



**PATIENT**

Jetta Phillips

**PRESENTING CLINICAL SIGNS**

Vomiting, tense on abdominal palpation.  
Abnormal PE/Chem/CBC/UA Results: Irregular splenic border on radiograph

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Lab

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, or masses. There is a small amount of mineralized, dependent debris observed, most consistent with either small cystic calculi or a pile of sandy debris. Correlate with radiographs.

**SEX**

Spayed Female

The left kidney has a normal shape and size (6.53 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. Pinpoint non-obstructive nephroliths are present. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

**AGE**

12 Years

The right kidney has a normal shape and size (7.77 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. Pinpoint non-obstructive nephroliths are present. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

**WEIGHT**

75

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.66 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.

**INTERPRETED BY**

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

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**

JK

**Spleen**

The spleen is large in size. The spleen echotexture is heterogenous and mottled with irregular scalloped borders. The blood flow through the hilus and splenic parenchyma appears normal. There are numerous hyperechoic, ill-defined foci throughout the splenic parenchyma.

**HOSPITAL NAME**

Hamburg VC

**Liver**

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

**REFERRING VET**

Dr. DenHeyer

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.

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9/15/21

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



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layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Jejunum wall measured 0.34 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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Canine

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**

**BREED**

Lab

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**

**SEX**

Spayed Female

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.

**AGE**

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**PRIMARY FINDINGS**

- Mottled, large spleen with hyperechoic foci and irregular scalloped borders – The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis. Numerous hyperechoic foci/nodules were visualized. In general, hyperechoic foci are less concerning than hypoechoic, but the nature of these lesions is uncertain. Recommend FNA.

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75

**SECONDARY FINDINGS**

- Mineralized dependent debris in the urinary bladder – This could be sandy dependent debris or small stones. Recommend correlation with radiographs. These are likely small enough to pass.
- Numerous pinpoint non-obstructive nephroliths in the kidneys – The hyperechoic mineralized foci observed at the corticomedullary junction of the left/right kidney are consistent with small, non-obstructive nephroliths.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**HOSPITAL NAME**

Hamburg VC

The spleen is large and irregular with hyperechoic foci. The nature of these lesions could be benign or neoplasia. Recommend fine needle aspirate and possible splenectomy if not other problems are identified.

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Dr. DenHeyer

No obvious gastrointestinal lesions were observed to explain the reported vomiting. Unfortunately, many causes for vomiting cannot be definitively diagnosed by ultrasound alone. Correlate with blood work to look for metabolic causes. If metabolic causes are excluded, then consider GI parasitism, dietary indiscretion, acute gastritis, mild pancreatitis, bacterial dysbiosis, food allergy, IBD, and less likely intestinal neoplasia.

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25430

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- Correlate with radiographic findings for foreign material not observed on ultrasound.
- Consider a GI panel to look for evidence of pancreatitis, which was not evident on today's scan, and a B12 deficiency, which can indicate small intestinal disease.
- If symptoms are progressing and do not respond to symptomatic therapy, consider obtaining GI biopsies +/- splenectomy.
- Recommend 3-view thoracic radiographs.



