



PATIENT PRESENTING CLINICAL SIGNS

Babs Gnall Initially seen for V/D 7/25/23 CBC-hct 36.7, elevated ALT 164 and ALP 1716, cPL-abnormal; signs resolved and recheck BW on 8/17 pcv: 35,36/ 7.6; chem 10: ALT 212, ALP 1551. AUS for the non regenerative anemia and elevated LE.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

Terrier X

The urinary bladder is mildly to moderately distended with anechoic urine. The Bladder wall is diffusely mildly thickened (0.66 cm), and the mucosa is mildly irregular. The trigone, ureteral papillae, and visible urethra (to a depth of 2cm) appear normal with no evidence of severe mucosal irregularities, masses or cystic calculi. Findings are most consistent with bacterial cystitis or lack of urine distension.

SEX

Spayed Female

Recommend urinalysis and culture.

AGE

14.5 Years

The left kidney has a normal shape and size (6.67 cm). Overall echogenicity is normal with adequate 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.

WEIGHT

60 Pounds

The right kidney has a normal shape and size (7.58 cm). Overall echogenicity is normal with adequate 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.

INTERPRETED BY

Kathleen Sennello DVM,
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Medicine)

Adrenal Glands

The left adrenal gland is normal in size measuring 0.62 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.

IMAGING PERFORMED BY

Dr. Meghan Myers

The right adrenal gland is normal in size measuring 0.95 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.

HOSPITAL NAME

Hershire AH

Spleen

The spleen is subjectively normal in size but slightly irregular in shape. The blood flow through the hilus and splenic parenchyma appears normal. Towards the cranial aspect of the spleen there is a bright, hyperechoic, irregular lesion towards the periphery of the spleen that somewhat deviates the splenic capsule measuring 2.6 cm x 1.94 cm.

REFERRING VET

Dr. Susan Zhang

Liver

The liver is large in size and irregular. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There is an irregular, somewhat cystic, hyperechoic mass effect visualized caudal to the liver, most consistent with a primary hepatic mass lesion measuring 6.61 cm x 4.43 cm. Additionally, there is a multilobulated cystic structure visualized dorsal to the gallbladder measuring >3.8 cm, and an ill-defined hyperechoic nodule measuring 1.67 cm.

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DATE

8/22/23



PATIENT

Babs Gnall

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.

SPECIES

Canine

Gastrointestinal

BREED

Terrier X

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.

SEX

Spayed Female

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. Jejunum wall measures 0.42 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

AGE

14.5 Years

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.

WEIGHT

60 Pounds

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.

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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

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ULTRASONOGRAPHIC FINDINGS

- Slightly irregular/thickened urinary bladder wall – Recommend urinalysis and culture. Consider reevaluation if lower urinary tract signs are present.
- Hyperechoic, irregular nodule associated with the periphery of the spleen – This has the appearance most consistent with a benign myelolipoma, but deviation of the splenic capsule increases concern for a less benign lesion.
- Large, heterogeneous liver with a suspected primary hepatic mass lesion and a multilobulated cystic lesion – The mass lesion caudal to the liver is most consistent with a primary hepatic mass lesion (adenoma, carcinoma, etc.), although origination from another source cannot be completely ruled out. The cystic lesion visualized is of uncertain nature but likely a complex benign hepatic cyst.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large mass effect visualized caudal to the liver, which is most consistent with a primary hepatic mass lesion. A contrast CT scan is strongly recommended to confirm its origin and to further delineate this mass effect and the irregular cystic structure visualized dorsal to the gallbladder. A fine



