



PATIENT PRESENTING CLINICAL SIGNS

Angus Hoffman

lethargy on and off for ~ 2months - not eating as usual for about a week - no v/d/c/s - gum colour and cap refill okay - weight loss (almost 2kg from 2021) -healing ulcer in left eye noted on exam -no masses felt on exam

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Platelet clumping noted on smear. RBCs decreased, HCT decreased, HGB decreased, WBCs elevated, Neuts elevated, Mono elevated, PLT low, MPV high.

BREED

Cocker Spaniel

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Neutered Male

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.

AGE

13 Years

The visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

WEIGHT

12.9 kg

The left kidney has a normal shape and size (5.14 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal 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 (4.65 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

Kathleen Sennello DVM,
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(Small Animal Internal
Medicine)

Adrenal Glands

IMAGING PERFORMED BY

Crystal Hill

The left adrenal gland is normal in size measuring 0.60 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 not clearly visualized.

HOSPITAL NAME

Buck Animal Hospital

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.

REFERRING VET

Dr. Sommers

Liver

The liver is subjectively normal in size but irregular. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There appears to be an irregular cystic lesion on the diaphragmatic surface of the liver measuring approximately 2.1 cm in diameter. Additionally, there is a mixed echogenic irregular nodule visualized between the spleen and the liver, which likely represents either an omental met, a nodular lymph node, or possibly an additional liver nodule. This lesion measures 1.81 cm in diameter.

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DATE

9/7/22

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



PATIENT *Gastrointestinal*

Angus Hoffman 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.

SPECIES

Canine

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.)

BREED

Cocker Spaniel

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

SEX

Neutered Male

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

AGE

13 Years

The pancreas is not clearly visualized due to the large abdominal mass in the region of the pancreas (see other).

Free Abdomen

WEIGHT

12.9 kg

There is a small amount of free fluid. There is questionable lymphadenopathy present in that there are mixed echogenic nodular lesions visualized in the abdomen, which could represent omental metastasis or nodular lymph nodes. One such lesion is visualized measuring 1.61 cm x 1.92 cm. The omentum is generally of increased echogenicity.

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Other

There is a large, irregular, mixed echogenic, mildly cystic mass lesion visualized in the mid abdomen. A direct attachment to spleen or liver is not visualized. Primary concern is pancreatic origin. This mass lesion measures >9.79 cm x 7.88 cm.

IMAGING PERFORMED BY

Crystal Hill

ULTRASONOGRAPHIC FINDINGS

- Large, irregular, heterogeneous mid abdominal mass – The origin of this mass effect is not clearly visualized. Primary concern would be a pancreatic mass effect. Recommend fine needle aspirate.
- Heterogeneous liver with cystic/nodular masses – There is concern that these could represent metastatic lesions, although other differentials are possible.
- Nodular lesions visualized within the abdomen – These likely represent either omental metastasis or nodular lymph nodes. Consider a fine needle aspirate.
- Small volume free abdominal fluid.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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There is a very large, irregular mid abdominal mass. The source of this mass effect is not visualized, but it lies around the pancreas, and I do not see a clear attachment to the liver or spleen. Primary concern would be possible pancreatic carcinoma. There are other lesions that appear to have somewhat similar texture in the omentum, which could represent omental metastasis, irregular lymph nodes, etc.

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Additionally, there are some lesions on the surface of the liver, which could be suspicious for metastasis, although other types of nodules are possible. Recommend fluid analysis and cytology on a sample of the free abdominal fluid. Recommend a fine needle aspirate of the mass and possibly a fine needle aspirate



PATIENT

of an omental lesion.

Angus Hoffman

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.

