



PATIENT PRESENTING CLINICAL SIGNS

Dexter Rodriquez

Presented for decreased appetite. Hx of pancreatitis flares. On physical exam cranial organomegaly, asteroid hyalosis both eyes, moderate periodontal disease, no heart murmur. Cytology of mass pending. Chest x rays revealed: age-related pulmonary changes. Otherwise unremarkable thorax with no evidence of metastatic neoplasia. Tracheal collapse. Blood work showed: TP 7.8 (5.0-7.4), Glob 3.7 (1.6-3.6), ALP 1123 (5-131), BUN 55 (6-31), Crt 1.2, Chol 416 (92-324), psl 233 (24-140), Platelet 1074 (174-400).

SPECIES

Canine

BREED

Yorkie

SEX

Neutered Male

Abnormal PE/Chem/CBC/UA Results: Cytology of mass pending. Chest x rays revealed: age-related pulmonary changes. Otherwise unremarkable thorax with no evidence of metastatic neoplasia. Tracheal collapse. Blood work showed: TP 7.8 (5.0-7.4), Glob 3.7 (1.6-3.6), ALP 1123 (5-131), BUN 55 (6-31), Crt 1.2, Chol 416 (92-324), psl 233 (24-140), Platelet 1074 (174-400).

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

AGE

12 Years

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.

WEIGHT

10 Pounds

The visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

INTERPRETED BY

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

The left kidney has a normal shape and size (4.43 cm) with numerous small cortical cysts. 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.

IMAGING PERFORMED BY

Dr. Schanche

The right kidney has a normal shape and size (4.43 cm) with numerous small cortical cysts. 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.

HOSPITAL NAME

TotalBond VH

Adrenal Glands

The left adrenal gland is normal in size measuring 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.

REFERRING VET

Dr. Schanche

The right adrenal gland is normal in size measuring 0.68 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.

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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.

DATE

8/10/23



PATIENT *Liver*

Dexter Rodriquez

The liver is borderline large and slightly irregular in shape. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. There is a large, expansile, solid hyperechoic mass effect visualized towards the right side of the liver measuring 6.12 cm x 5.02 cm.

SPECIES

Canine

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.

BREED

Yorkie

Gastrointestinal

SEX

Neutered Male

The stomach contains large shadowing 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.

AGE

12 Years

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. Duodenum wall measures 0.43 cm. Jejunum wall measures 0.49 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

WEIGHT

10 Pounds

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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(Small Animal Internal
Medicine)

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.

IMAGING PERFORMED BY

Dr. Schanche

ULTRASONOGRAPHIC FINDINGS

HOSPITAL NAME

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

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- Large, solid, hyperechoic hepatic mass – Findings are most consistent with a primary hepatic mass lesion (adenoma, carcinoma, other). Other possibilities exist.

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- Large, shadowing ingesta visualized within the gastric lumen – Correlate with feeding history. If the patient was adequately fasted, consider such differentials as delayed gastric emptying or partial outflow tract obstruction (none observed).

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large mass effect towards the right side of the liver. The appearance of this mass lesion would be most consistent with a primary hepatic mass lesion. If this is the case, these tend to be somewhat



PATIENT

Dexter Rodriguez

slow growing and slow to metastasize, although other differentials are possible. Consider a fine needle aspirate of this lesion (I believe this has already been done) and a contrast CT scan to further evaluate for possible surgical removal and to look for any evidence of metastasis. It is uncertain if this lesion is the cause for the current symptoms described.

SPECIES

Canine

Both kidneys are diffusely cystic and have reduced corticomedullary distinction. These are likely age related changes associated with chronic progressive renal disease. Recommend a blood pressure, urinalysis and culture as a baseline.

BREED

Yorkie

The stomach is distended with shadowing material, which is surprising, given there is an increase in appetite. If this patient has been adequately fasted, then consider the possibility of delayed gastric emptying, ingested foreign material, etc. If a contrast CT scan is performed to further evaluate the liver, the pancreas and GI tract can be reevaluated as well.

