



PATIENT

Kobe Nagurka

SPECIES

Canine

BREED

Husky

SEX

Neutered Male

AGE

8 Years

WEIGHT

66.8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Westwood Regional

REFERRING VET

Dr. Curtis

INVOICE

26600

DATE

10/22/21

PRESENTING CLINICAL SIGNS

Looking for cause of leukocytopenia; R/O neoplasia.
Abnormal PE/Chem/CBC/UA Results: Neuts. 15.85k, monos elevated, TP 8.5, chlor 382, amylase 201, 4DX (neg), CPLi normal.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture. The prostate measured 1.5 cm diameter.

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 right kidney measured 6.6 cm. The left kidney measured 6.6 cm.

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 2.3 cm length x 0.60 cm at the caudal pole. No overt pathology in the area of the right adrenal gland.

Spleen

The spleen was normal in size and exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

Liver

The liver was mildly enlarged in size. 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 in size with primarily anechoic luminal content. 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.



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The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental to diffuse ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material. This extended into the area of the ileocolic junction.

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The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. Generalized mild colonic fluid dilation noted, most notable in the area of the proximal colon and cecum.

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Pancreas

The pancreas base and proximal right pancreatic limb presented mildly prominent size with mild asymmetrical contour and mildly hypoechoic to primarily heterogeneous parenchyma compared to adjacent echogenic peripancreatic omentum. A focal cystic lesion in the area of the pancreas base was noted dorsal to the gastric antrum and pylorus, measuring 1.6 cm in diameter.

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Free Abdomen

Multiple enlarged, hypoechoic mesenteric to mesenteric root lymph nodes were present. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). Perilymphatic mesenteric inflammation noted with primarily perilymphatic to generalized reactive to inflamed mesentery and small pockets of scant, primarily perilymphatic free fluid. Example of lymph node measured 6.3 cm x 3.3 cm.

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ULTRASONOGRAPHIC FINDINGS

- Marked hypoechoic to swollen mesenteric to mesenteric root lymphadenopathy with primarily perilymphatic omental inflammation – severe lymphadenitis or neoplastic criteria (lymphoma or other) possible.
- Mild hepatomegaly with mild parenchyma hypoechoic to non-specific, reactive hepatopathy, acute hepatitis, congestion, or occult neoplasia considered less likely differential diagnosis.
- Gastroenterocolitis pattern with possible typhlitis.
- Prominent to heterogeneous pancreas with suspect pancreas base parenchymal cystic lesion – non-specific, age related or reactive changes with potential for low-grade to chronic pancreatitis and suspect benign cystic lesion, no overt abscess

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential for acute inflammatory bowel episode with secondary significant mesenteric lymphadenitis possible. However, no overt reported gastrointestinal signs. Neoplastic criteria for the mesenteric warranted, although not definitive. Assuming normal clotting status, ultrasound guided FNA of an enlarged mesenteric lymph node for screening cytology +/- culture and sensitivity recommended.

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Empirically, as needed gastrointestinal support (if evidence of gastrointestinal signs) and Metronidazole/Zithromax combination as treatment for potential lymphadenitis warranted. Spec cPL may be considered.

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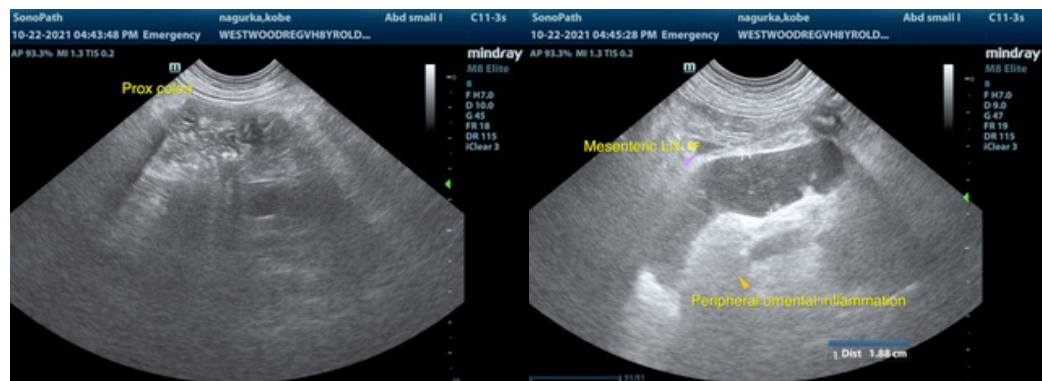
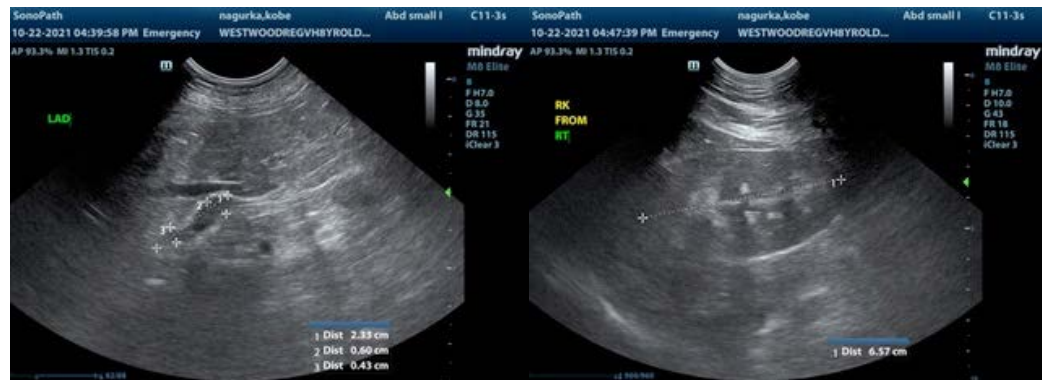
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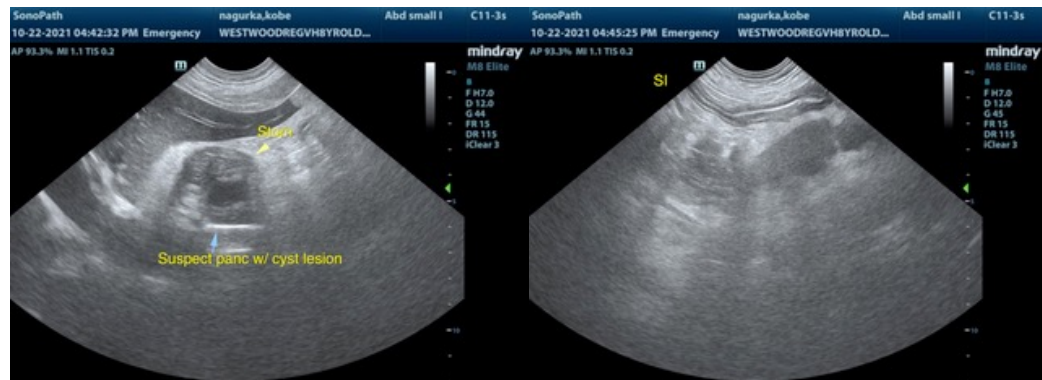
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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