
PATIENT

Ronin Freeland

SPECIES

Canine

BREED

Rhodesian Ridgeback X

SEX

Neutered Male

AGE

11 Years

WEIGHT

41 kg

INTERPRETED BY

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

**IMAGING
 PERFORMED BY**

Crystal Hill

HOSPITAL NAME

BPH East Hamilton

REFERRING VET

Dr. Nanayakkara

INVOICE

44904

DATE

8/23/23

PRESENTING CLINICAL SIGNS

Patient is very anxious in clinic. Has been groaning like he is in pain or not feeling well. Has been on Librela for about 3 months now. Owner mentioned that about 2 weeks ago patient became more whiny. Ronin seems more lethargic than normal. Owner feels like he is eating less but it is hard to tell with four dogs in the house. Has been on Librela and Tramadol.

Abnormal PE/Chem/CBC/UA Results: BW - mild anemia, ALP greater than 2000(was 197 June 2022) ALT mildly increased.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. 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 calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

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.

The left kidney has a normal shape and size (6.55 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.

The right kidney has a normal shape and size (7.2 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.

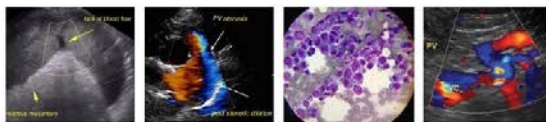
Adrenal Glands

The left adrenal gland is normal in size measuring 0.44 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 0.88 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. No focal parenchymal abnormalities are visualized.


PATIENT *Liver*

Ronin Freeland

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 a large, irregular, slightly multilobulated hypoechoic solid mass effect visualized that appears associated with the left side of the liver, measuring 7.21 cm x 10.66 cm.

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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

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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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.)

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Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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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 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.

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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.

REFERRING VET

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ULTRASONOGRAPHIC FINDINGS

- Echogenic debris visualized in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Large, irregular, heterogeneous liver with large hypoechoic, irregular mixed echogenicity mass effect – Findings are most concerning for a primary mass lesion (carcinoma, adenoma, etc.). Other differentials are possible.

INVOICE

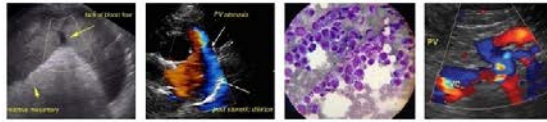
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large mass effect that is visualized in the left cranial abdomen. An association with the liver is strongly suspected, although an association with the spleen cannot be definitively ruled out. Consider a