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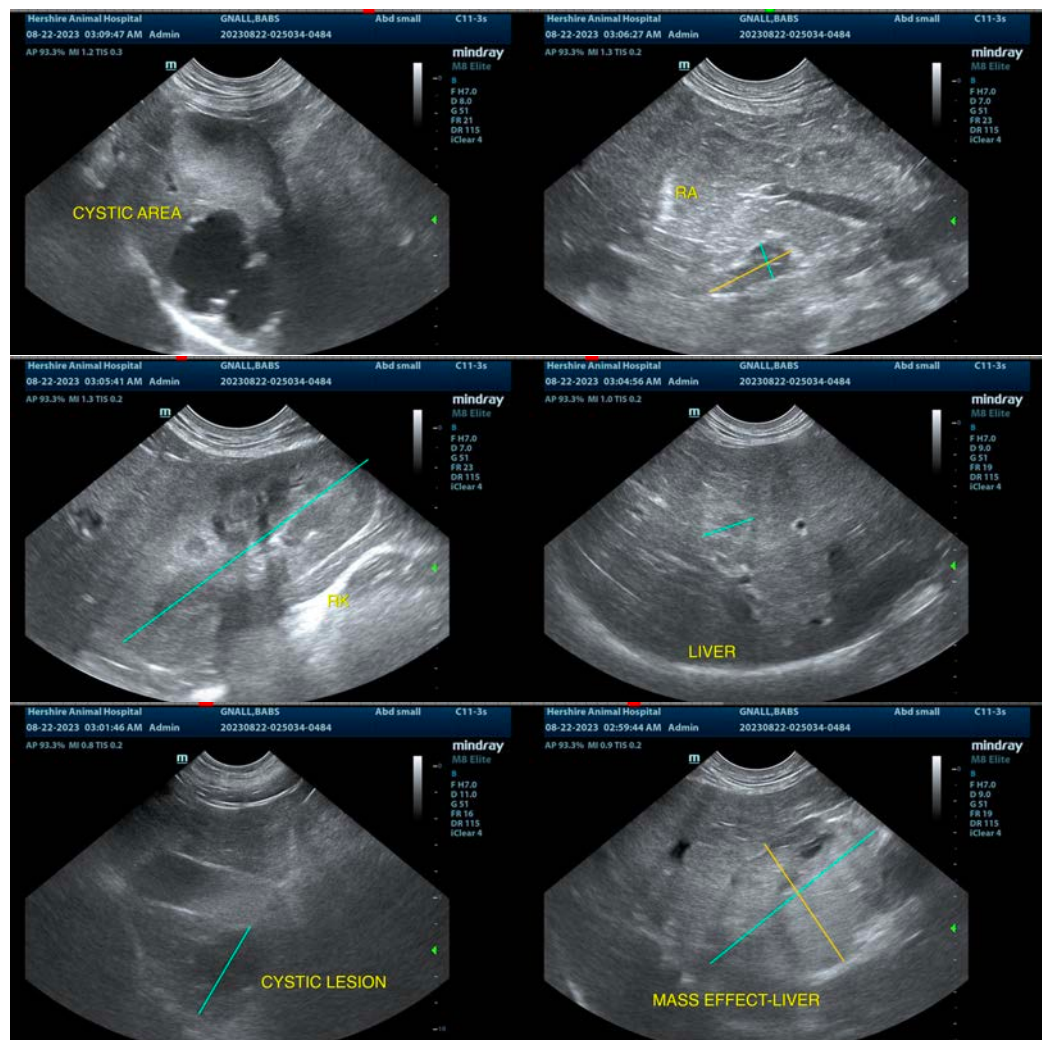
8/22/23

needle aspirate of the mass lesion could be considered. If this is a primary hepatic mass lesion and it can be surgically resected, the prognosis is often good.

There is a hyperechoic lesion visualized towards the periphery of the spleen. The appearance of this lesion is most consistent with a benign myelolipoma, but it does deviate the splenic capsule slightly. Options moving forward would include a fine needle aspirate or further evaluation of this lesion with CT when the hepatic lesion is scanned. Unfortunately, even benign lesions can rupture in unusual circumstances.

The urinary bladder wall appears slightly irregular and thickened. Recommend a urinalysis and culture and continued monitoring.

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





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Terrier X

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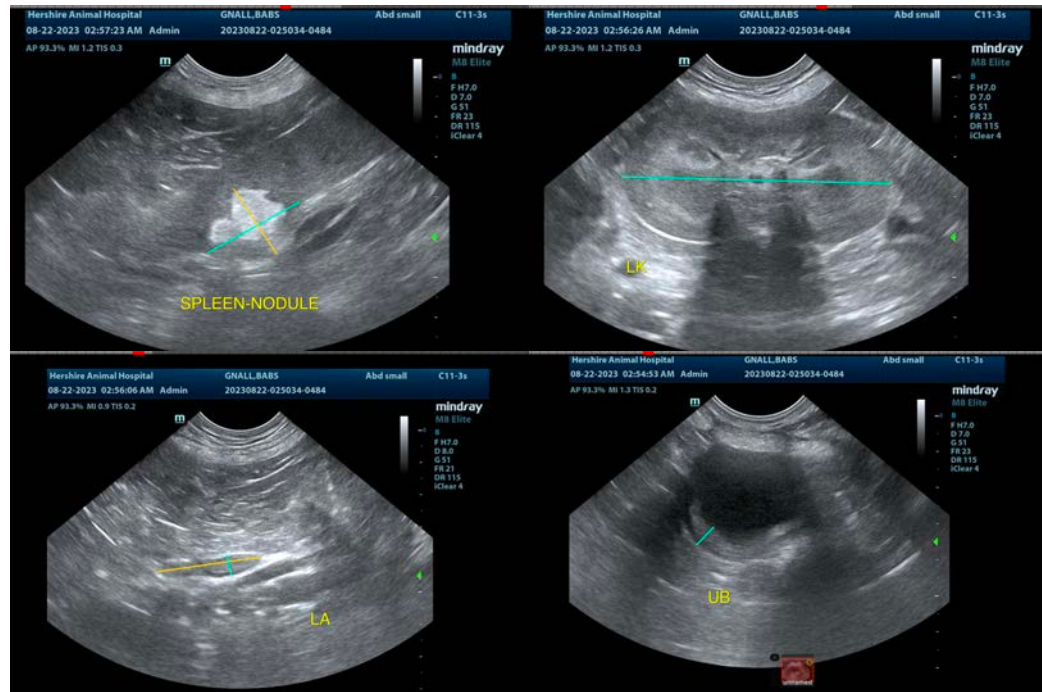
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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