SEX

Neutered Male

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

AGE

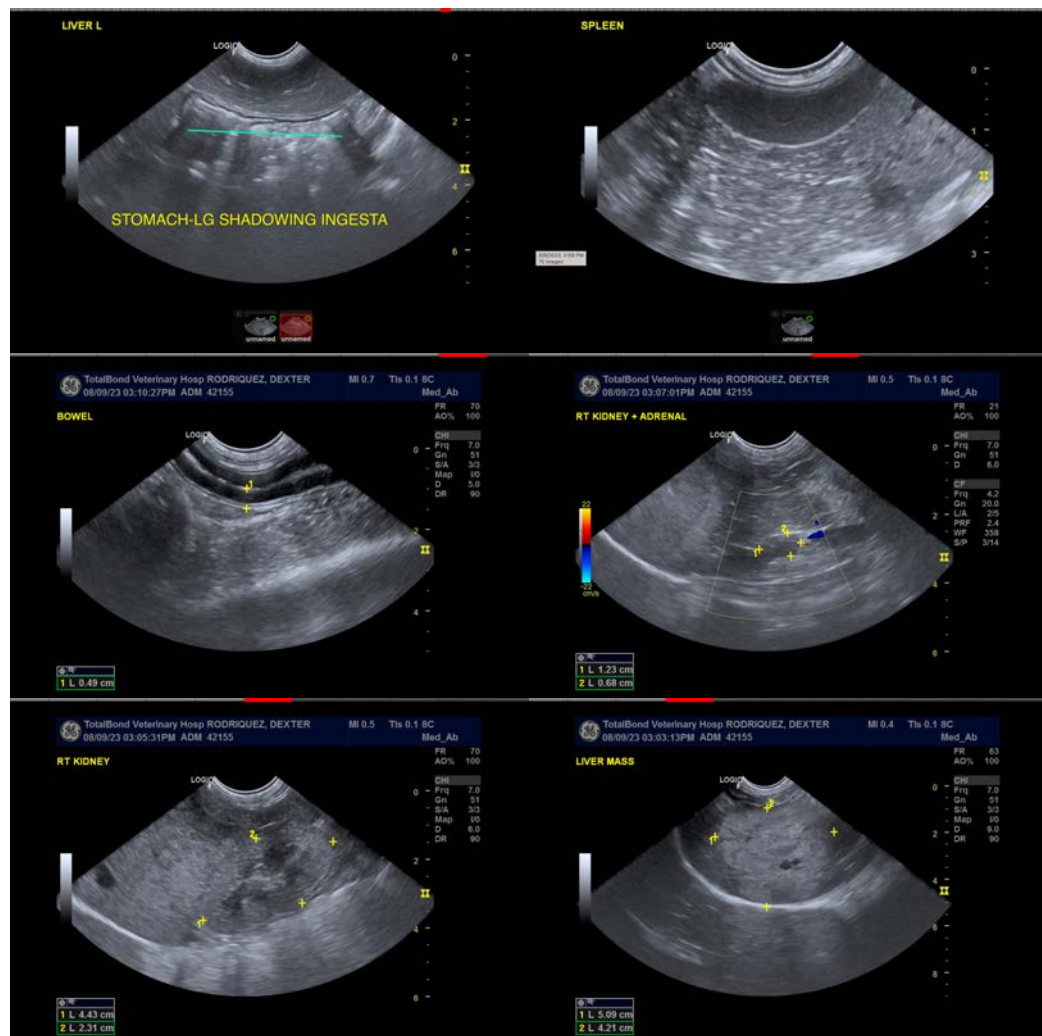
12 Years

WEIGHT

10 Pounds

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HOSPITAL NAME

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SPECIES

Canine

BREED

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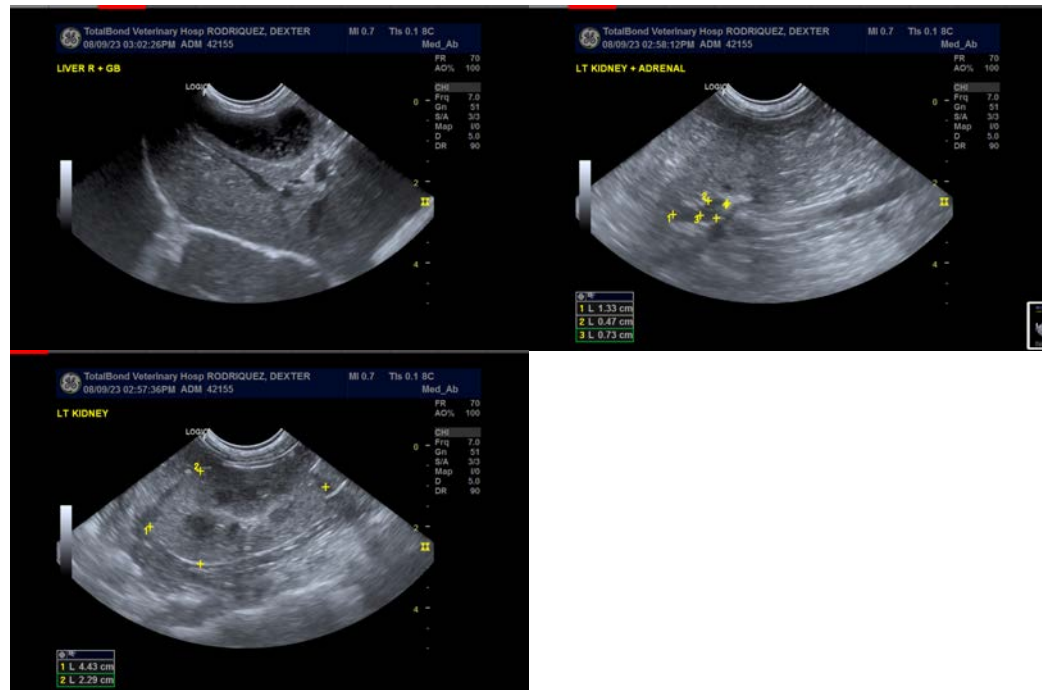
Neutered Male

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WEIGHT

10 Pounds



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Medicine)

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.

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