

PATIENT

Mitzie Padilla

PRESENTING CLINICAL SIGNS

SPECIES

Canine

BREED

Cocker Spaniel

SEX

Spayed Female

AGE

9 Years 10 Months

WEIGHT

13 Pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING BY

Loetitia Saint-Jacques,
LVT

Weight 13 pounds BodyScor e9 3 - Slightly Underw Temp 99.8 Pulse 130 Resp 40 CRT <2 sec Dental 3 - Moderate Pain 3 - Moderate Pain Alert QAR Muc Memb Pale/Anemic PAWS Request Form: Chief Concern / Provisional Diagnosis: ~r/o cause for mediastinal enlargement: lymphadenopathy vs mass. Evaluation of abdomed, suspected elgarment of LN and abnormal renal architecture, suspected incidental gallblader sediment/lyth~ Relevant Medical History and Physical Exam findings: ~Mitzie presented on 1/21/22 for evaluation of progressive inapetence for the last 3 weeks. On physical exam patient was found underweight and noted significant dehydration, No organomegally or masses palpated. Bloodwork was consistent with dehydration and acute kidney injury. Radiographs suggest mediastinal enlargement and abdominal lymphadenopathy. ~ Recent Diagnostics: Relevant Labratory Results / Abnormalities: ~ WBC 3.66 (5.05 - 16.76 K/ μ L) Neutrophils 1.75 (2.95 - 11.64 K/ μ L) Creatinine 3.9 (0.5 - 1.8 mg/dL) BUN 67 (7 - 27 mg/dL) Phosphorus 7.1 (2.5 - 6.8 mg/dL) Calcium 14.4 (7.9 - 12.0 mg/dL) Amylase 1,623 (500 - 1,500 U/L) Current medications (include full name, dosage and frequency): ~~ Relevant Radiograph Findings(email radiographs if available): ~ FINDINGS: There are no abnormalities of the trachea or major bronchi. The size and shape of the heart are within normal limits. The great vessels and pulmonary vessels are within normal limits. No pulmonary parenchymal abnormalities are present. The pleural cavity is normal. A fusiform soft tissue mass the masslike lesion is present in the cranial ventral mediastinum consistent with moderate to severe enlargement of the sternal lymph node group. There is suspected increased opacity ventral to the trachea, likely indicating concurrent enlargement of the cranial mediastinal lymph node group there are no significant changes of the extrathoracic structures. Small granular mineralized choleliths are noted overlying the right ventral aspect of the liver, consistent with mineralized choleliths within the gallbladder. The size and shape of the liver and spleen are within normal limits, with no appreciable enlargement. The stomach, small intestine and colon are unremarkable with normal luminal content. No changes are noted in the urinary tract. Intra-abdominal detail is within normal limits. The extra abdominal structures are unremarkable. CONCLUSIONS: 1. Moderate to severe sternal lymph node enlargement and possible cranial mediastinal lymph node enlargement. Potential etiologies include multicentric neoplasia such as lymphoma or histiocytic sarcoma, metastasis from a radiographically occult intra-abdominal primary lesion and less likely systemic mycosis. 2. Otherwise unremarkable thorax. 3. Mineralized gallbladder choleliths. In most patients these are incidental findings with no associated clinical signs. In some patients there may be cholestasis or cholecystitis. 4. Otherwise unremarkable abdomen.~

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

HOSPITAL NAME

MountainView AH

REFERRING VET

Dr. Sarah Kalivoda

Urinary System

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. Iliac trifurcation was normal.

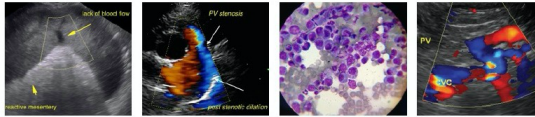
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DATE

1/27/22

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. A hyperechoic corticomedullary band, consistent with a medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated interstitial renal disease, hypercalcemia, tubular necrosis,



PATIENT

Mitzie Padilla lymphoma, and FIP. However, it is likely an idiopathic finding. The left kidney measured 4.2 cm. The right kidney measured 4.4 cm.

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Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.42 cm at the cranial pole and 0.46 cm at the caudal pole. The right adrenal gland measured 0.39 cm at the cranial pole and 0.39 cm at the caudal pole.

