



PATIENT

Rhonda Bennett

PRESENTING CLINICAL SIGNS

History: Chronic Diarrhea, weight loss.
Abnormal PE/Chem/CBC/UA Results: ALB 2.2

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Plott Hound

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

Spayed Female

The left kidney has a normal shape and size (7.13 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.

AGE

12 years

The right kidney has a normal shape and size (6.09 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

56 lbs

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

JK

Spleen

The head of the spleen was visualized with no obvious ultrasonographic lesions.

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. The gallbladder lumen is moderately distended. The wall of the gallbladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

REFERRING VET

Dr. Martens

INVOICE

91683

DATE

9/7/21



PATIENT

Gastrointestinal

Rhonda Bennett

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.

SPECIES

Canine

There is a large to mid to caudal abdominal mass effect with a large, hypoechoic structure that measured 9.0 x 4.0 cm. This has the appearance of having a hypoechoic wall that measured 0.77 cm with no layering effect. This is suspicious for a bowel mass, but the tissue is so abnormal that I cannot rule out the potential of a lymph node with a necrotic center. The tissue surrounding this mass is edematous and inflamed consistent with localized peritonitis. There is a second, similar mass effect adjacent to the primary mass. I am most concerned that this is a primary bowel mass with adjacent, enlarged lymph node. There are other sections of small intestine that are briefly visualized and appear thickened measuring 0.55 cm and there is a loop of bowel viewed in cross section with loss of layering measuring 0.57 cm. Some more normal areas of bowel appear to have some mild fluid dilation.

BREED

Plott Hound

SEX

Spayed Female

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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WEIGHT

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Pancreas

The region 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.

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Internal Medicine)

Free Abdomen

Scant anechoic free fluid was noted. There is what I suspect is a severe, mesenteric lymphadenopathy present. There is a mass effect/lymph node in the abdomen that measured 3.0 cm and is adjacent to a larger structure, which I suspect is of a bowel mass, but cannot rule out the possibility of a very large lymph node with a necrotic center. There is focal peritonitis around these lesions with hyperechoic, dissecting omentum.

IMAGING PERFORMED BY

JK

ULTRASONOGRAPHIC FINDINGS

HOSPITAL NAME

Hamburg VC

PRIMARY FINDINGS:

- Large abdominal mass. I suspect that this is a primary bowel mass with adjacent enlarged lymph node. I cannot rule out the possibility of two enlarged/effaced lymph nodes.
- Focal peritonitis. There is severe abdominal inflammation surrounding the abdominal lesions.
- Generalized small intestinal wall thickening with decreased layering. The bowel wall thickening could be consistent with inflammation, edema, or infiltrative neoplasia. A reduction in the detail of wall layering favors either severe intestinal disease or neoplastic infiltration. Biopsy is recommended.

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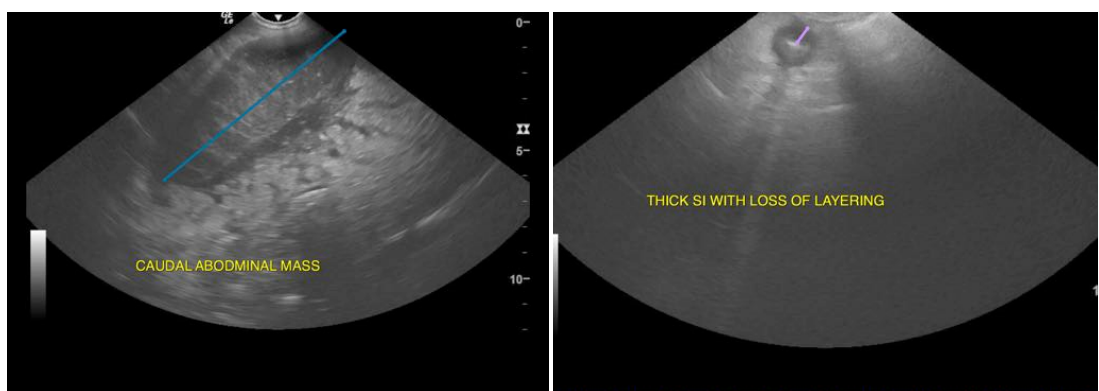
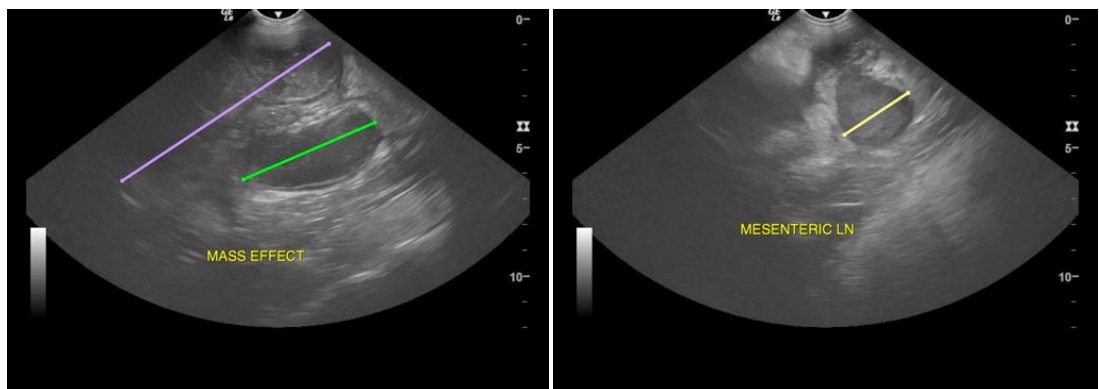
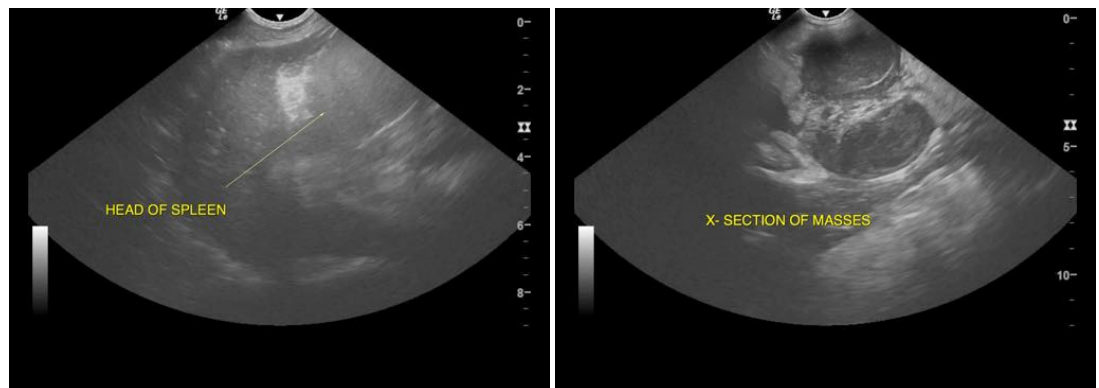
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large abdominal lesion that appears elongated and appears to have a wall that is consistent with a bowel mass. Adjacent to this structure is another mass that is most consistent with an effaced lymph node. Color flow of the lesions with high resolution imaging towards the periphery of the lesions is recommended to look for evidence of more normal bowel transitioning into this area could help differentiated bowel from lymph node. There is severe inflammation in the abdomen that is most consistent with bacterial or sterile peritonitis. I recommend FNA of both mass lesions with possible need for surgery. Correlate the findings with abdominal radiographs and if air is detected in the larger mass, then this would make bowel much more likely. I recommend three view thoracic radiographs. The most likely differential would be round cell neoplasia, primary carcinoma, histiocytic disease or fungal. The prognosis is guarded.





