



PATIENT

Frances Fritzsche

SPECIES

Canine

BREED

Mastiff

SEX

Male

AGE

3 years

WEIGHT

130 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Anderson

HOSPITAL NAME

Elizabeth AH

REFERRING VET

Dr. Anderson

INVOICE

92092

DATE

9/28/21

PRESENTING CLINICAL SIGNS

History: Frances has fought chronic diarrhea for several months now, getting no relief from metronidazole, GI biome food, probiotics. Recently has begun to vomit about 3 times a week. BCS 2/5, Quiet attitude, multilobulated firm mid to cranial abdominal mass palpated. No recent labs.

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, masses or cystic calculi.

The prostate is large in size (3.2 cm) 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.

The left kidney has a normal shape and size (8.03 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.

The right kidney has a normal shape and size (7.94 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

The region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. 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.

Spleen

Limited areas of spleen were visualized. What was observed was subjectively normal in size, echotexture and appeared homogenous with a smooth capsule and no irregularities.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is hypoechoic and 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 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.

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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

A scant amount of anechoic free fluid was noted. Severe mesenteric lymphadenopathy was present at the root of the mesentery with lymph nodes that measured 3.9 cm and 3.7 cm in diameter. The sublumbar lymph node is 3.4 cm and a cranial mesenteric lymph node on the right side of the abdomen measures 4.78 x 3.62 cm. The omentum is of increased echogenicity.

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Heart

A brief view of the heart was submitted and a scant amount of pleural effusion was visualized.

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ULTRASONOGRAPHIC FINDINGS

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PRIMARY FINDINGS:

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- Severe, diffuse mesenteric lymphadenopathy. The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- Heterogenous hypoechoic 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. With these findings an inflammatory or neoplastic (most likely etiology) would be suspected.

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SECONDARY FINDINGS:

- Scant anechoic free fluid and pericardial effusion.

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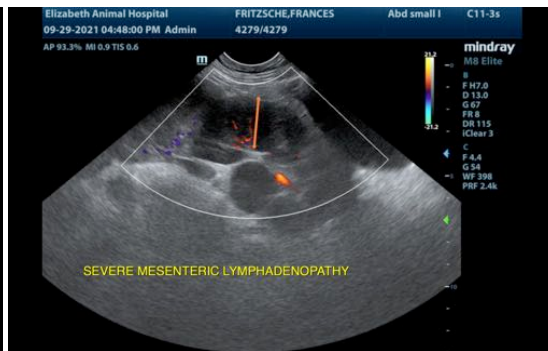
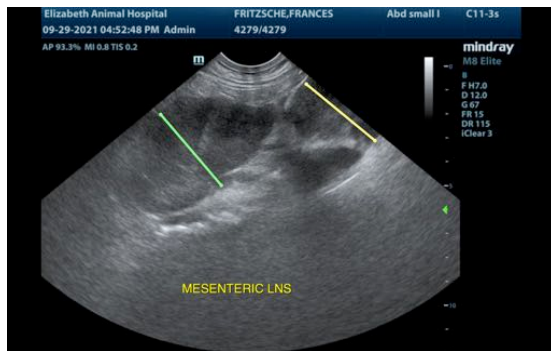
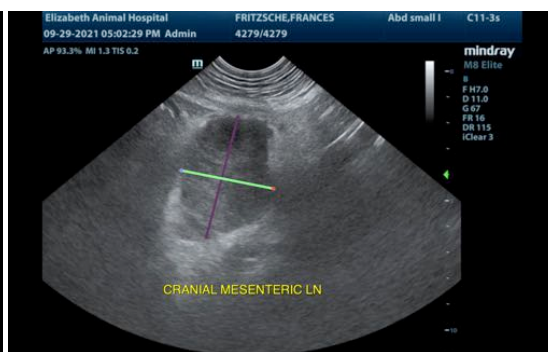
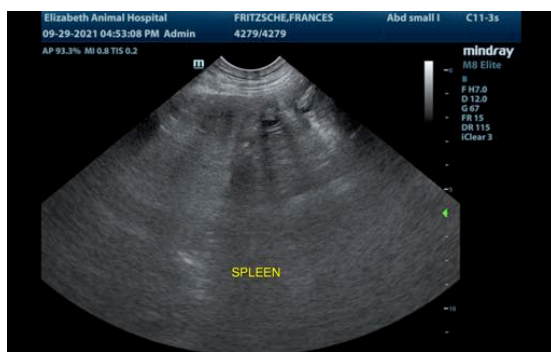
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a severe, diffuse, mesenteric lymphadenopathy present. These findings are concerning for an underlying neoplastic process. I recommend FNA of the mesenteric lymph node and cytology. I recommend three view thoracic radiographs and consider a cardiac ultrasound.



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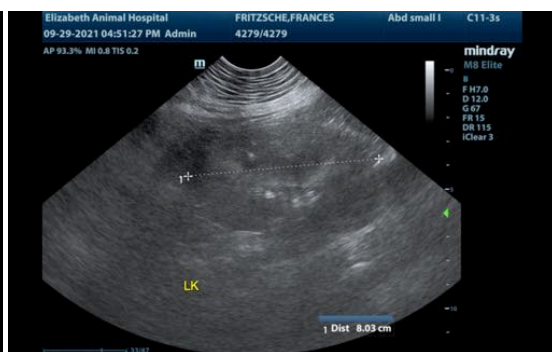
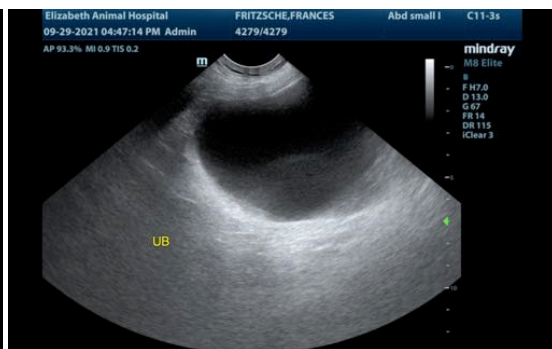
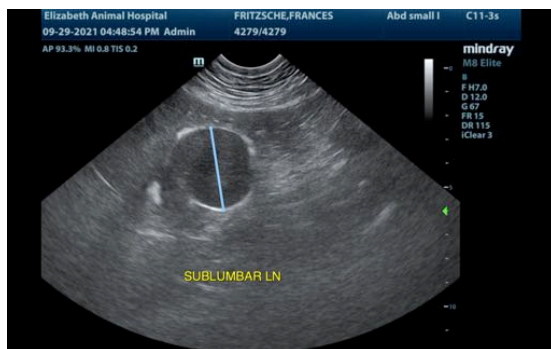
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)
kathleen.sennello@sonopath.com