

**PATIENT**

Oliver Friddell

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

FS

**AGE**

12yr

**WEIGHT**

56lb

**INTERPRETED BY**R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)**IMAGING  
PERFORMED BY**

Amy Mayhew LVT

**HOSPITAL NAME**SVS Imaging  
Michigan**REFERRING VET**Briarwood  
Veterinary Hospital**INVOICE**

11868ag

**DATE**

10/14/2022

**PRESENTING CLINICAL SIGNS**

Not eating well, one episode of vomiting. Lethargic.

Abnormal PE/Chem/CBC/UA Results: See attached.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4 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 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 7.0 cm in length.

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.52 cm width at the caudal pole and 0.50 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.60 cm width at the caudal pole and 0.56 cm width at the cranial pole.

**Spleen**

The spleen exhibited overall normal size and contour with subtle parenchyma heterogeneity. A solitary mildly expansive well demarcated hypoechoic nodule in the caudomedial spleen was present measuring 1.5 cm in diameter. A concurrent benign splenic myelolipoma was visualized.

**Liver**

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 and mild echogenic luminal debris. The cystic and common bile ducts were normal.

**Gastrointestinal**

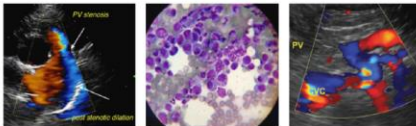
The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.43 cm in width.

The duodenum presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmentally thickened mid abdominal jejunum exhibiting hypoechoic mural echogenicity and loss of discernible wall layering was present.

The duodenum wall measured 0.56 cm width. The jejunum wall measured 0.44 - 0.54 cm width, by comparison normal appearing jejunum wall measured 0.38 cm in width.

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SVS Mobile Imaging MI 734-637-7711  
svsimagingmi@gmail.com



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1-800-838-4268 info@sonopath.com SonoPath.com

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

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**Pancreas**

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

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**Free Abdomen**

Moderately to markedly enlarged mesenteric root lymph nodes were present. 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. An example of lymph node size was 6.7 cm x 2.4 cm.

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Regional peri jejunal perilymphatic hyperechoic mesentery with scant peritoneal free fluid was noted.

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**ULTRASONOGRAPHIC FINDINGS**

- Segmentally thickened jejunum with emerging jejunal mural mass
- Moderate to marked hypoechoic to enlarged mesenteric root lymphadenopathy
- Associated peri intestinal to peri lymphatic hyperechoic mesentery and scant peritoneal free fluid
- Nonspecific yet suspicious mildly expansive hypoechoic splenic nodule

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The enlarged hypoechoic to swollen mesenteric root lymph nodes with concurrent thickened jejunum with emerging jejunum mural mass is consistent with multicentric neoplastic criteria with primary concern for lymphoma. High suspicion for focal splenic involvement although benign hyperplasia or hematopoiesis is possible.

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Assuming normal clotting status and using a 25g needle, a lymphatic and small intestinal mural mass FNA for screening cytology is warranted with potential for oncology consult. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

