



PATIENT

Amelia Lewis

SPECIES

Canine

BREED

Springer

SEX

Spayed Female

AGE

10 Years

WEIGHT

49

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. James Hornbuckle

HOSPITAL NAME

Golden Isles AH

REFERRING VET

Dr. James Hornbuckle

INVOICE

25842

DATE

9/28/21

PRESENTING CLINICAL SIGNS

Amelia presented with a h/o severe dermatitis after aspirating a cyst in the peri rectal area. In addition, the owners noted a per acute poor appetite and dark colored stools. AUS was ordered to further explore appetite loss and dark colored stools over the last month, no v/d noted. Stools are firm and formed. Abnormal PE/Chem/CBC/UA Results: Elevated wbc @ 24K, otw wnl. Fecal negative

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, or masses. There are numerous small, shadowing mineralizations evident in the trigone/proximal urethral area of the urinary bladder. In some areas, these are piled together and in some they are separated. Therefore, I suspect this is a string of small stones. Correlate findings with radiographs.

The left kidney has a normal shape and size (6.6 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 hydronephrosis. Renal vasculature is normal.

The right kidney has a normal shape and size (5.6 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 hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.54 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 0.56 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. The spleen echotexture is heterogenous and mildly mottled, the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is a 1.3 cm hypoechoic nodule evident in the distal third of the spleen, which appears to be deviating the splenic capsule.

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. There are rare hypoechoic nodules visualized, measuring 0.42, 0.32 cm.

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

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The stomach is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. 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 layering is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

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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.)

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

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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.

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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.

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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. The omentum is of normal uniform echogenicity.

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PRIMARY FINDINGS

- Mildly mottled spleen with hypoechoic nodule – There is a non-cavitated, hypoechoic splenic nodule visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis. This lesion is on the periphery of the spleen and deviates the capsule, making it a more concerning lesion.
- Small cystic/urethral calculi – correlate findings with radiographs. I suspect these are small stones, which would be able to pass in this female dog.
- Heterogeneous liver with rare hyperechoic nodules – 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.

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SECONDARY FINDINGS

- Moderate gallbladder sludge – The significance of the aggregated gallbladder sludge is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.
- Mild gastric dilation with shadowing material in the lumen – most consistent with ingesta. Correlate with feeding history. If patient was adequately fasted, consider such as differentials as delayed gastric emptying or foreign material.

