



PATIENT

Sami Hellwege

SPECIES

Canine

BREED

Labrador

SEX

Spayed Female

AGE

7 Years

WEIGHT

69.3 Lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Jenna Walsh, CVT

HOSPITAL NAME

Echo Hollow Hospital
P.O. Box 110

REFERRING VET

Dr. Kenna

INVOICE

13548

DATE

1/21/22

PRESENTING CLINICAL SIGNS

History: Digestive - DRE - melena noted (small amt). abd palp- soft, not painful R/O intestinal disease, food allergy, parasitic Current Medications Metronidazole 500 mg 1 tablet every 12 hours and Provable

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

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 6.7 cm in length. The right kidney measured 6.8 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 3.2 cm in length x 0.65 cm width at the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.3 cm x 0.71 cm width at the caudal pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The visible gastric walls exhibited intact wall layering without mural pathology or hypertrophy. The stomach contained moderate primarily non-shadowing ingesta without overt evidence of obstruction to pyloric outflow. The ventral gastric body wall measured 0.40 cm.

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. The duodenum wall measured 0.45 cm. The jejunum wall measured 0.45 cm.



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The colon walls presented intact yet mild to moderate variable prominent wall layering with mild thickened to echogenic submucosa, primarily noted in the distal descending colon and colorectum. The colon was primarily empty, which may be contributing somewhat to prominent distal colon to colorectal walls. Intact wall layering within the colon subjectively was primarily maintained. The distal descending colon wall measured 0.7 cm. The proximal colon wall measured 0.30 cm.

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.

Multiple enlarged, hypoechoic midabdominal mesenteric lymph nodes were present adjacent to the subjective colon. 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 a mesenteric lymph nodes measured 2.3 cm x 1.5 cm. Concurrent, similar appearing yet less prominent medial iliac lymphadenopathy was present. An example measured 3.1 cm x 1.7 cm. No effusion was present.

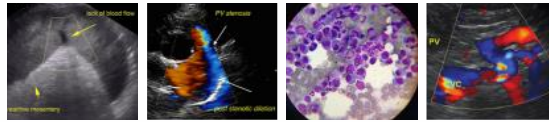
ULTRASONOGRAPHIC FINDINGS

- Hypoechoic to swollen mid abdominal mesenteric and concurrent medial iliac lymphadenopathy
- Distal to generalized colitis pattern
- Overtly normal stomach and small bowel

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Primary considerations for the mesenteric lymphadenopathy, which may indicate mesenteric root or colic lymphadenopathy, as well as the medial iliac lymphadenopathy may include significant hyperplasia, lymphadenitis with concern for neoplastic criteria. Assuming normal clotting status, ultrasound guided FNA of the enlarged mesenteric lymph node (if accessible) and/or medial iliac lymph node warranted for screening cytology. If neoplastic process (such as lymphoma or other) is confirmed, potential for early intestinal or colon involvement, given the patients clinical signs may be possible, although not definitive. Significant mesenteric root or colic lymphadenitis, potentially owing to inflammatory bowel or colitis episode also possible. Culture and sensitivity of the lymph node may be indicated, pending cytology.

Empirical continued gastrointestinal support and medical therapy for colitis recommended, pending additional diagnostics.



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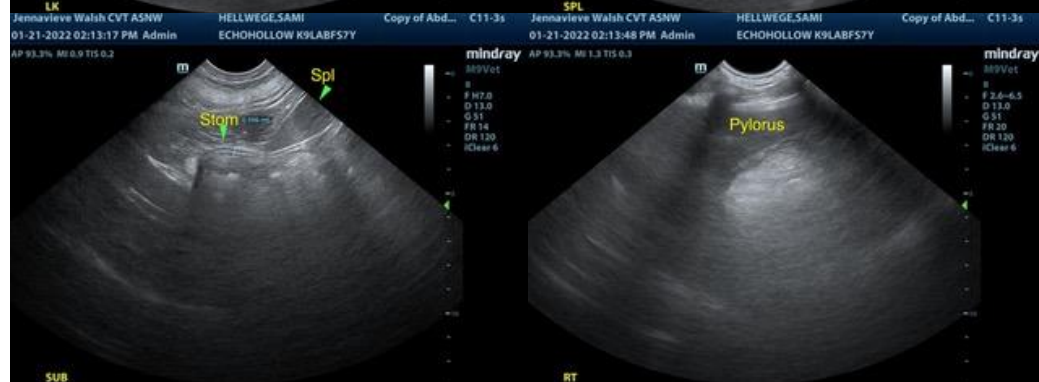
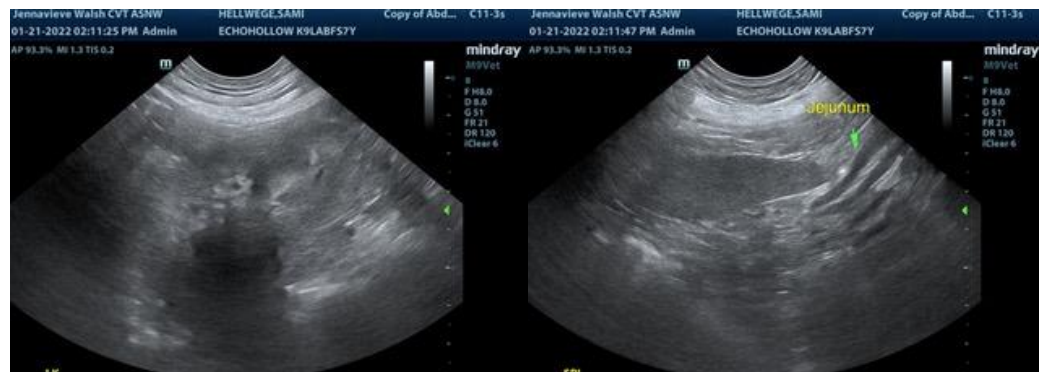
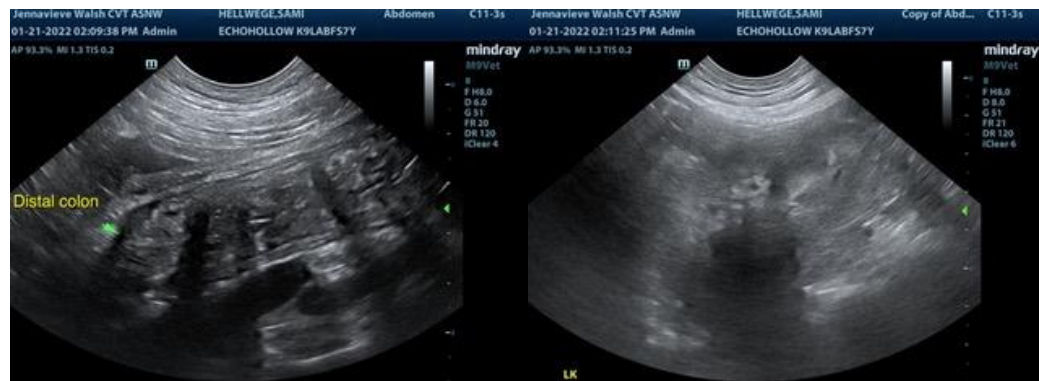
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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