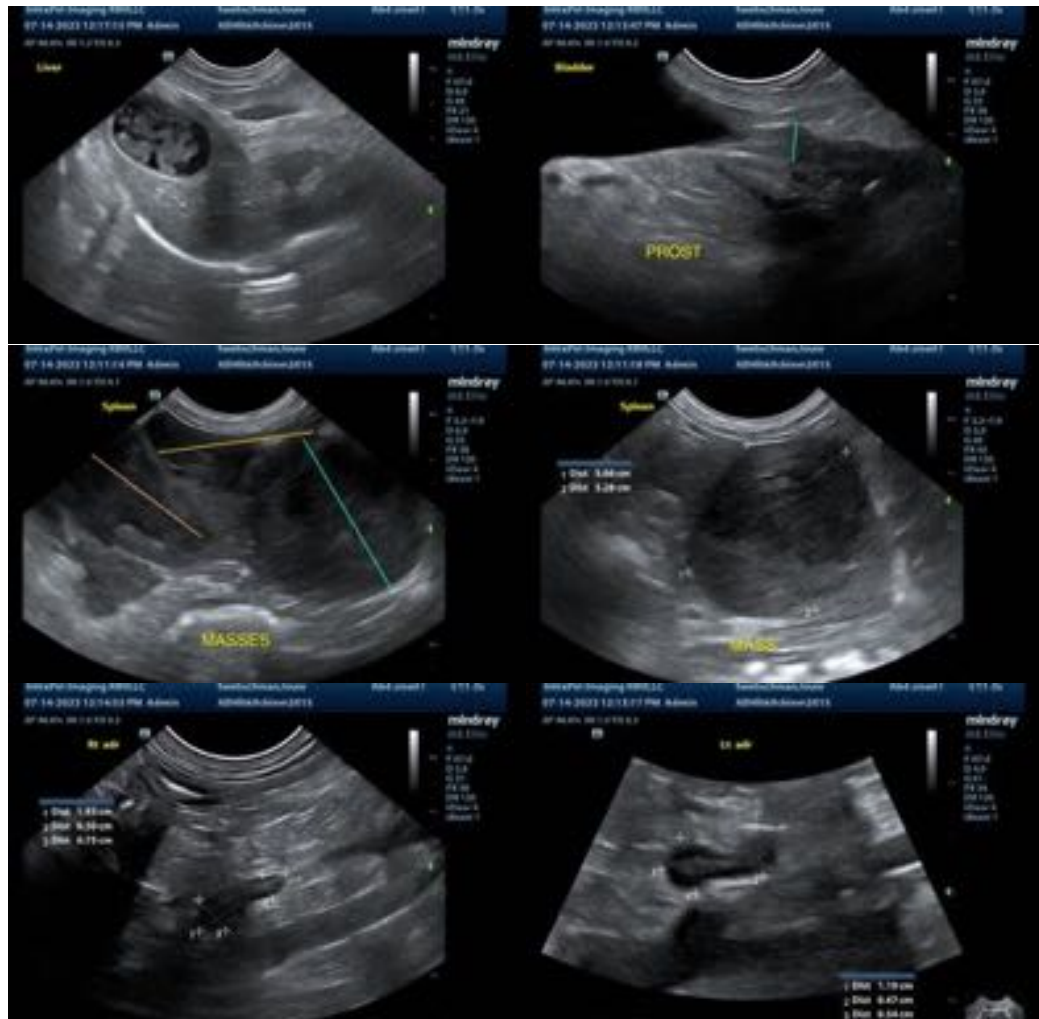
- Mild echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus. Recommend urinalysis and culture.
- Decreased corticomedullary distinction in both kidneys with small, nonobstructive nephroliths - The bilateral renal findings are consistent with age-related change.
- Irregular spleen with numerous, large, hypoechoic expansile mass effects – Findings are concerning for a metastatic neoplastic process (hemangiosarcoma, histiocytic sarcoma, melanoma, etc.)

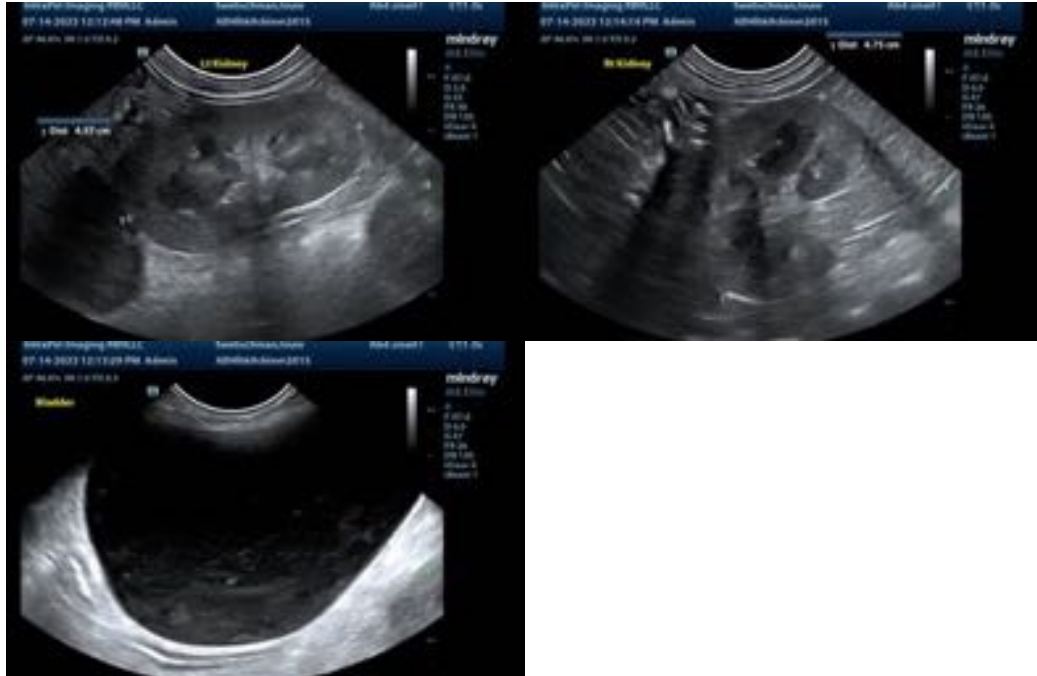
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The normal splenic silhouette is overwhelmed with large, expansile hypoechoic mass lesions. These mass lesions fulfill malignant criteria and are concerning for a metastatic process. Recommend a fine-needle aspirate of a splenic mass lesion. Based on the history, this could be related to the cutaneous mass lesion (?). If there is abnormal tissue in this region, a fine-needle aspirate or a biopsy can be considered, as well as evaluation of the local lymph node.

Recommend three-view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.

Both kidneys have decreased corticomedullary distinction and small, nonobstructive nephroliths. These changes are consistent with chronic progressive renal disease. Recommend a blood pressure, urinalysis and culture.





The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

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