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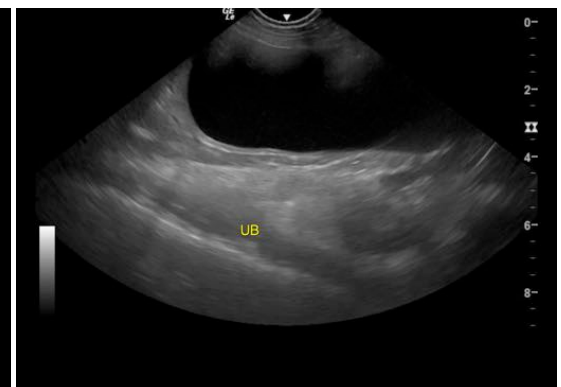
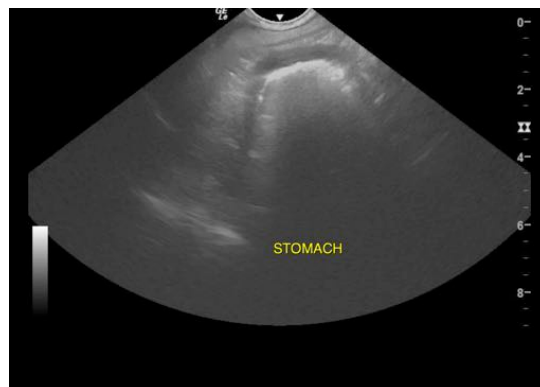
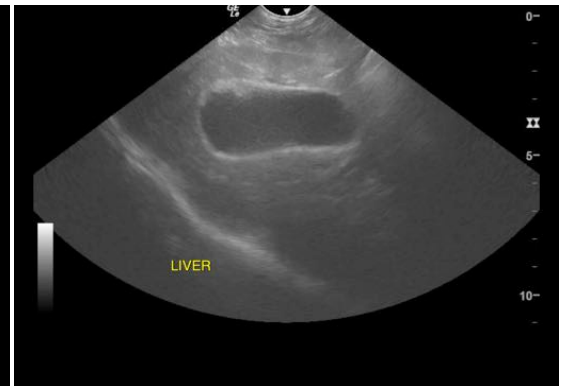
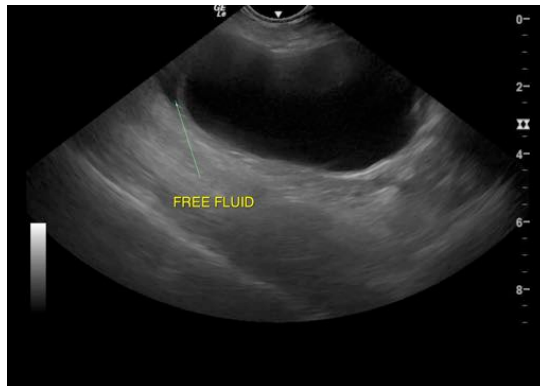
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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