

**PATIENT PRESENTING CLINICAL SIGNS**

Lilly Harvey Hx of hemorrhagic vaginal discharge of 5 days duration. Significantly increased water intake  
 Abnormal PE/Chem/CBC/UA Results: T - 102.1 HR - 102 RR - panting Pink < 2 CBC - WNL Cytology - neutrophilic inflammation with intracellular cocci

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Canine

**\*\*The images downloaded were labeled as Trishia Harvey, submission form labeled as Lilly Harvey.**

**BREED Urinary System**

Golden Retriever

**SEX** 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.

Spayed Female

The left kidney is irregular in shape, measuring 4.6 cm. It has decreased corticomedullary distinction with pyelectasia measuring 0.5 cm.

**AGE** The right kidney has a normal shape and size (6.6 cm). Overall echogenicity is slightly hyperechoic with poor 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.

10 Years

**WEIGHT Adrenal Glands**

72

The left adrenal gland is normal in size measuring 0.74 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**

Dr. Adrienne Waffle

**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.

**HOSPITAL NAME Liver**

Torch Lake VC

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 an area of irregular liver that almost creates a rounded mass effect, measuring 4.6 cm.

**REFERRING VET**

Dr. Adrienne Waffle

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.

**INVOICE Gastrointestinal**

25135

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.

**DATE**

9/2/21



**PATIENT**

Lilly Harvey

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.)

**SPECIES**

Canine

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

**BREED**

Golden Retriever

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**

**SEX**

Spayed Female

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.

**Free Abdomen**

**AGE**

10 Years

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a moderate lymphadenomegaly present in the caudal abdomen, cranial to the area of the possible uterine stump, measuring 1.8 cm. The omentum in the area around the lymph nodes and abnormal tissue is hyperechoic.

**Other**

**WEIGHT**

72

There is a tubular structure measuring approximately 1.96 cm in diameter, and appears somewhat inflamed between the bladder and colon where the uterine stump would exist. This could be consistent with a uterine stump pyometra or a mass effect.

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**ULTRASONOGRAPHIC FINDINGS**

- Abnormal inflamed tissue between urinary bladder and colon – I suspect this is uterus and could be a stump pyometra or mass effect.
- Large, irregular, heterogeneous liver with possible mass effect – 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.
- Irregular kidneys with decreased corticomedullary distinction and left-sided pyelectasia – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. Pyelectasia of the left kidney could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.
- Moderate lymphadenopathy – There is a prominent lymph node in the caudal abdomen in the area of the abnormal uterine tissue. Differentials include reactive lymph node or metastatic lymph node.

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**HOSPITAL NAME**

Torch Lake VC

**REFERRING VET**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There does appear to be some abnormal tissue between the urinary bladder and colon. This is a difficult area to visualize due to the pelvis and gas shadowing from the colon. There does appear to be some inflammation in this area and a prominent lymph node. A stump pyometra is possible, but that would require an estrogen source, which seems unlikely in a 10-year dog (unless she has been having signs of



**PATIENT**

Lilly Harvey

heat periodically). Additionally, it could be a mass effect or some other structure. Options moving forward include referral to a board-certified veterinary surgeon for either advanced imaging prior to considering surgery, or surgical explore.

**SPECIES**

Canine

Additionally, the liver is large and heterogeneous. It has some bulges that are almost consistent with a mass effect. An abdominal CT would provide more information about the liver as well as the intrapelvic area. Recommend either fine needle aspirate or biopsy of the liver if there is a mass, or if liver function is abnormal.

**BREED**

Golden Retriever

Both kidneys are irregular, and the left kidney has significant pyelectasia. Recommend urinalysis and culture and blood pressure evaluation.

**SEX**

Spayed Female

Recommend 3-view thoracic radiographs to look for evidence of metastasis or concurrent intrathoracic disease.