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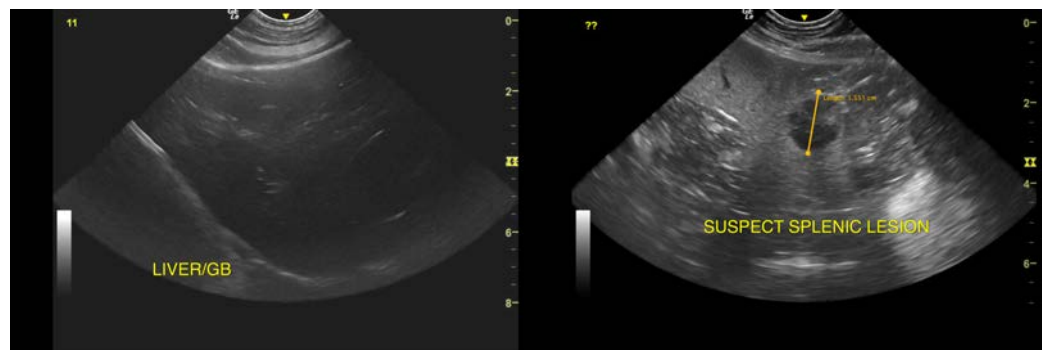
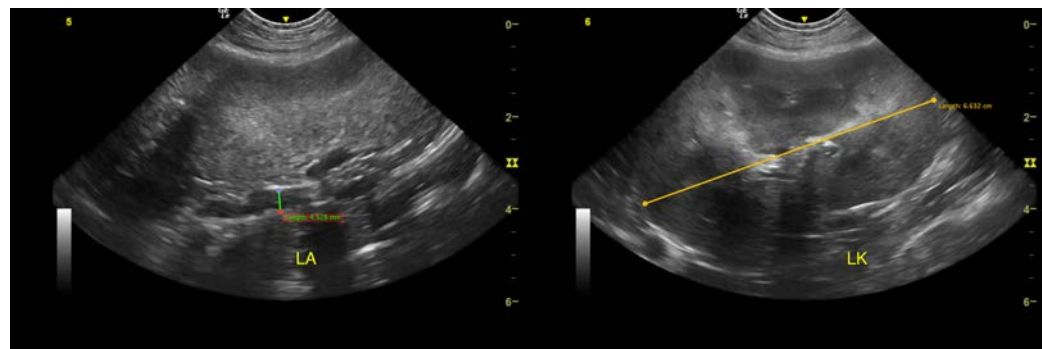
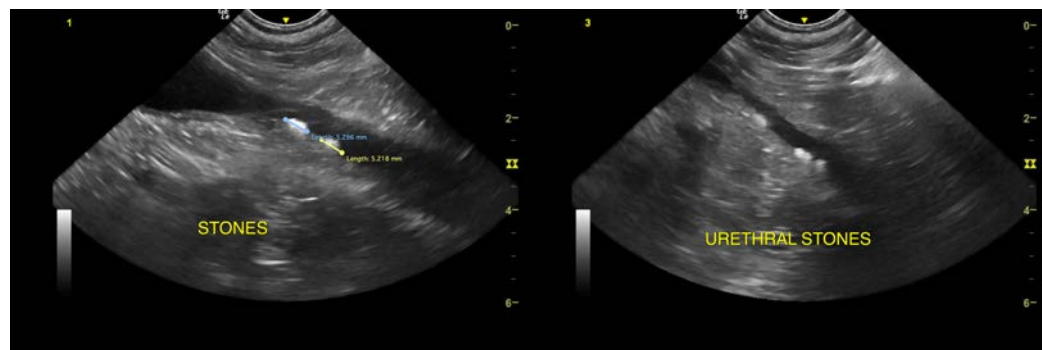
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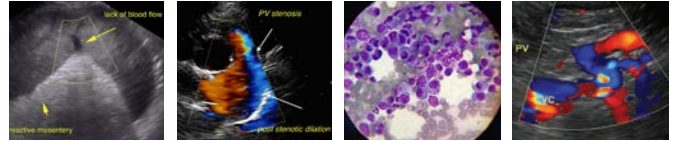
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal intestinal lesions were observed to explain the dark stool reported. Melena tends to be softer stool, so consider such differentials as dietary indiscretion, etc. Consider a GI panel with a quantitative PLI, B12 and folate to further evaluate for pancreatic inflammation or small intestinal disease, and abdominal radiographs to further evaluate the stomach, small intestine, and urinary bladder. If gastric ulceration is strongly suspected and there is no response to supportive care, consider further evaluation of the GI tract with endoscopy.

Additionally, there is a hypoechoic splenic nodule in the periphery of the spleen. This is concerning due to its peripheral location. Options moving forward include a fine needle aspirate or splenectomy. Recommend 3-view thoracic radiographs.





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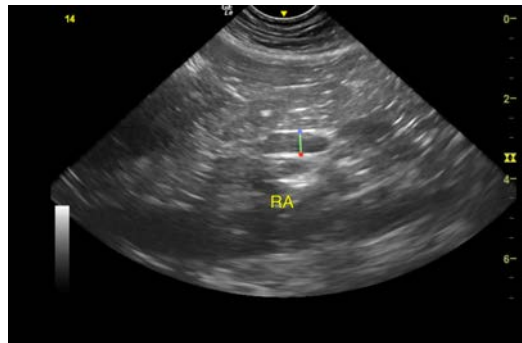
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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