

PATIENT

Bailey Gibson

PRESENTING CLINICAL SIGNS

History: Presented at our hospital for extreme lethargy since Friday and not eating or drinking. Previous Health Concerns: None

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Abdominal: thickening palpable in md abdomen Lymphatics: ALL lymph nodes moderately enlarged Neurological: weak cbc: mono sl increased platelets 81 chem: bun 35 creat 1.7 ca > 15 epoc: na 163 cl 130 rads; possible mass in mid abdomen (spleen?) and retroperitoneal lns enlarged flex 4 neg X 4

BREED

Bernese Mtn Dog X

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Spayed Female

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2.0 cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

AGE

5 Years

The right kidney has a normal shape and size (7.28 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.

WEIGHT

38 kg

The left kidney has a normal shape and size (7.28 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

INTERPRETED BY

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

The left adrenal gland is normal in size measuring 0.63 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 region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

IMAGING PERFORMED BY

Erin Wicks

Spleen

HOSPITAL NAME

Shores VEC

The spleen is subjectively large in size The spleen echotexture is heterogenous and mottled, the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There are at least two masses in the spleen, possibly three, one is large and bulging from the splenic capsule, measuring 2.6 cm. The other is less distinct and hypoechoic, measuring 1.25 cm.

REFERRING VET

Dr. Zippay

Liver

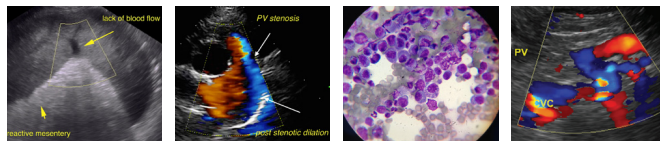
The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed. The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a mild amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

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Gastrointestinal

Bailey Gibson

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.

SPECIES

Canine

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.)

BREED

Bernese Mtn Dog X

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

SEX

Spayed Female

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

AGE

5 Years

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

WEIGHT

38 kg

No free fluid. There is a severe mesenteric lymphadenopathy present. The iliac lymph nodes measure 1.4 cm, 0.99 cm in diameter on the sagittal view. The lymph nodes at the root of the mesentery measure 6.7 cm x 2.1 cm, 6.7 cm x 3.2 cm, 3.32 cm and 3.8 cm. The omentum is generally of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

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

- Two hypoechoic splenic masses/nodules- There are several, non-cavitated, hypoechoic splenic nodules visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis
- Heterogenous liver- 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
- Severe mesenteric lymphadenopathy- The moderate/severe mesenteric lymphadenopathy is most concerning for a neoplastic process, although you can see significant lymphadenopathy in some cases of autoimmune/inflammatory disease, infectious disease (tick borne disease-such as bartonella, fungal infections, FIP (cats), etc.. A fine needle aspirate with cytology is recommended for further evaluation

IMAGING PERFORMED BY

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REFERRING VET

Dr. Zippay

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

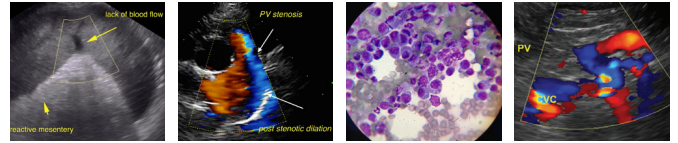
The combination of the multiple splenic masses, severe mesenteric lymphadenopathy and hypercalcemia is very concerning for a neoplastic process. I recommend a fine needle aspirate of a peripheral lymph node. If that isn't diagnostic, then consider fine needle aspirate of an abdominal lymph node +/- spleen. I recommend 3 view thoracic radiographs. You could consider a hypercalcemia malignancy panel if a definitive diagnosis is not readily apparent. A primary concern would be round cell neoplasia/histiocytic sarcoma.