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**REFERRING VET**

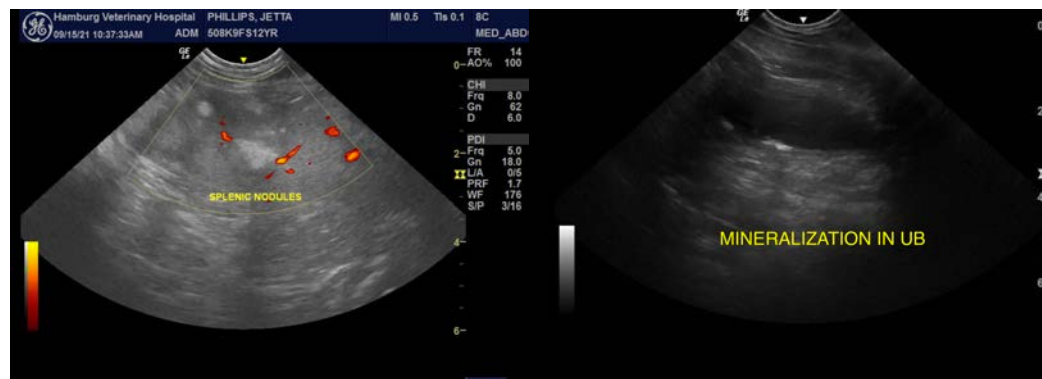
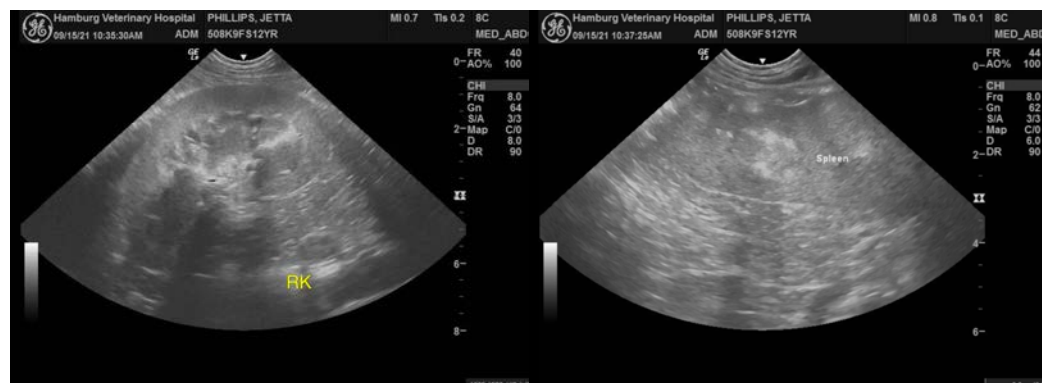
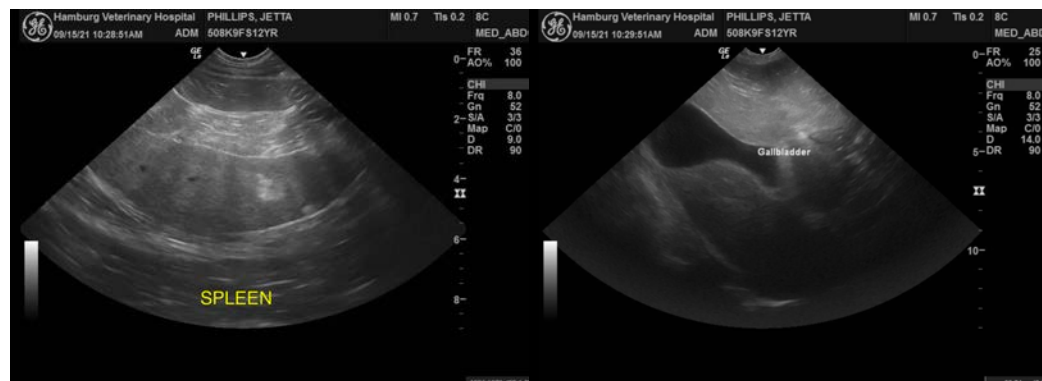
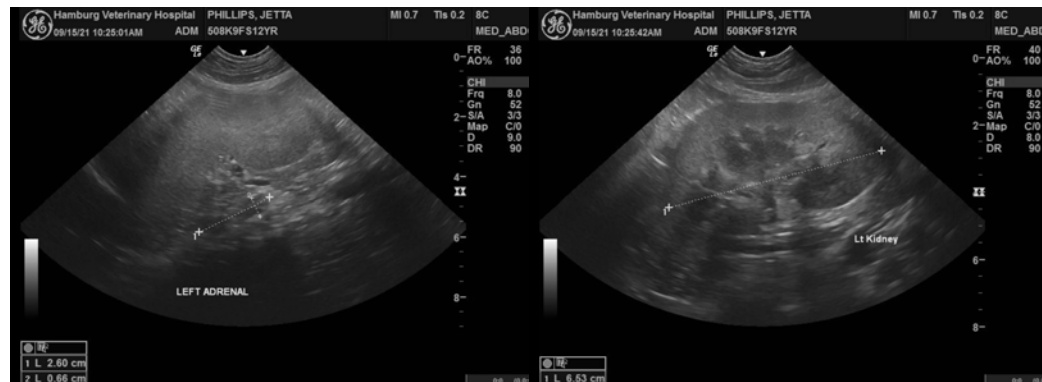
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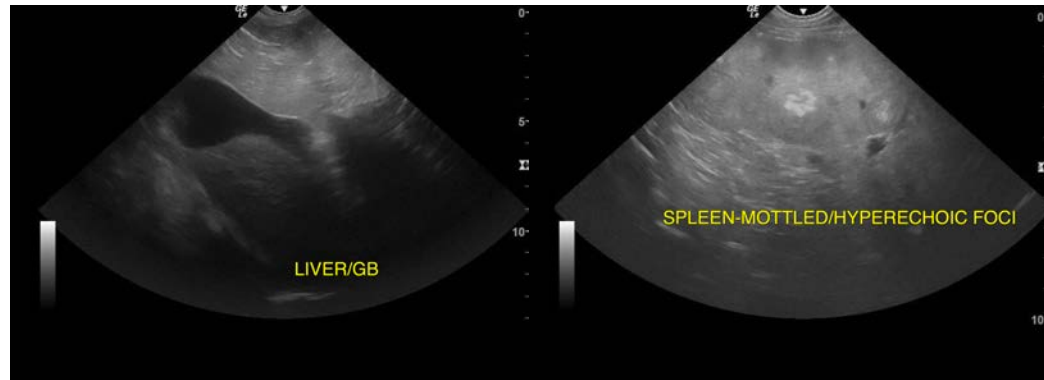
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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