



PATIENT

Maggie Sremac

SPECIES

Canine

BREED

Boston Terrier

SEX

Spayed Female

AGE

9 Years

WEIGHT

6.7 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Sarah Barthelemy

HOSPITAL NAME

Legacy Vet Clinic

REFERRING VET

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44066

DATE

7/18/23

PRESENTING CLINICAL SIGNS

2-3 day Hx ADR. A couple episodes vomiting and diarrhea. Hyporexia, lethargy. Weight loss over past couple weeks.

Abnormal PE/Chem/CBC/UA Results: Azotemia and urinary tract infection. Mild neutrophilia. Moderate ALP elevation. Mild lipase elevation. Chest radiographs show multiple circular opacities concerning for pulmonary metastasis.

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 (4.63 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (5.11 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. 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 0.59 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 0.72 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. There is a small, ill-defined, hypoechoic nodule visualized within the parenchyma measuring 0.44 cm.

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 mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.



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Gastrointestinal

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The stomach contains mild/moderate ingesta. 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. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed. Duodenum wall measures 0.60 cm. Jejunum wall

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measures 0.33 cm.

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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.

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Pancreas

The right limb of the pancreas is prominent and mottled 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.

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Free Abdomen

There is a small amount of free abdominal fluid. There is occasional prominent but not enlarged mesenteric lymph nodes. The omentum is significantly hyperechoic around the mid caudal abdominal mass.

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Other

There is an irregular, hypoechoic, solid mass effect measuring 3.51 cm x 1.97 cm visualized caudal to the right kidney, possibly originating from small bowel, pancreas, or could represent an effaced lymph node. The source of the mass effect is not readily visualized.

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Occasional ringdown artifact visualized at the level of the diaphragm. This can be observed with pulmonary parenchymal disease.

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ULTRASONOGRAPHIC FINDINGS

- Decreased corticomedullary distinction in both kidneys – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.

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- Small, hypoechoic splenic nodule – There is a non-cavitated, hypoechoic splenic nodule visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.

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- Prominent, mottled right limb of the pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.



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- Subjectively thickened small intestine – The small intestinal wall changes could be consistent with an underlying inflammatory process. These types of changes can sometimes be seen in normal older cats. Correlate with clinical signs.

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- Right-sided mid/caudal abdominal mass – The origin of this mass is not clearly visualized. This could represent a bowel mass, pancreatic mass, or an effaced lymph node. Recommend a fine needle aspirate.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a hypoechoic mass effect visualized caudal to the right kidney. The source of this mass effect is not clearly visualized. Recommend a fine needle aspirate for cytologic evaluation. The remaining changes observed on the scan are relatively mild. A fine needle aspirate of the splenic lesion could be considered.

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Some ringdowns are evident at the level of the diaphragm, which could be consistent with pulmonary parenchymal lesions. Metastatic disease could be a concern.

