



PATIENT

Buddy Dean

SPECIES

Canine

BREED

Labrador Cross

SEX

Neutered male

AGE

11 years

WEIGHT

29.1 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kelly Reshny, RVT

HOSPITAL NAME

Snelgrove VS

REFERRING VET

Dr. McQueen

INVOICE

97964

DATE

3/31/22

PRESENTING CLINICAL SIGNS

History: Initially presented with a fever and severe PU/PD After blood was put on Clav for 2 weeks and then Clay, metronidazole and Ursodial. Concerns now re: liver tumor? Finished meds.
Abnormal PE/Chem/CBC/UA Results: Blood Mar 8/22 - Leucocytosis and neutrophilia, increase TP
Urine normal Blood Mar 15/22 - normal CBC, ALT increased to 347 Blood Mar 29/22 - CBC normal, ALT now 570

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with mildly echogenic 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 normal at 1.1 cm.

The left kidney has a normal shape and size (7.01 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 (8.25 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 left adrenal gland is normal in size measuring 0.6 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/borderline large in size measuring 1.16 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. The appearance of this adrenal is relatively normal in shape and this could represent normal variation.

Spleen

The spleen is subjectively normal in size. The spleen echotexture is heterogenous and mottled, the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is a very large, hypoechoic, irregular mass effect that measured 9.7 x 7.0 cm and arising from the head of the spleen. .

Liver

The liver is severely, diffusely nodular with discrete, hypoechoic, irregular mass lesions that varied in size from 1-4 cm. There is no normal appearing liver visualized. The findings are most consistent with metastatic neoplasia. The gallbladder lumen is moderately distended. The wall of the gallbladder is not



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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

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.) 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 area 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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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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ULTRASONOGRAPHIC FINDINGS

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- Large, irregular liver with diffuse, hypoechoic, discrete nodules. The findings are most concerning for metastatic neoplasia. I recommend FNA.

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- Large, hypoechoic, irregular mass lesion on the spleen. A focal, solid, mixed echogenic mass is present within the splenic parenchyma. This mass distorts the splenic capsule. Differentials include benign lesions such as lymphoid hyperplasia, hemangioma, etc., or neoplastic lesions such as hemangiosarcoma, lymphoma, histiocytic sarcoma, etc.

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- Mildly echogenic debris in the urinary bladder. The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus. Recommend urinalysis and culture

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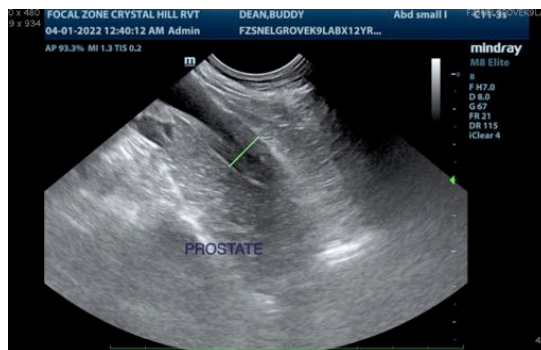
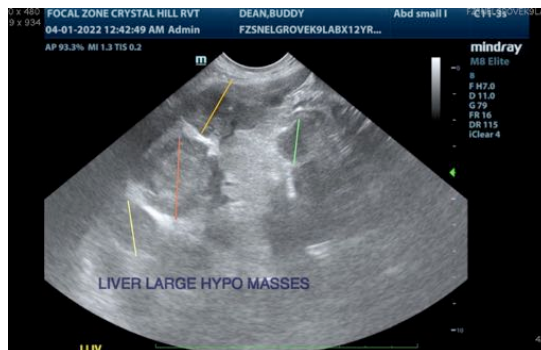
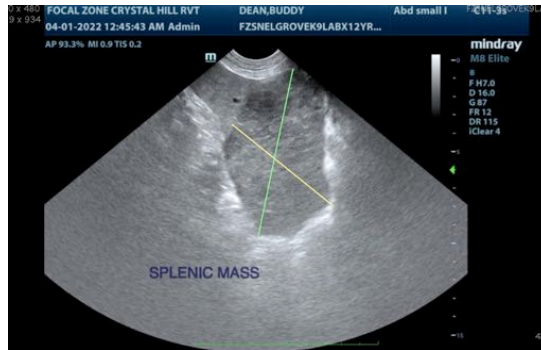
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is severely nodular with irregular, hypoechoic, variably sized mass lesions. These are very concerning for metastatic lesions. Additionally there is a large, hypoechoic mass effect on the spleen. I recommend three view thoracic radiographs and a FNA of the mass lesion on either the liver or spleen. I recommend consultation with a veterinary oncologist once cytologic diagnosis is obtained to discuss prognosis and treatment options.



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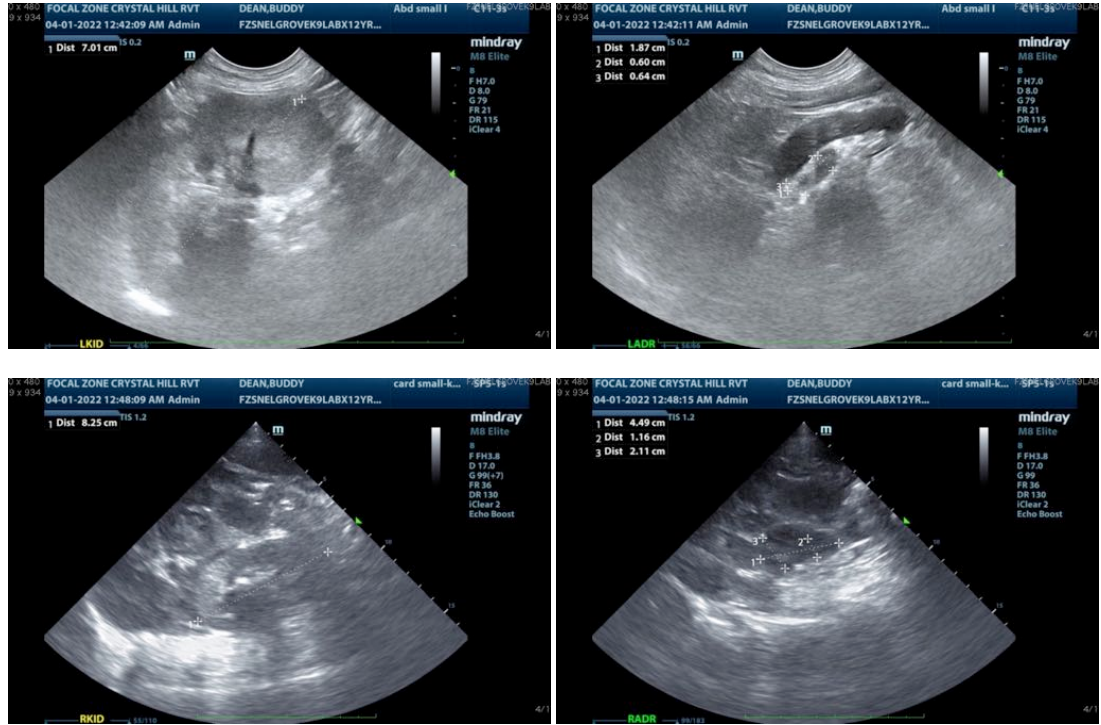
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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