



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Elsa Scannelli	Severe hepatopathy/ vomiting weight loss, CBC = path/immune panel/tick panel= pending as well as lepto PCR
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: Lepto IH Snap +, CBC = HCT 23.5, wbc 20.9
Canine	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
<b>BREED</b>	<b>Urinary System</b>
Shepherd Mix	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.
<b>SEX</b>	
FS	Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.8 cm in length. The right kidney measured 7.4 cm in length.
<b>AGE</b>	
9yr	The area of the aortic trifurcation was free of pathology.
<b>WEIGHT</b>	<b>Adrenal Glands</b>
71.2lb	The bilateral adrenal glands were indistinctly visualized owing to patient size and mild peri adrenal increased omental artifact. The left adrenal gland measured 0.87 cm width at the caudal pole. The right adrenal gland measured 0.90 cm width at the caudal pole.
<b>INTERPRETED BY</b>	<b>Spleen</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	A mass involving the cranial spleen with secondary asymmetrical capsule expansion and disruption was present and measured ~10 cm. Concurrent separate mildly expansive non-homogenous nodules present in the mid to caudal spleen. The parenchyma of the mass was heterogeneous to mixed echogenic with areas of cavitation. The non-affected spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Regional omental inflammation was present around the mass.
<b>IMAGING PERFORMED BY</b>	
Val Shumskaya	
<b>HOSPITAL NAME</b>	<b>Liver/Gallbladder</b>
Westwood Regional Veterinary Hospital	The liver exhibited generalized enlargement with asymmetrical contour and non-homogenous to nodular parenchyma with multifocal variably expansive macronodules to small masses, an example of a macronodule measured 4.7 cm in diameter. An example of a small mass in the right lateral to caudate liver lobe measured 7.7 cm in diameter. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with non-organized echogenic debris. The cystic and common bile ducts were normal.
<b>REFERRING VET</b>	
Dr. Cattiny	
<b>INVOICE</b>	<b>Gastrointestinal</b>
13634ag	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild non-shadowing ingesta/chyme with no signs of ileus, obstruction or foreign material.
<b>DATE</b>	The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental to
04/28/2023	



**PATIENT**

Elsa Scannelli

diffuse ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

**SPECIES**

Canine

**Pancreas**

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

**BREED**

Shepherd Mix

**Free Abdomen**

No omental masses, overt lymphadenopathy or peritoneal effusion was present. Generalized mild hyperechoic perisplenic to perihepatic omentum was present.

**SEX**

FS

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

9yr

- Splenic mass with concurrent expansive splenic nodules.
- Hepatomegaly with multifocal macronodules to masses.
- Gallbladder debris (non-mucocele).
- Age related renal changes.
- Gastroenteritis pattern with mild retained gastric ingesta.

**WEIGHT**

71.2lb

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The hepatosplenic presentation is consistent with multicentric neoplasia with concern for multicentric sarcoma vs other neoplasia. This case is non-surgical. An unfavorable is unfortunately indicated.

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)

