

PATIENT

Everest Johnston

PRESENTING CLINICAL SIGNS

SPECIES

Canine

BREED

Saint Bernard

Check progressively decreasing appetite. Patient started having a decreased appetite 5 d ago and has become more substantial since the onset. He is now eating only liquid food (raw eggs, milk). Good energy. No C/S/V/D. Though feces is scant. Owner did start Cosequin ~2 wks ago, but discontinued it once poor appetite started. No historical problems/current medications reported since being rescued ~1.5 yrs ago. Perihperal LNs enlarged
Abnormal PE/Chem/CBC/UA Results: wbc 3.72, neu 2.81- Chem WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Neutered Male

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm 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.

AGE

6 Years

No overt pathology in the area of the residual prostate.

WEIGHT

96 Pounds

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 7.9 cm. The right kidney measured 7.4 cm.

Adrenal Glands

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.70 cm at the cranial pole and 0.66 cm at the caudal pole. The right adrenal gland measured 0.50 cm at the cranial pole and 0.62 cm at the caudal pole.

IMAGING BY

Loetitia Saint-Jacques,
LVT

Spleen

The spleen was normal in size and contour with primarily maintained finely textured homogeneous parenchyma with solitary discreet, non-expansive, hypoechoic, intraparenchymal nodule measuring 0.42 cm.

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Liver

The liver exhibited subjective mild enlargement. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

REFERRING VET

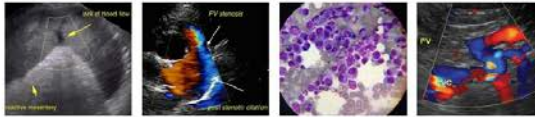
Dr. Greg H.

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DATE

1/12/22



PATIENT

Everest Johnston **Gastrointestinal**

SPECIES

Canine

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Moderate retained anechoic to mildly echogenic fluid and chyme present with potential for minor retained non-specific ingesta. Gastric body wall measured 0.95 cm.

BREED

Saint Bernard

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

Normal visible colon wall layers were present with subjective semi-formed feces in lumen.

Pancreas

SEX

Neutered Male

The pancreas was mildly prominent in size with non-homogeneous parenchyma exhibiting indistinct hypoechoic striations.

AGE

6 Years

Free Abdomen

Multiple enlarged, hypoechoic intraabdominal (hepatic, jejunal, mesenteric root) as well as several medial iliac lymph nodes were present. The medial iliac lymph nodes were not as enlarged as the intraabdominal lymph nodes. Example of hepatic lymph node measured 4.0 cm x 2.5 cm. Example of a mesenteric root lymph node measured 7.1 cm x 2.0 cm. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). The enlarged lymph nodes were bordered by echogenic to reactive mesentery.

WEIGHT

96 Pounds

Small pockets of scant peritoneal free fluid noted.

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

ULTRASONOGRAPHIC FINDINGS

IMAGING BY

Loetitia Saint-Jacques,
LVT

- Multicentric intraabdominal and medial iliac hypoechoic to swollen lymphadenopathy with perilymphatic reactive mesentery.
- Non-specific splenic nodule
- Subjective mild hepatomegaly
- Gastritis pattern with moderate retained fluid and potential non-specific ingesta/chyme
- Edematous pancreas and scant peritoneal free fluid – potentially owing to lymphatic obstruction.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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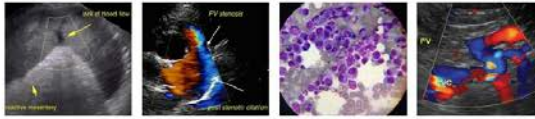
Although sampling is required for further clarification, the multicentric lymph nodes were compatible with neoplastic criteria (i.e., lymphoma or other round cell neoplasia). The non-specific splenic nodule may indicate a focal area of hematopoiesis, lymphoid hyperplasia, or similar benign nodule. Potential for hepatosplenic involvement could not be definitively excluded. Non-specific diffuse inflammatory lymphadenopathy is also possible, yet considered less likely.

