



**PATIENT PRESENTING CLINICAL SIGNS**

Sadie McCann

History: Has weight loss, decreased appetite, and PU/PD. Had an episode of diarrhea and vomiting 2 weeks ago and the diarrhea has resolved but she is still not eating well and is regurgitating daily. Has vomited once in the last week as well. Low cobalamin noted, started on supplementation. On ondansetron. Previously was on cerenia/proviable/metronidazole and Sucralfate, 2 weeks ago. Takes galliprant 60mg SID, gaba 200mg in evening, omegas SID, melatonin 6mg in the evening, omeprazole 20mg BID. She also has a sub Q mass effect on her left lateral neck. Mass is about 3 cm in size and has small fluid pockets within. Mass was previously aspirated and only blood was obtained.

**SPECIES**

Canine

**BREED**

Labrador Mix

**SEX**

Spayed Female

**AGE**

12 years

**WEIGHT**

46 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Sheldon

**HOSPITAL NAME**

Advanced PetCare of  
Oakland

**REFERRING VET**

Dr. Sheldon

**INVOICE**

91600

**DATE**

8/31/21

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**\*\*55 still images were submitted. No videos were submitted.**

**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 (5.2 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. 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 0.48 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 0.64 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. A small 1.06 cm, hypoechoic nodule was observed in the splenic parenchyma.



**PATIENT** *Liver*

Sadie McCann

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. Small, hyperechoic nodules were visualized and measured 0.82 cm, 0.98 cm. The gallbladder 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.

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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.

**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. The duodenum measured as normal and the jejunum measured as normal (0.43 cm). 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**

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Internal Medicine)

The region 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.

**IMAGING PERFORMED BY**

**Free Abdomen**

Dr. Sheldon

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.

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**ULTRASONOGRAPHIC FINDINGS**

**PRIMARY FINDINGS:**

**REFERRING VET**

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- Mildly heterogenous liver with hyperechoic nodules. 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.

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- Small, hypoechoic splenic nodules. There is a non-cavitated, hypoechoic splenic nodule visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis

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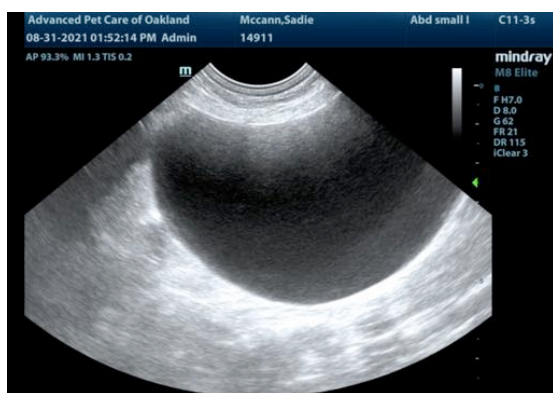
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

An obvious cause for the reported weight loss, vomiting, regurgitation and diarrhea is not observed. There are nodules of unknown significance in the liver and spleen. Consider FNA if clinically appropriate. If the patient has a low B12 level this is an indicator of chronic small intestinal disease. Not all forms of intestinal disease produce ultrasonographic lesions. I recommend full blood work, urinalysis, +/- culture. Chest and abdominal radiographs, aspirates of liver and spleen along with GI biopsies if clinically appropriate. The esophagus should be evaluated on chest radiographs and possibly a barium swallow to better visualize the esophagus.





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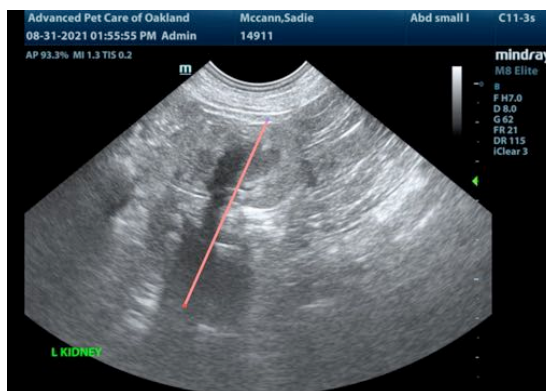
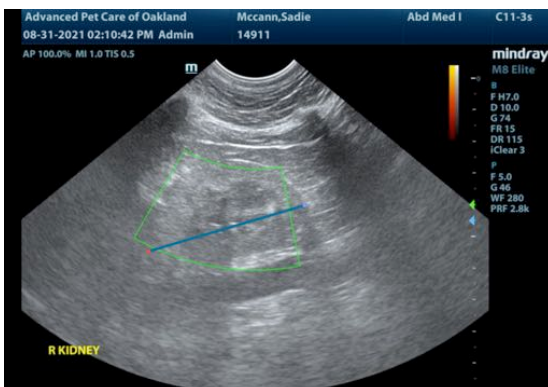
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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