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10 Years

**WEIGHT**

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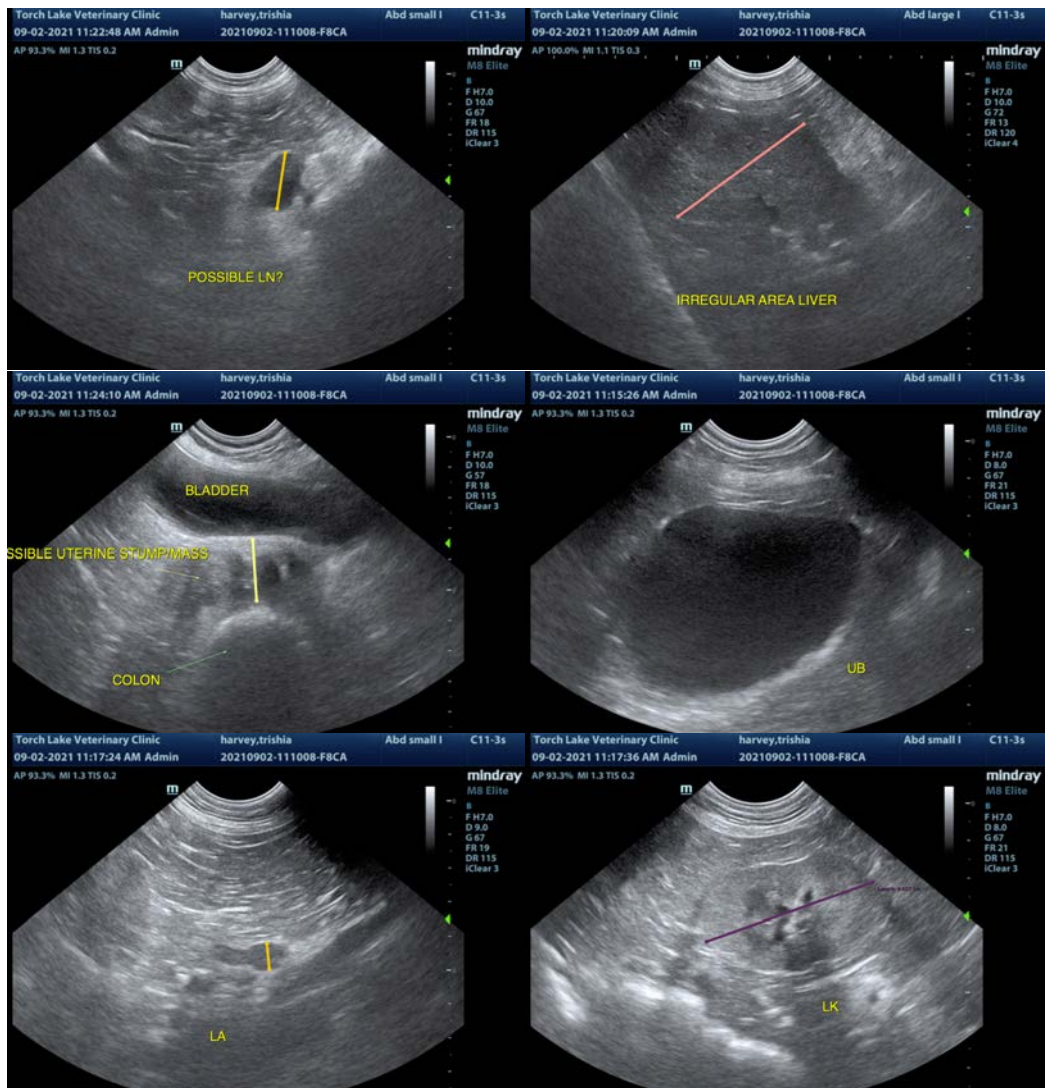
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**SPECIES**

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**BREED**

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**SEX**

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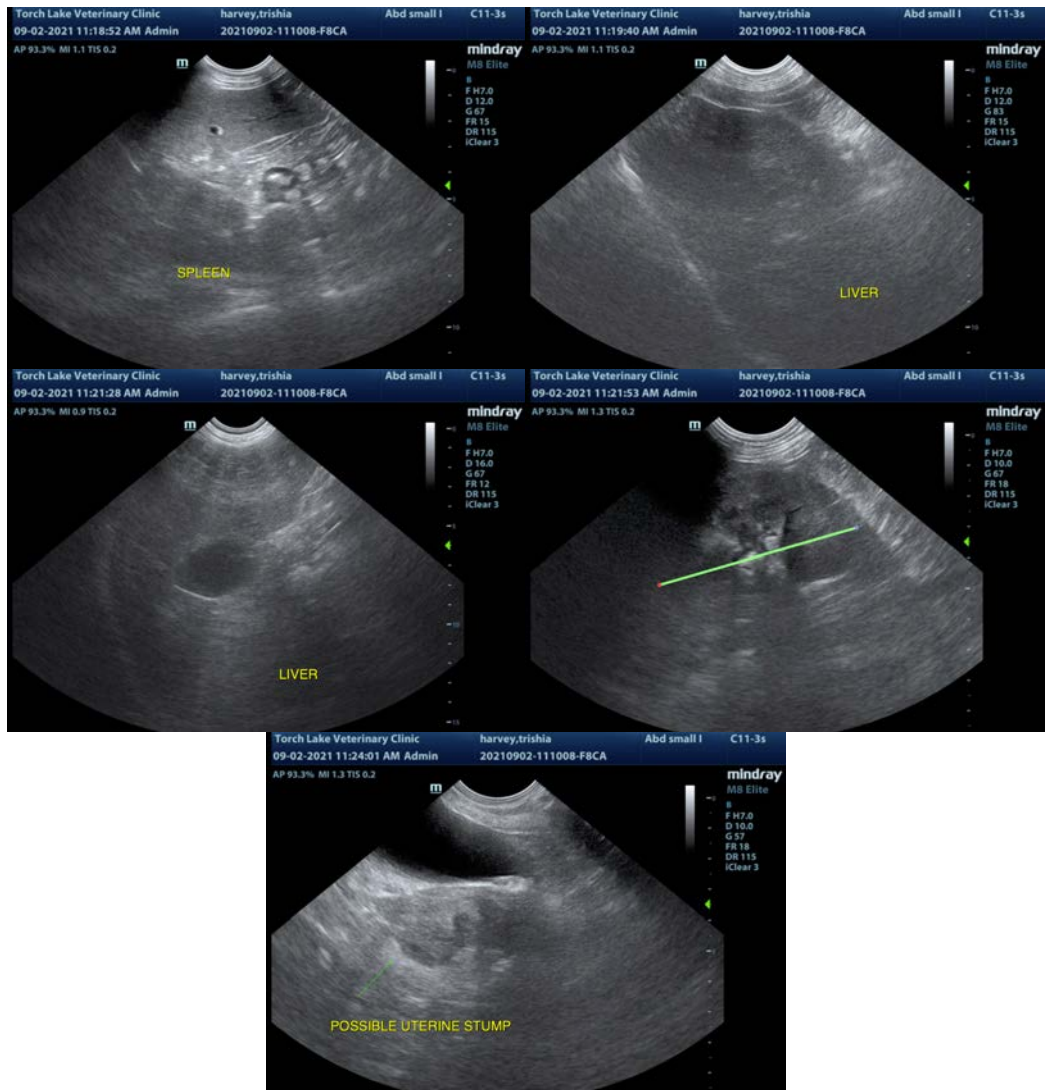
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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