AGE

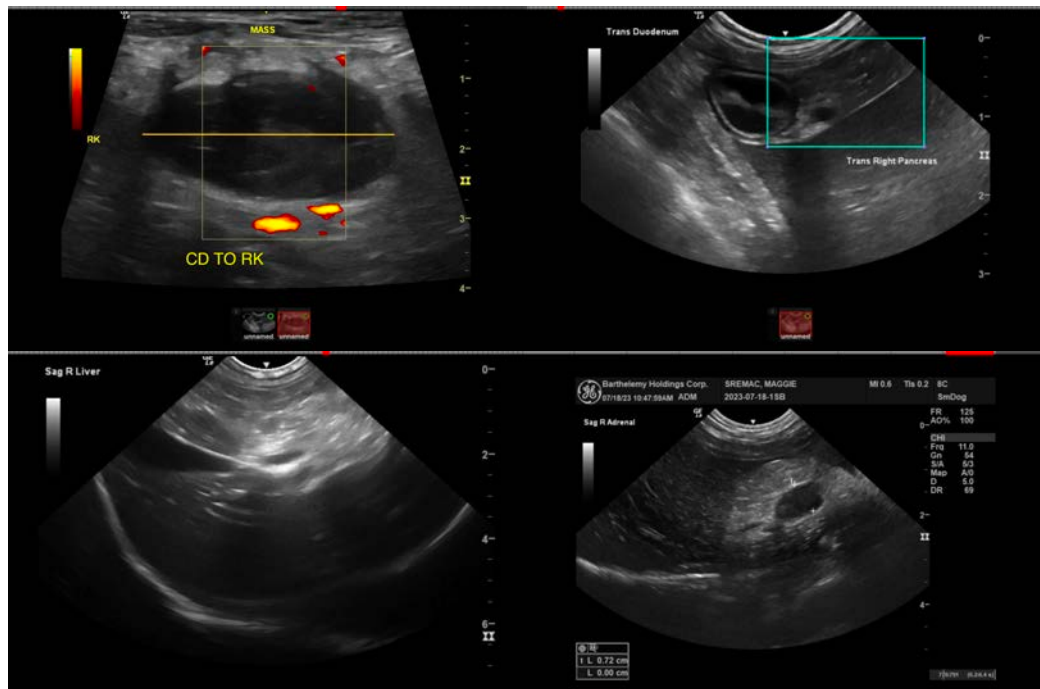
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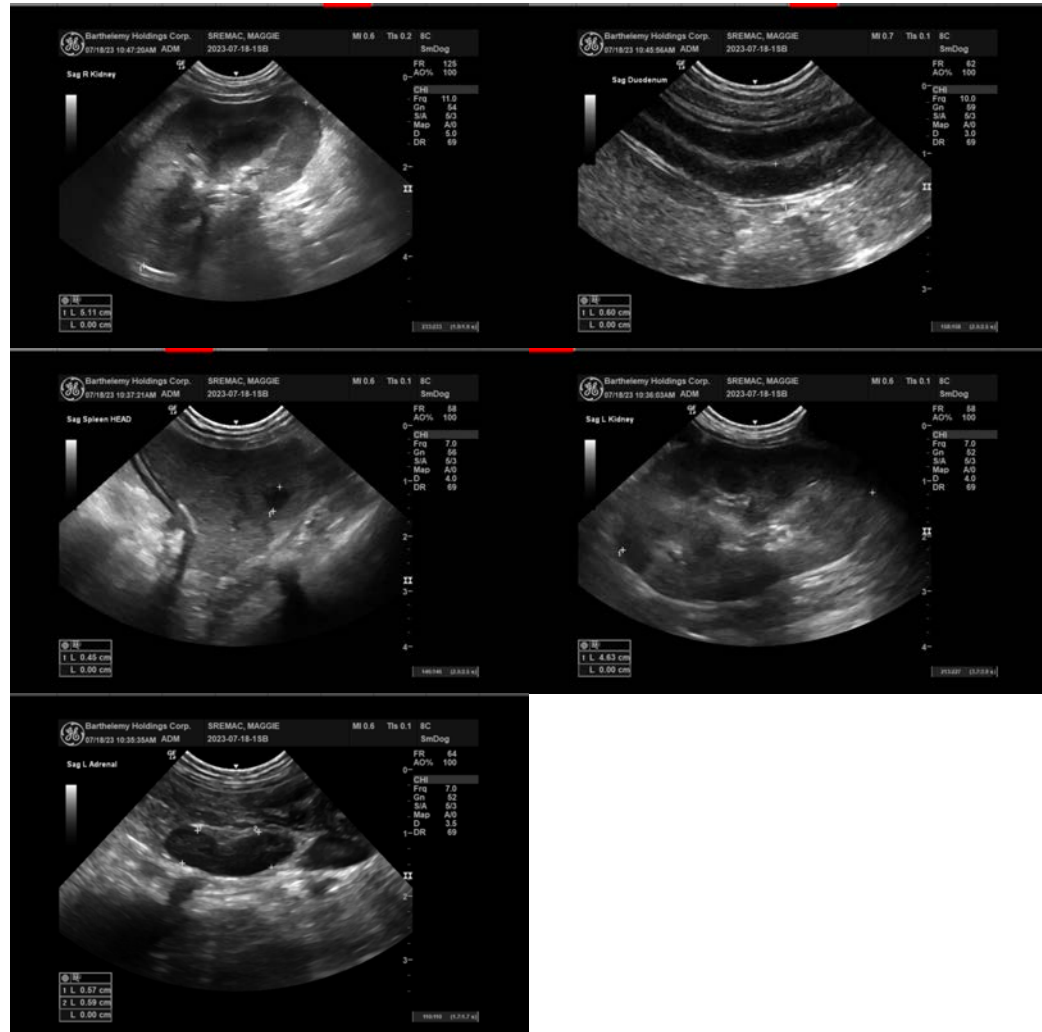
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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