



PATIENT

Dutch Costain

PRESENTING CLINICAL SIGNS

Is splenectomy advised? Prev ultrasound on 4/5/21 DX - b cell lymphoma on splenic aspirate. completed recommended CHOP 19 protocol mid August.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Belgian Malinois

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.

SEX

Male (Cryptorchid)

The prostate is large in size (3.78 cm in the sagittal plane) but has a regular shape with smooth external margins. The parenchyma is heterogenous but no discrete focal lesions are present. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

AGE

2 Years

The left kidney has a normal shape and size (7.58 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

68 Pounds

The right kidney has a normal shape and size (7.92 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.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal in size measuring 0.7 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.

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

The right adrenal gland is normal/prominent in size measuring 1.1 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.

HOSPITAL NAME

Donner Truckee VH

Spleen

The spleen is very large and hyperechoic, and the splenic capsule is rounded and bulging but has no discreet irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

REFERRING VET

Dr. India Vannini

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.

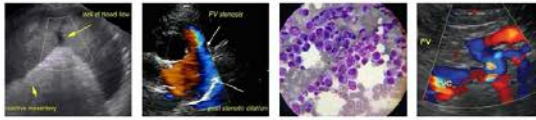
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The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

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Gastrointestinal

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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.

BREED

Belgian Malinois

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.)

SEX

Male (Cryptorchid)

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.

AGE

2 Years

Pancreas

The pancreas is prominent and mottled compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

WEIGHT

68 Pounds

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. Mild mesenteric lymphadenopathy is present. Mesenteric lymph nodes are visualized with an example measured 0.34 cm. Sublumbar lymph nodes are evaluated and are large with a sagittal width of 1.2 cm. The omentum is of normal uniform echogenicity.

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Other

A retained testicle is visualized on the right side of the caudal abdomen, measuring 1.57 cm x 2.9 cm.

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

A brief view of the heart was submitted. No pericardial effusion was seen.

PRIMARY FINDINGS

HOSPITAL NAME

Donner Truckee VH

- Large, hyperechoic spleen – The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. -I am concerned that there is still neoplastic change present -recommend fine needle aspirate to re-evaluate.

REFERRING VET

Dr. India Vannini

- Large, symmetrical prostate – Prostatic changes are most consistent with benign prostatic hyperplasia. Other differentials include bacterial prostatitis and prostatic neoplasia. However, given the lack of lower urinary tract symptoms, these differentials are considered less likely in this patient.

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- Prominent mesenteric lymph nodes – These could represent neoplastic change or be reactive.

SECONDARY FINDINGS

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- Prominent, mottled pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.



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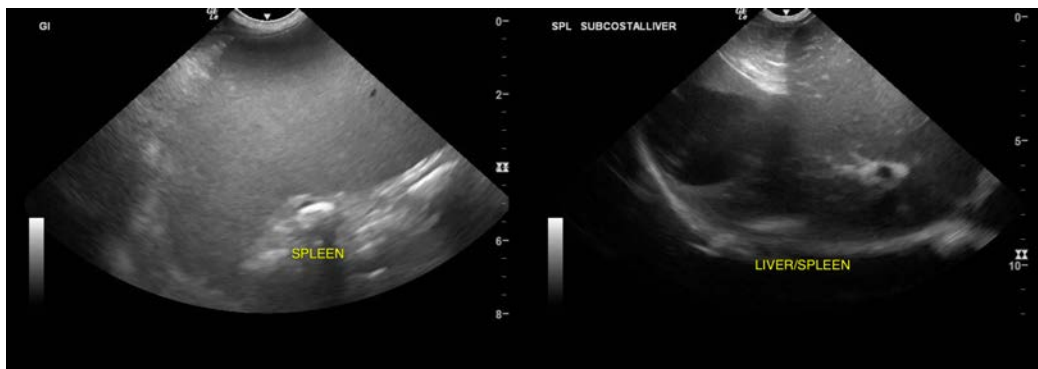
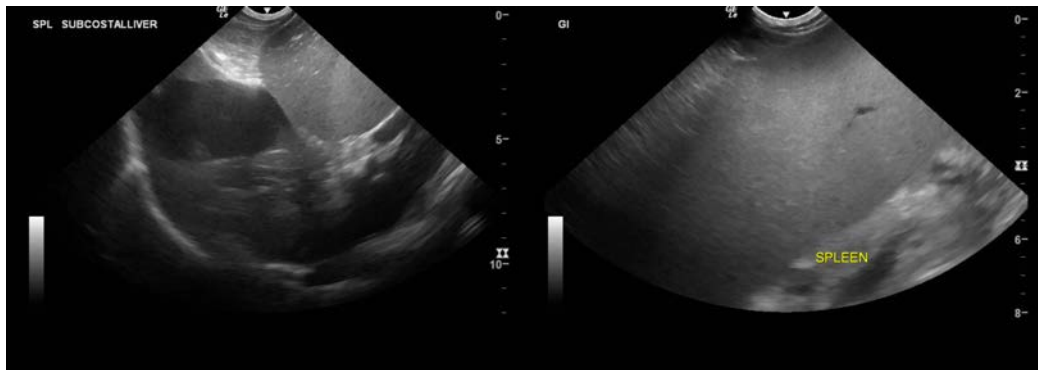
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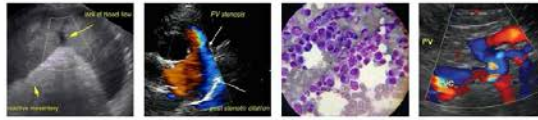
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The spleen remains prominent and hyperechoic. A fine needle aspirate of the spleen would be necessary to determine if this patient is truly in remission. The abdominal lymph nodes appear somewhat smaller but are still prominent and concerning. Recommend consultation with a veterinary oncologist regarding additional medical management versus surgical (most commonly this would be treated medically as LMA is typically a systemic disease). Consider clotting times, buccal mucosal bleeding time, and possible von Willebrand testing prior to surgery if a coagulopathy was previously suspected. Recommend 3-view thoracic radiographs. Having current blood work, radiographs, clotting times, and cytology will be helpful to an oncologist in making recommendations for further treatment.





