

**PATIENT**

Lady Bitterman

SPECIES

Canine

BREED

Brittany Spaniel

SEX

Spayed Female

AGE

7 Years

WEIGHT

43.8 Pounds

INTERPRETED BYKathleen Sennello DVM,
MS, Diplomate ACVIM
(Small Animal Internal
Medicine)**IMAGING
PERFORMED BY**

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Pinecrest AH

INVOICE

40580

DATE

8/18/22

PRESENTING CLINICAL SIGNS

Not eating, vomiting when eating, weight loss

Abnormal PE/Chem/CBC/UA Results: Liver mass noted on xray. **Rads and blood work attached for review.

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 (6.74 cm) with mild pyelectasia at 0.35 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (7.04 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 0.59 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 0.54 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 large, irregular, and severely heterogeneous. The blood flow through the hilus and splenic parenchyma appears normal. There is a very large, hypoechoic, mixed echogenic, solid mass effect mid body in the spleen measuring >7.34 cm x 6.33 cm. There are smaller hypoechoic nodules scattered throughout the remainder of the spleen.

Liver

The liver is large in size and irregular. The parenchyma is severely heterogeneous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. The parenchyma is densely packed with numerous ill-defined, hypoechoic nodules varying in size roughly from between 1.0-1.5 cm. These nodules deviate the hepatic margins and appear expansile.

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.

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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.

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 measured 0.49 cm. Jejunum wall measured 0.37 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 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

There is a moderate amount of free fluid. No lymphadenopathy is noted. The mesentery is hyperechoic in the cranial abdomen.

Other

A brief view of the heart was submitted. No significant pericardial effusion was seen.

ULTRASONOGRAPHIC FINDINGS

- Large, mixed echogenic splenic mass with additional hypoechoic nodules throughout the parenchyma – A focal, solid, mixed echogenic mass is present within the splenic parenchyma. This mass distorts the splenic capsule. Differentials include benign lesions such as lymphoid hyperplasia, hemangioma, etc., or neoplastic lesions such as hemangiosarcoma, lymphoma, histiocytic sarcoma, etc.
- Large, irregular, heterogeneous liver with diffusely nodular parenchyma – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy. The findings on today's scan are concerning for a possible underlying neoplastic process, given the changes observed in the spleen.
- Moderate amount of free abdominal fluid – Recommend sampling for fluid analysis and cytology.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large mass effect in the spleen with additional hypoechoic nodules in the remaining parenchyma. Additionally, the liver is severely irregular with numerous hypoechoic nodules. I'm concerned that these could represent metastatic neoplasia, although separate disease processes are possible. Recommend a fine needle aspirate of the spleen and liver, as well as 3-view thoracic radiographs. If a cytologic diagnosis cannot be obtained, consider cytology on a fluid sample, and lastly a surgical biopsy. I'm concerned that surgical resection may not be possible, as these lesions are extensive.

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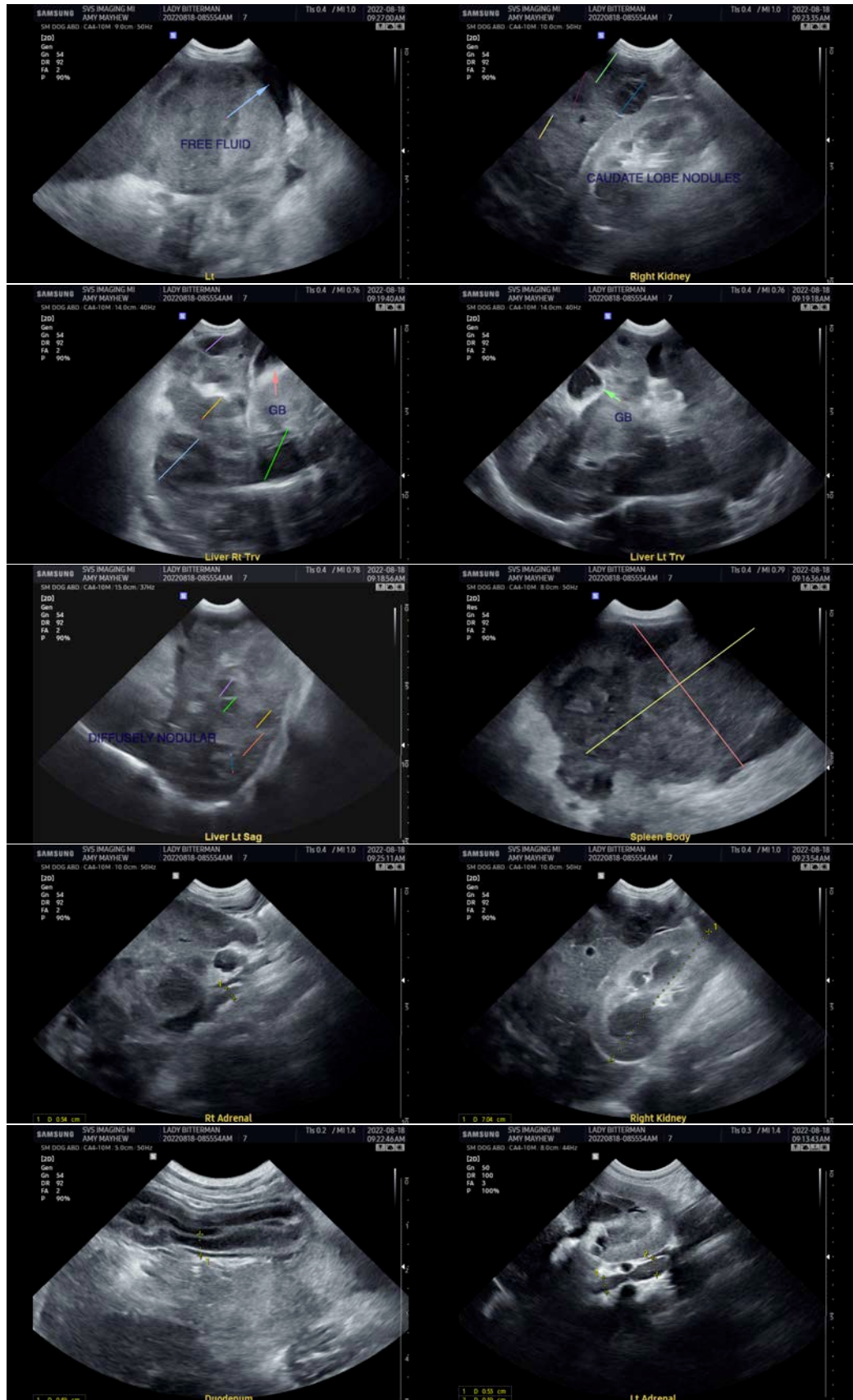
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

kathleen.sennello@sonopath.com