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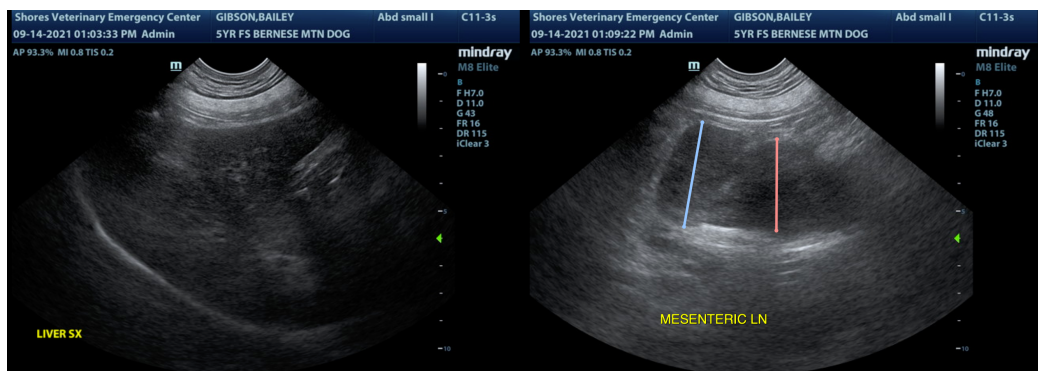
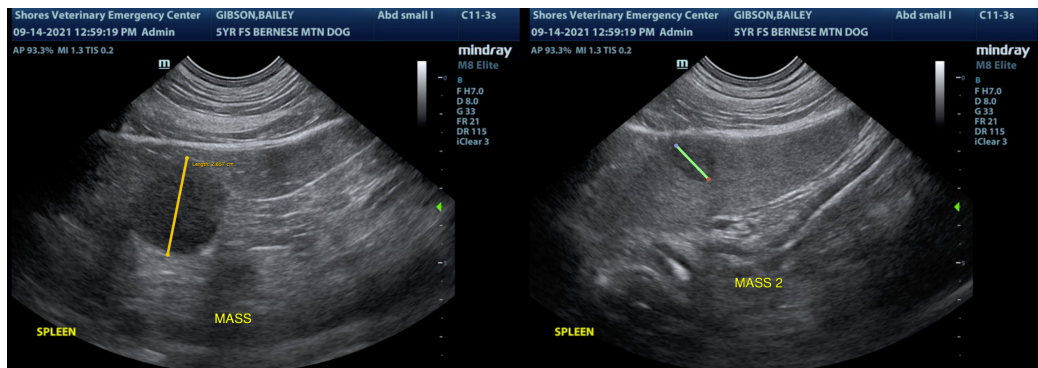
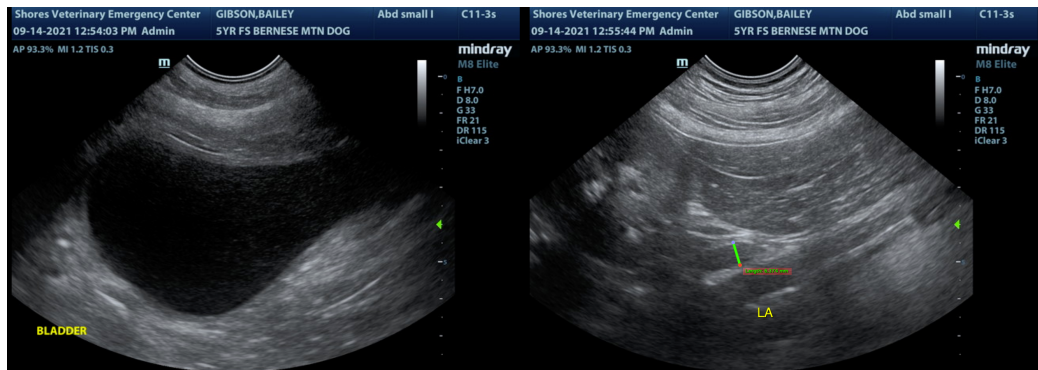
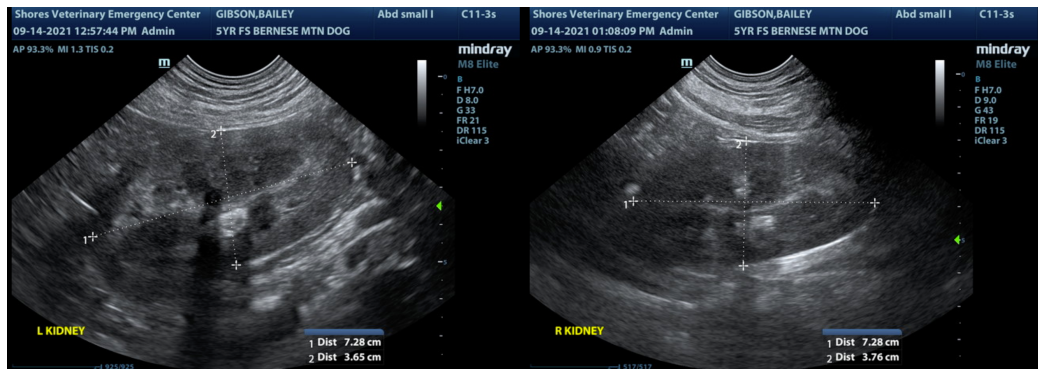
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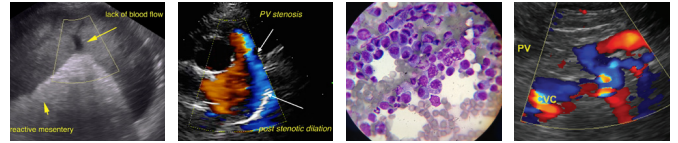
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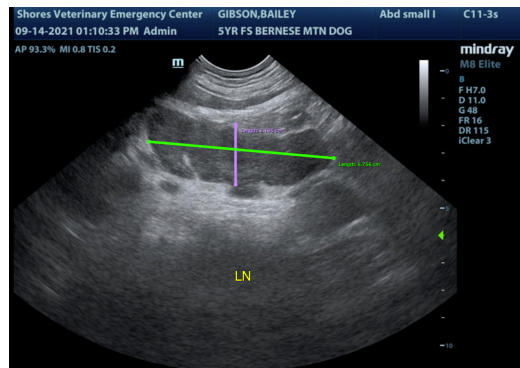
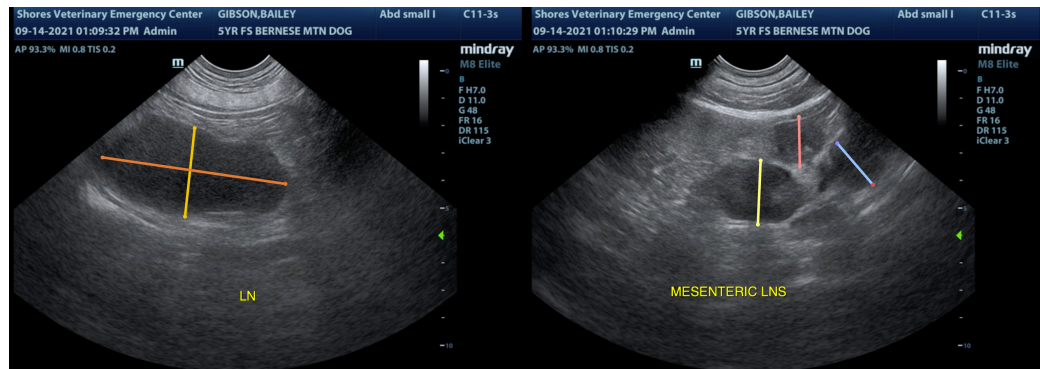
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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