


PATIENT PRESENTING CLINICAL SIGNS

PATIENT Louie Riviera
SPECIES Canine
BREED Yorkshire Terrier
SEX Neutered Male
AGE 7 years
WEIGHT 6.5 lbs

PRESENTING CLINICAL SIGNS
 History: Patient presented 7/5/2023 in afternoon. a large box had fallen on him. Initial evaluation he seemed BAR, MM pink, no palpable abnormalities Radiographs - no fluids noted in thorax or abdomen, no fractures noted - subjective hepatomegaly /no overt masses noted. As precaution we elected to perform POCUS and noted no free abdominal fluids or thoracic fluids but 2 cm area in spleen of varying echogenicity consistent with mass - hematoma -other Full AUS submitted today
 Abnormal PE/Chem/CBC/UA Results: NA

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 normal in size (1.09 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney has a normal shape and size (2.59 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 (3.27 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 (0.42 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 (0.29 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 an irregular hypoechoic mass affect visualized in the caudal third of the spleen (measuring approximately 2.02 x 2.69 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 gall bladder 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.

INTERPRETED BY

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

IMAGING PERFORMED BY

Arch Gordon

HOSPITAL NAME

Coral Ridge AH

REFERRING VET

Arch Gordon

INVOICE

13584

DATE

7.6.23


PATIENT *Gastrointestinal*

Louie Riviera 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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Gastrointestinal

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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 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.

ULTRASONOGRAPHIC FINDINGS
Primary Findings

- Hypoechoic irregular mass effect towards the caudal third of the spleen - A focal solid mixed echogenicity mass is visualized associate within the spleen. This mass distorts the splenic capsule. Differentials include: benign lesions (lymphoid hyperplasia, hemangioma etc..) or cancerous lesions (hemangiosarcoma, lymphoma, histiocytic sarcoma etc.).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is an ill-defined hypoechoic mass lesion visualized in the caudal third of the spleen. This has the typical appearance of a primary splenic lesion, although a hematoma cannot be definitively ruled out. Options moving forward would include a fine-needle aspirate of the lesion, continued monitoring with a recheck in 2-3 weeks, as a hematoma should improve greatly in that amount of time, or a splenectomy for both diagnostic and therapeutic purposes. Given the unusual history, the first two options would likely be the safest to consider.

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



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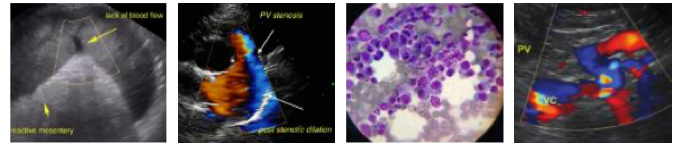
DATE

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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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