**IMAGING PERFORMED BY**

Val Shumskaya

**HOSPITAL NAME**

Westwood Regional  
Veterinary Hospital

**REFERRING VET**

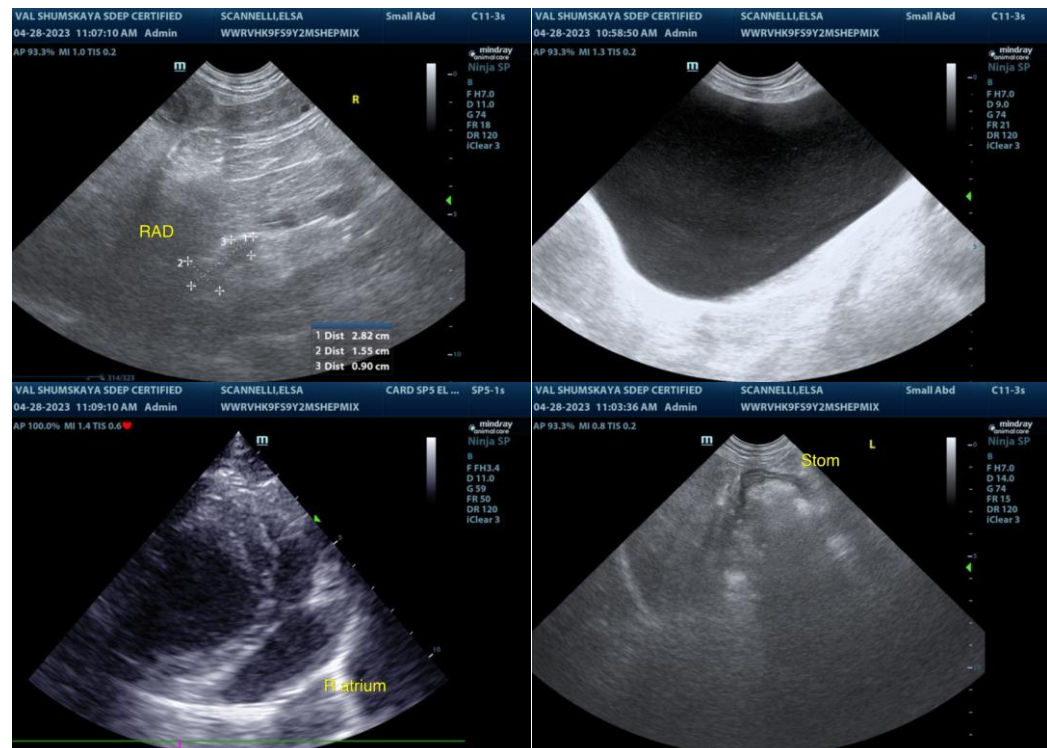
Dr. Cattiny

**INVOICE**

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**DATE**

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**SPECIES**

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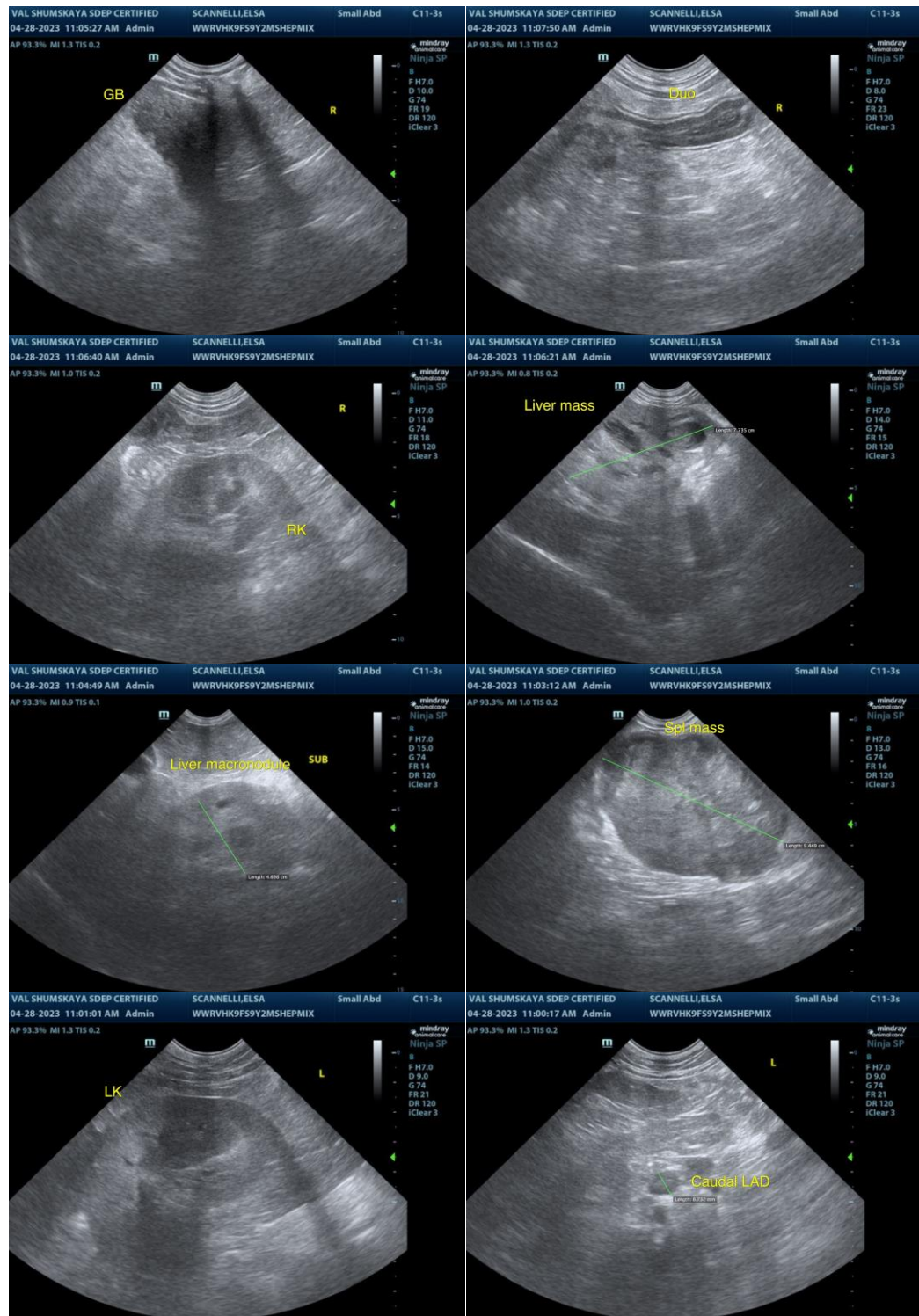
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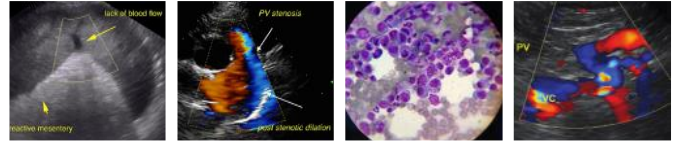
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



**PATIENT**

can be of any further assistance, please contact me.

Elsa Scannelli

**SPECIES**

Canine

**BREED**

Shepherd Mix

**SEX**

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