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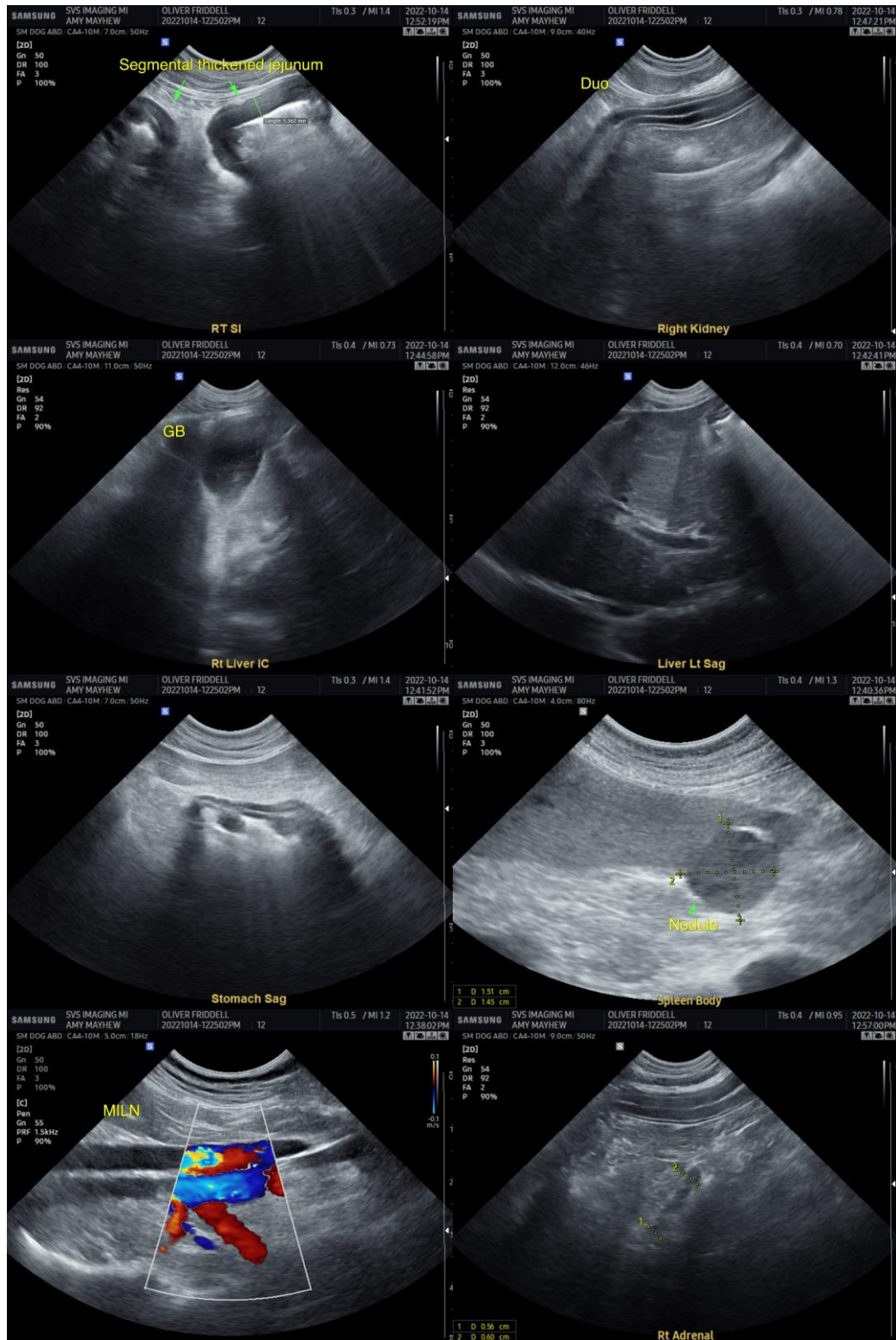
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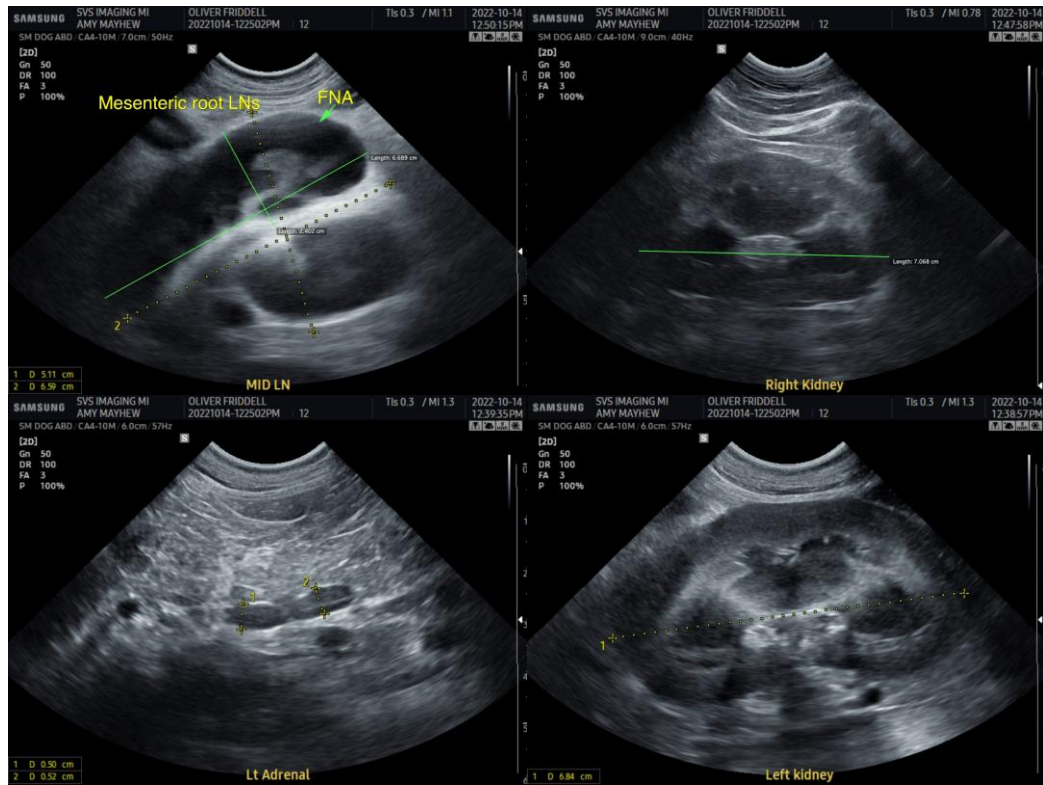
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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)

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