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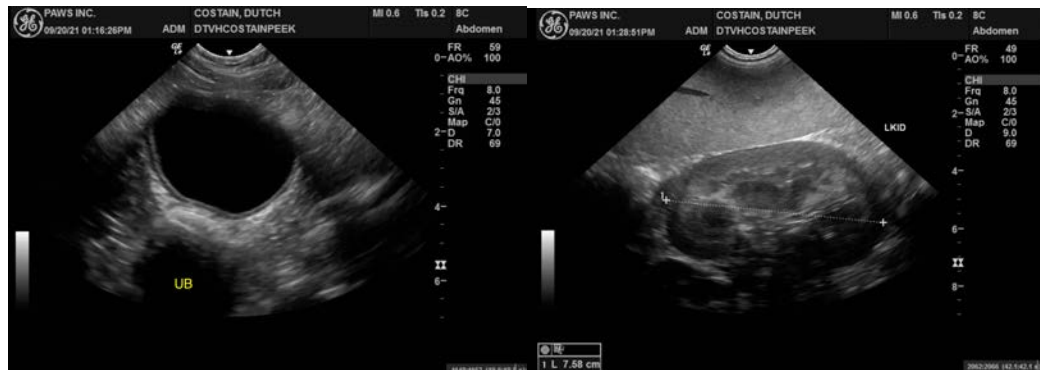
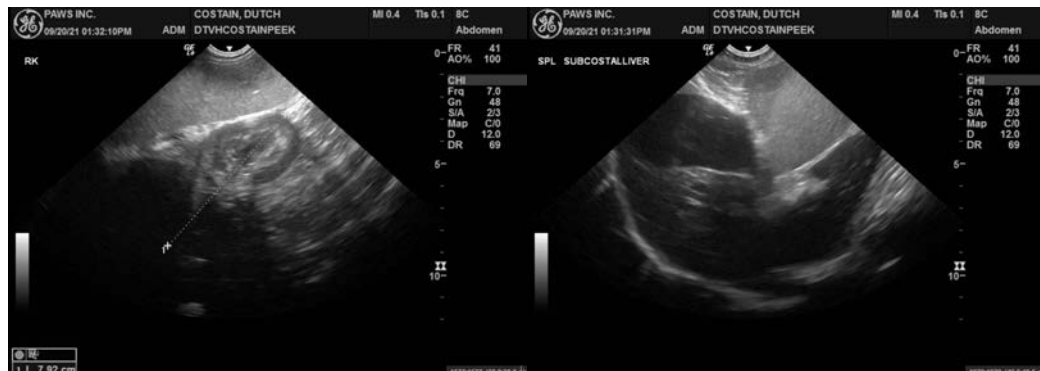
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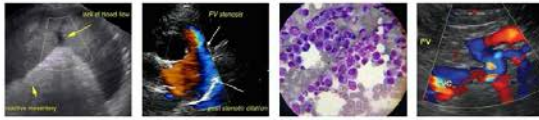
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

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.

BREED

Belgian Malinois

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kathleen.sennello@sonopath.com

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