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Spleen

The spleen exhibited a solitary to intermittent, mildly expansive hypoechoic nodules in the mediolateral parenchyma with mild associated capsule distortion. A nodule measured approximately 1.0 cm in diameter.

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Liver

The liver was normal in size and contour. Potential for mild generalized uniform decreased hepatic parenchyma echogenicity with mild increased prominence of portal vasculature borders. The gallbladder was non distended in size with mild, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

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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 apparent formed feces in lumen.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

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.

IMAGING BY

Loetitia Saint-Jacques,
LVT

Free Abdomen

Multiple enlarged mesenteric lymph nodes were present. Example measured 1.4 cm x 1.1 cm. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident.

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No effusion.

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Thorax

With the cranial thorax, large, non-homogeneously hypoechoic mass lesion was present with potential for coalescing lymphadenopathy to mass lesions with example of lymph node or mass measuring approximately 3.5-4.0 cm in diameter. No overt evidence of concurrent pleural effusion.

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ULTRASONOGRAPHIC FINDINGS

- Multiple hypoechoic to swollen intraabdominal lymph nodes

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- Mild expansive hypoechoic splenic nodule to nodules
- Bilateral non-specific renal medullary rim sign/corticomedullary border mineralization
- Expansive to non-homogeneously hypoechoic cranial thoracic to mediastinal lymphadenopathy versus unspecified mass.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Although sampling is required for further clarification and potential definitive diagnosis, sonographic abnormalities are most consistent with multicentric neoplasia, such as multicentric lymphoma versus other round cell neoplasia. Correlation with cytology obtained at the time of the ultrasound with oncology consult is recommended. Continued gastrointestinal supportive care suggested empirically pending cytology.

