



**PATIENT**

Beauty Hosking

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Spayed Female

**AGE**

7 Years

**WEIGHT**

87 Pounds

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Shohola Vet Hospital

**REFERRING VET**

Dr. DeMeo

**INVOICE**

40894

**DATE**

8/31/22

**PRESENTING CLINICAL SIGNS**

Panting, weakness, generalized mass effect on abdominal radiographs-liver/splenic. Current meds: Ondansetron, Tramadol. U/S sedation: Torb/Midaz.

Abnormal PE/Chem/CBC/UA Results: PLT 112 (143 L), WBC 18.9, BAND 189, decreased MCH, MCHC, retic, hgb. CBC Path review pending. ALP 199, USG 1.010, inactive sed.

**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 (7.61 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 (8.28 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 0.51 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 0.81 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.

**Liver**

The liver is subjectively normal to borderline large. It has irregular margins and is severely heterogeneous. The visible portions of the vasculature and biliary tract appear normal. There are too numerous to count, discrete hypoechoic nodule visualized throughout the hepatic parenchyma, varying in size from 0.25-2.0 cm. Some of these are target lesions. Findings are concerning for metastatic neoplasia.

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.

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.) 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**

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.

There are numerous ill-defined hypoechoic omental lesions surrounded by hyperechoic mesentery. The nature of these lesions is uncertain, but they could represent omental metastasis. One lesion caudal to the left kidney measures 0.71 cm x 0.72 cm. One dorsal to the right kidney measures 1.31 cm x 1.59 cm.

**ULTRASONOGRAPHIC FINDINGS**

- Diffusely nodular liver – These nodules are discrete and they disrupt the architecture and margins of the liver. Some are consistent with target lesions. Primary concern is metastatic neoplasia, but sampling should be pursued to confirm this diagnosis.
- Hypoechoic, irregular lesions visualized within the omentum – These could be benign omental lesions or could represent omental metastasis. Consider fine needle aspirate.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is diffuse discrete target like lesions throughout the liver. There are no “normal” sections of liver that are free of these lesions. The appearance is highly concerning for a metastatic process, although other possibilities exist. Recommend a fine needle aspirate of the liver and 3-view thoracic radiographs. Additionally, there are some small hypoechoic omental lesions, which could represent a benign process, but there is concern for possible omental metastasis. Recommend a fine needle aspirate.



