



PATIENT PRESENTING CLINICAL SIGNS

Dori Ellis Decreased appetite, increased thirst, occasional vomiting, dark stool.
Medication: Cerenia, Amoxi, Metronidazole

SPECIES

Canine Labs: ALP 1598, ALT 325, T.bili 3.8, WBC 22.2 w/neutrophilia and monocytosis

BREED

Great Dane

SEX

FS

AGE

2015

WEIGHT

118

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 was noted.

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 8.5 cm in length. The right kidney measured 8.0 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.78 cm width at the caudal pole and 0.77 cm width at the cranial pole.

The right adrenal gland was indistinctly visualized without overt pathology, subjectively measuring 0.67 cm at the caudal pole.

Spleen

The spleen was enlarged with primarily symmetrical to mildly swollen capsule contour. Mildly nonhomogenous hypoechoic splenic parenchyma was noted. No distinct splenic masses or nodules were noted. Subjective normal splenic vascularity was noted.

Liver/ Gallbladder

The liver presented mild to moderate generalized enlargement. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Increased portal vein prominence was evident. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance.

The gallbladder was non-distended, exhibiting mildly hyperechoic to thickened gallbladder walls. Anechoic content was present, with mild congealed yet nonorganized mildly hyperechoic luminal debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented mild wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with primarily anechoic fluid was present.

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Blue Ridge VC

REFERRING VET

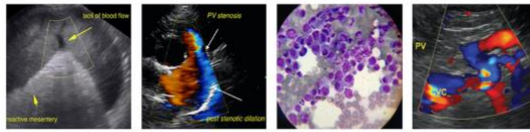
Dr. Filchner

INVOICE

20634

DATE

1/19/23



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

SPECIES *Pancreas*

Canine 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 were evident.

BREED

Great Dane *Free Abdomen*

SEX Multiple enlarged, hypoechoic intraabdominal lymph nodes were present. 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. An example of intraabdominal lymph nodes measured 4.8 cm x 2.7 cm.
 FS

AGE No overt evidence of peritoneal effusion.

2015 **ULTRASONOGRAPHIC FINDINGS**

- Hepatosplenomegaly, exhibiting decreased hepatosplenic parenchyma echogenicity
- Multifocal hypoechoic to swollen abdominal lymphadenopathy
- Nondistended gallbladder, exhibiting mild congealed gallbladder debris, potential for minor gallbladder wall edema
- Gastroenterocolitis pattern

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further assessment, primary concern for multicentric round cell neoplasia, involving the liver, spleen and multiple abdominal lymph nodes is warranted. Nonneoplastic etiology, i.e., inflammatory disease, hepatosplenic hyperplasia, hematopoiesis, lymphatic hyperplasia, reactive lymphadenitis, or other is possible yet thought less likely. Potential for early gastrointestinal involvement cannot be excluded.

IMAGING PERFORMED BY
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Assuming normal clotting status, screening hepatosplenic and accessible lymph node FNA cytology with potential for oncology consult is recommended. Three view chest radiographs are recommended if not done. Empirical as needed gastrointestinal support, pending sampling is recommended. Very guarded to possible unfavorable prognosis.

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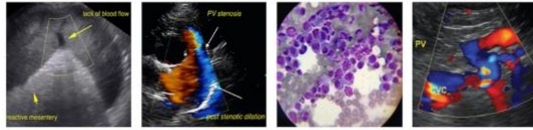
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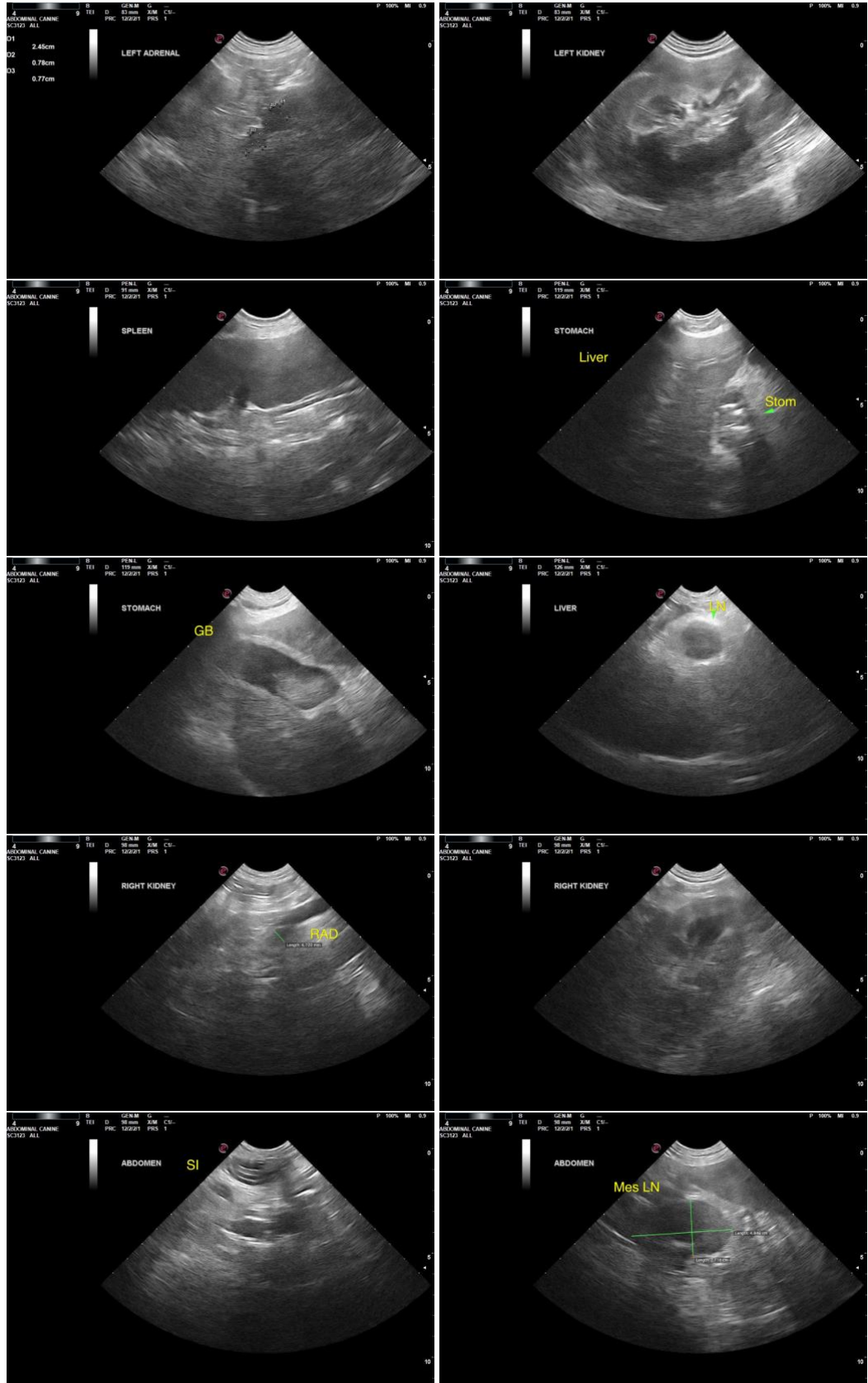
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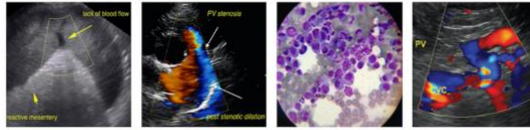
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PATIENT

Dori Ellis

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.

SPECIES

Canine

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.

BREED

Great Dane

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