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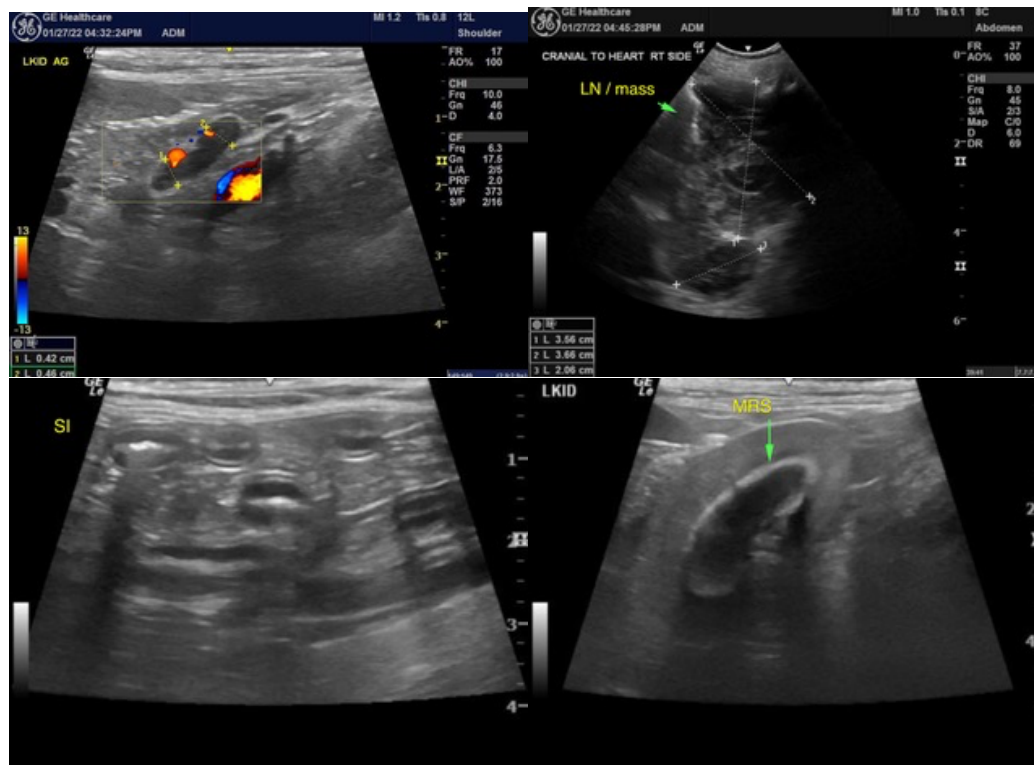
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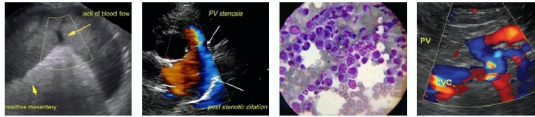
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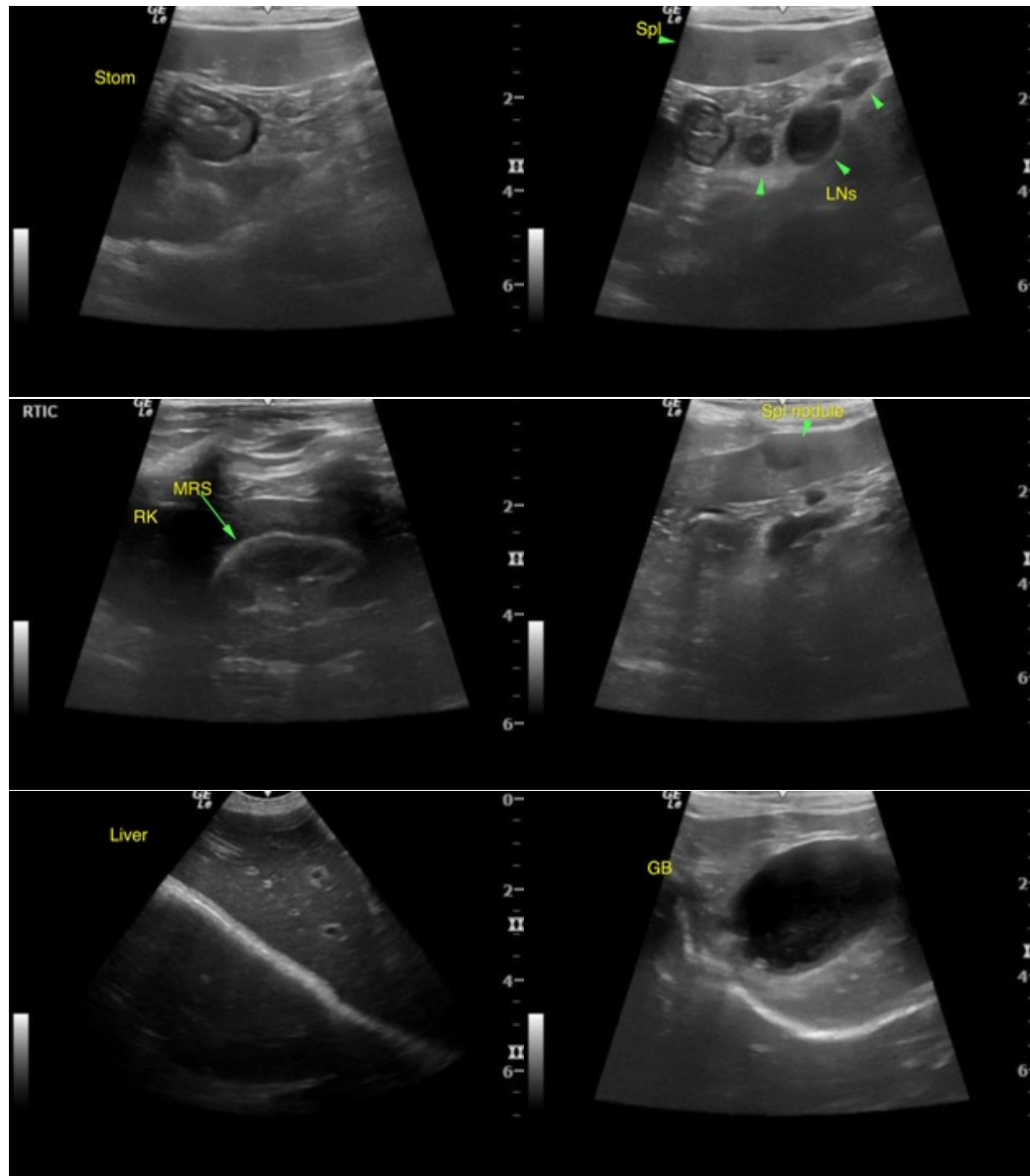
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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