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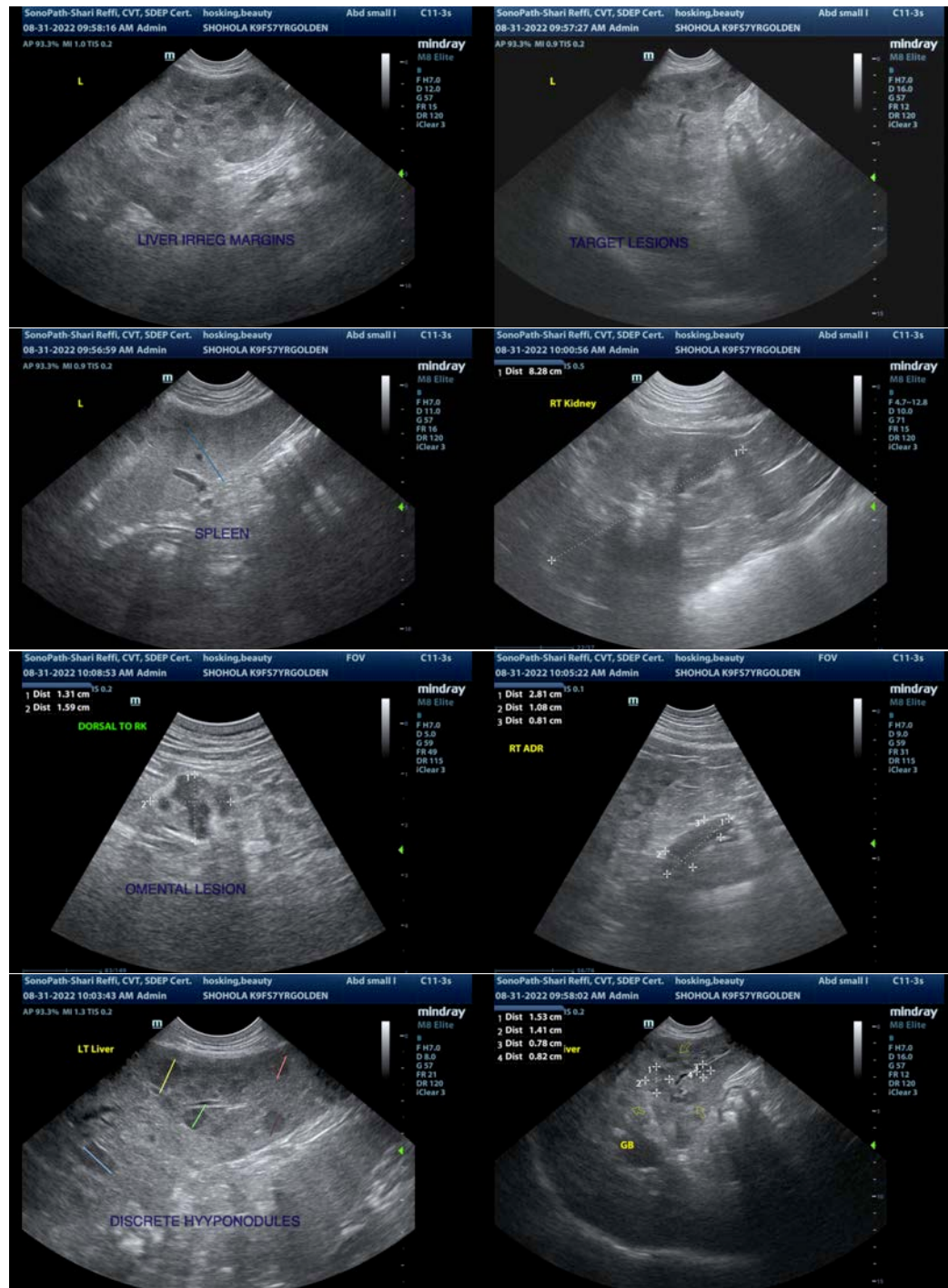
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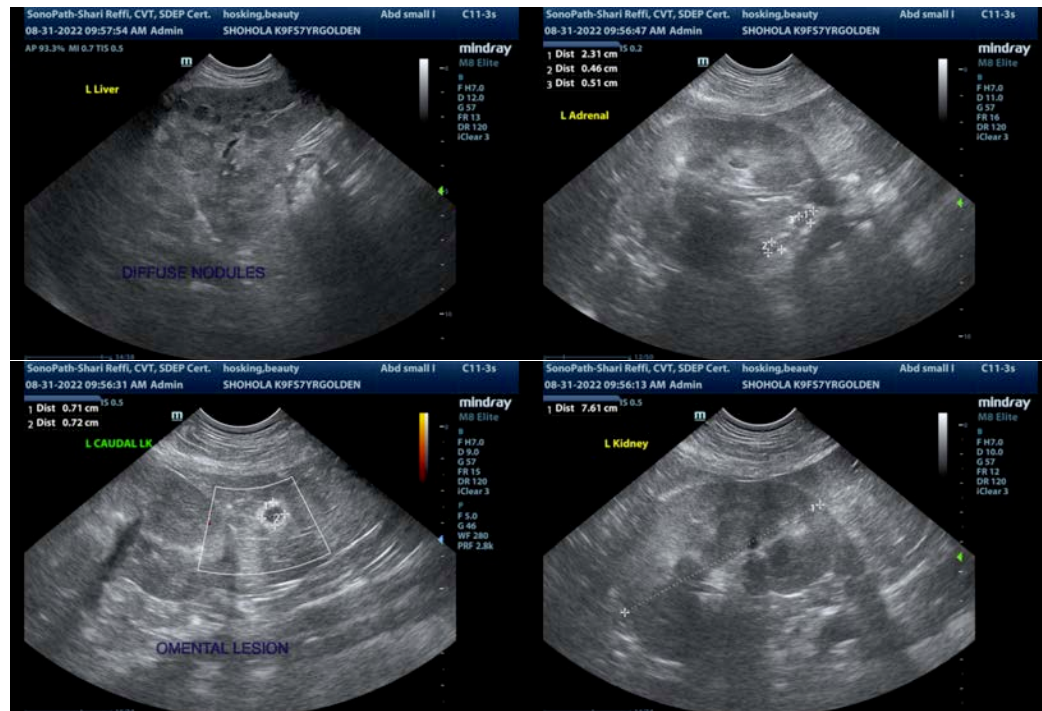
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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