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As needed gastrointestinal support and potential monitoring for gastric emptying is recommended. Ultrasound guided FNA of peripheral or intraabdominal lymph node as well as hepatosplenic FNA for further staging and potential for oncology consult (if neoplastic process is confirmed) recommended. PARR or flow cytometry suggested if cytology reveals lymphoma. 3-view chest radiographs recommended.

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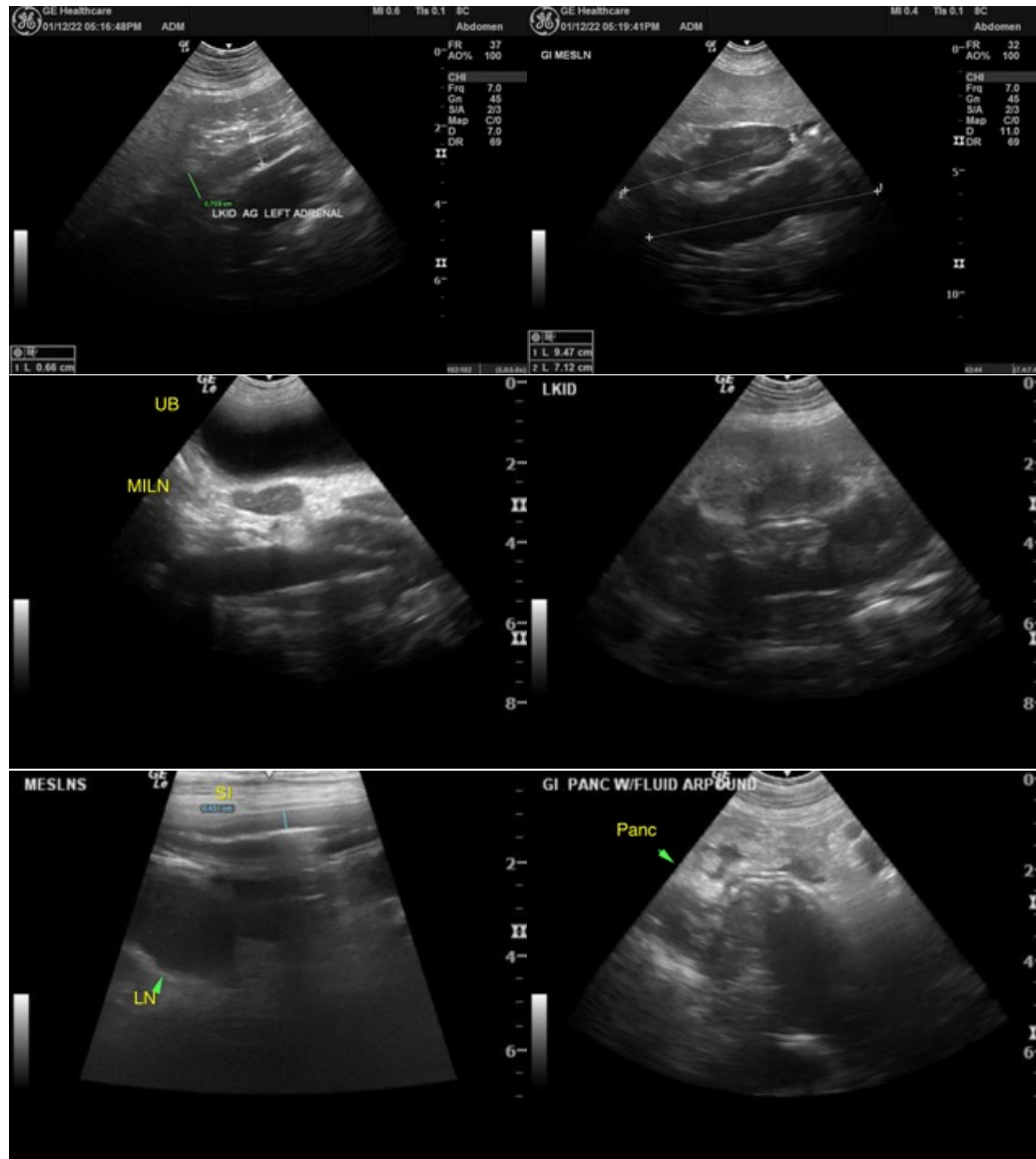
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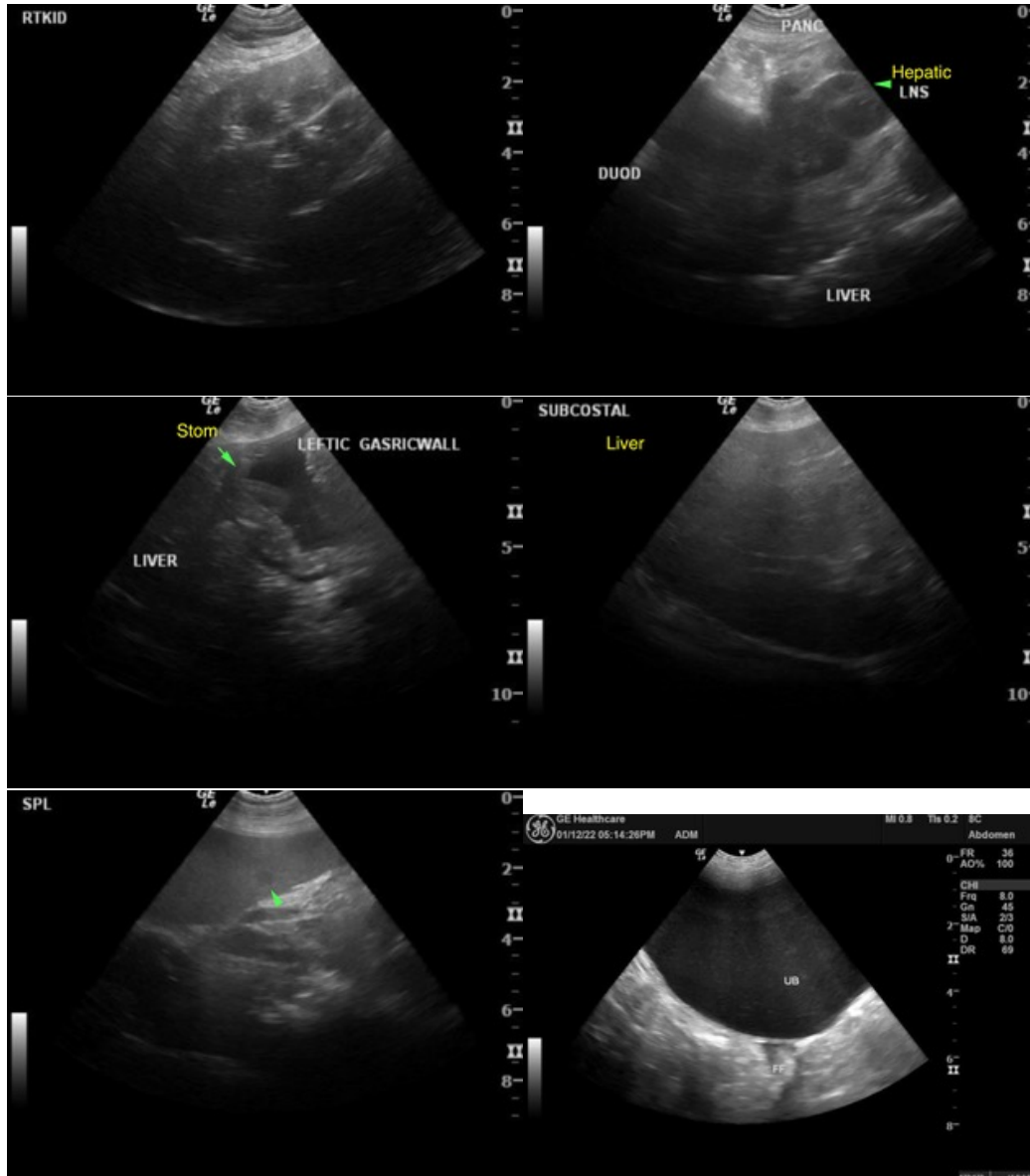
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com