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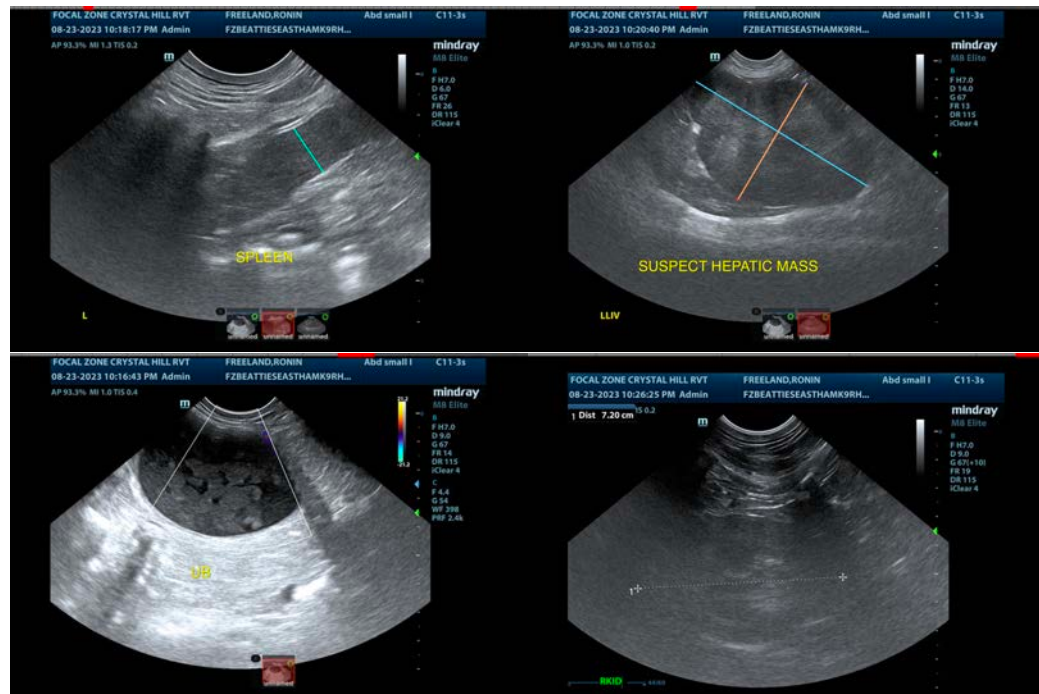
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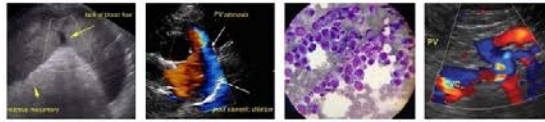
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fine needle aspirate of this lesion. Additionally, due to its slightly lobulated appearance, I cannot rule out the possibility of more than one mass lesion. Recommend a contrast CT scan to confirm the association with the liver and to assess this lesion for possible surgical removal. If surgical removal is possible and this is a primary hepatic mass lesion, the prognosis can be good.

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





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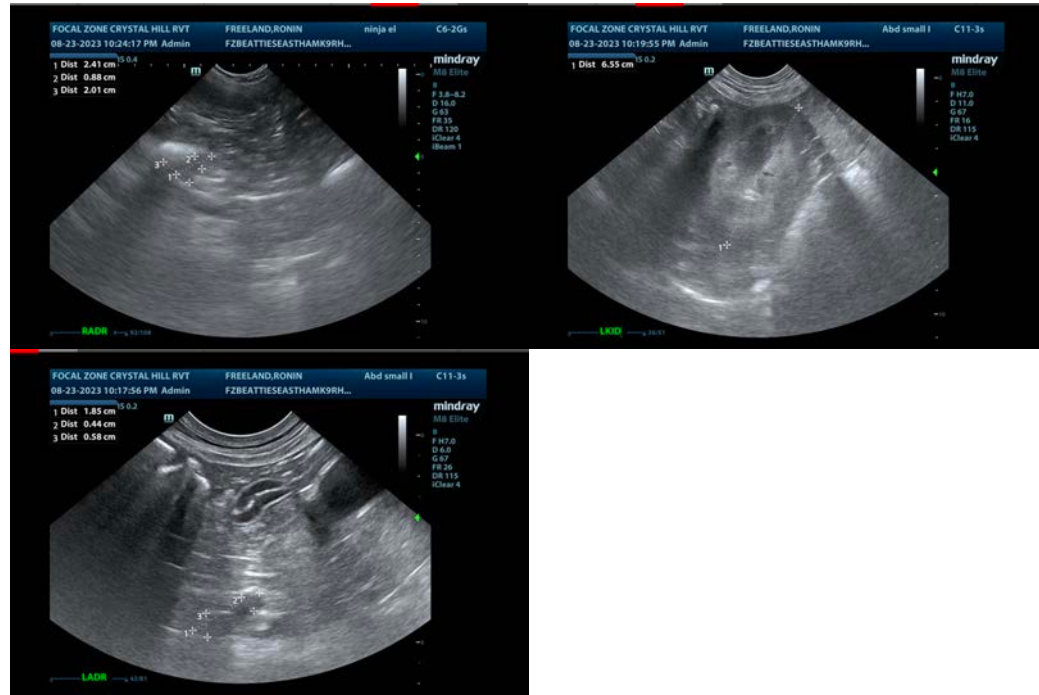
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com