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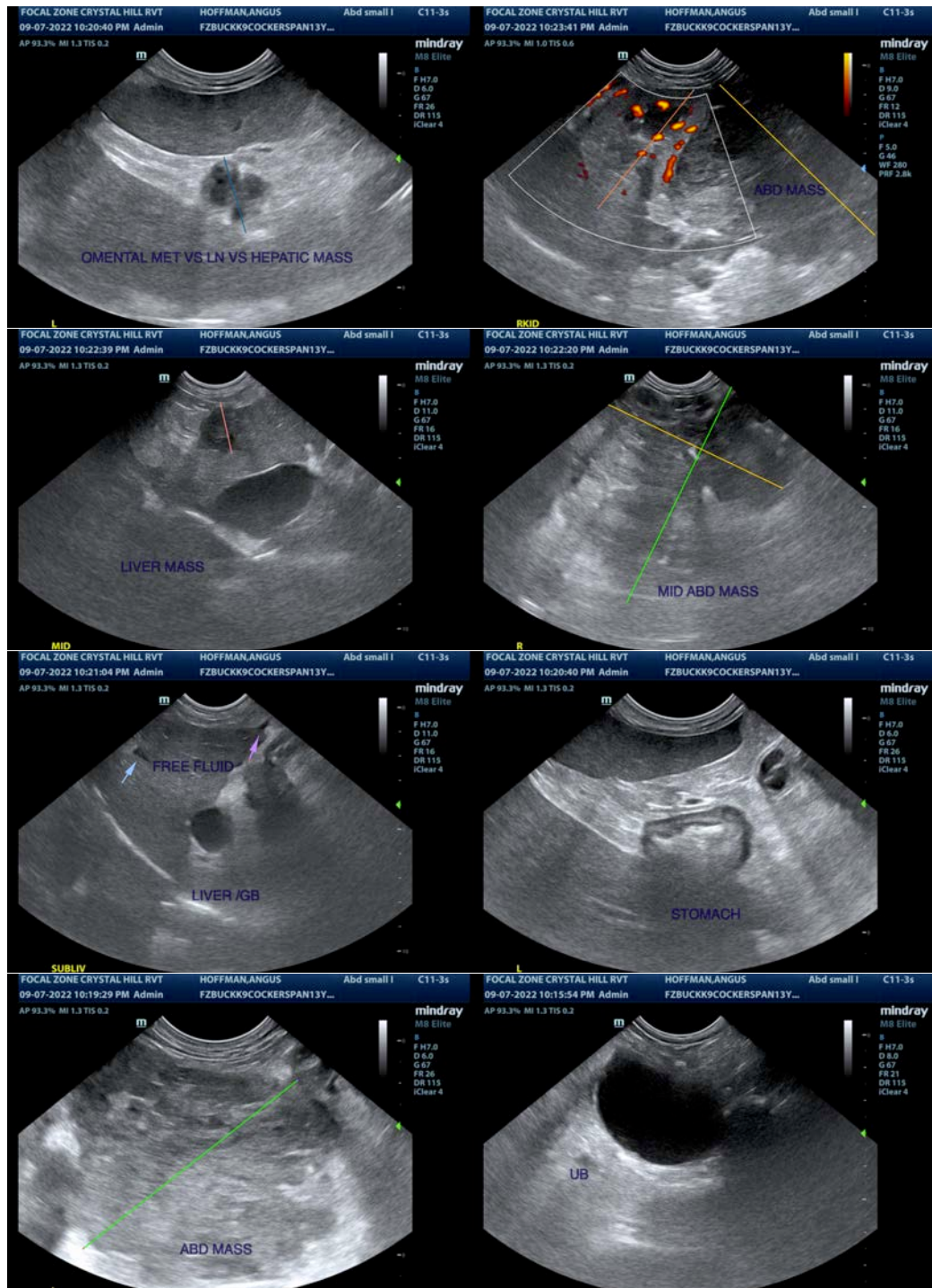
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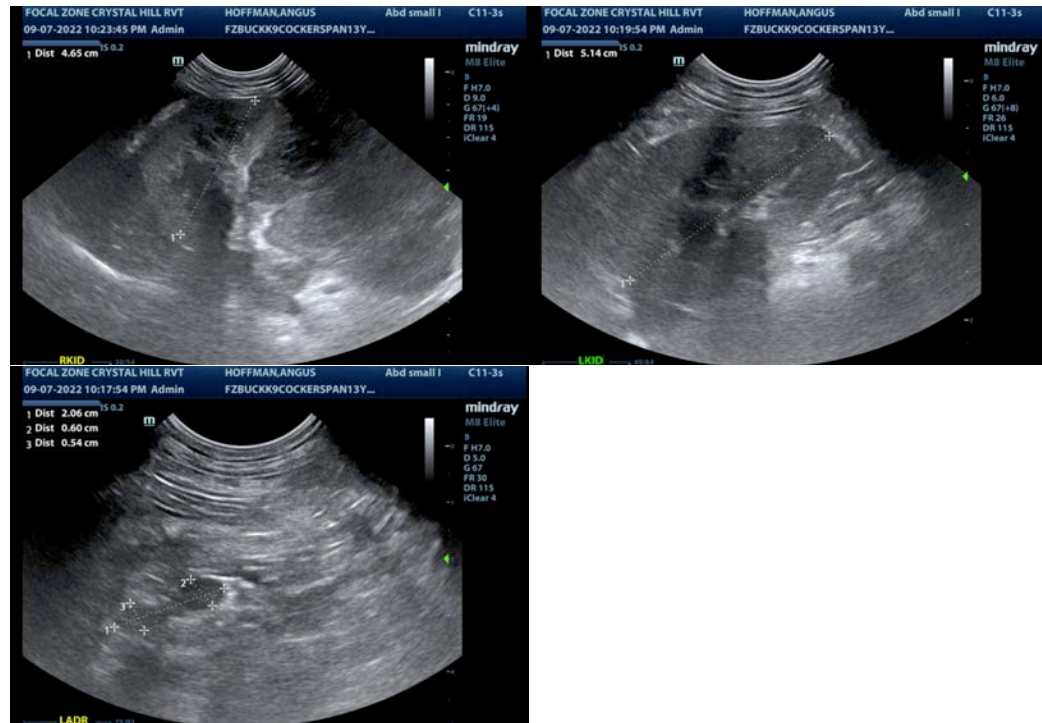
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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