



PATIENT

Alibi Reabe

SPECIES

Canine

BREED

Doberman

SEX

Spayed Female

AGE

12 Years

WEIGHT

84 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

AH od Roxbury

REFERRING VET

Dr. Elia

INVOICE

14021

DATE

10/26/21

PRESENTING CLINICAL SIGNS

History: Follow-up on lymphoma
Abnormal PE/Chem/CBC/UA Results:

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 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. Aortic trifurcation was normal. No evidence of medial iliac or sublumbar lymphadenopathy.

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 7.2 cm in length. The right kidney measured 8.6 cm in length.

Adrenal Glands

The left adrenal gland exhibited hypoechoic to non-homogeneous parenchyma. The left adrenal gland measured 3.5 cm length x 2.0 cm cranial pole width and 1.2 cm caudal pole width.

The right adrenal gland was not visualized owing to previous adrenalectomy.

Spleen

The spleen exhibited persistent mildly expansive non-homogeneous mass/lesion in the caudal spleen to splenic tail, measuring approximately 3.7 cm in diameter. Concurrent non-expansive yet multifocal hypoechoic splenic nodules were present, an example of a splenic nodule measured 0.92 cm diameter.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. 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 stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor retained echogenic ingesta. The gastric body wall measured 0.43 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 jejunum wall measured 0.38 cm.

The colon exhibited sonographically unremarkable walls yet mild generalized distention with semi-formed to soft feces.



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Pancreas

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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.

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Free Abdomen

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Persistent multiple mesenteric 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 a mesenteric lymph node measured 3.2 cm x 1.7 cm.

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- Static previously noted splenic mass with multifocal hypoechoic non-expansive parenchymal nodules

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- Hepatic parenchymal remodeling
- Persistent hypoechoic to swollen mesenteric lymphadenopathy with regional perilymphatic reactive mesentery
- Nonspecific mildly prominent left adrenal gland

WEIGHT

84 Pounds

- Sonographically unremarkable gastrointestinal tract with mild gastric ingesta and soft to non-formed feces in colon

ULTRASONOGRAPHIC FINDINGS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

The mesenteric lymph nodes appeared to be mildly progressive compared to the previous study yet no evidence of previously noted medial iliac lymphadenopathy was present. Serial monitoring of the mesenteric lymph nodes as well as the static splenic changes are recommended. Continued as needed gastrointestinal supportive care which may include dietary therapy and as needed empirical antibiotics such as metronidazole, a high colony count probiotics such as Provable may be beneficial.

IMAGING PERFORMED BY

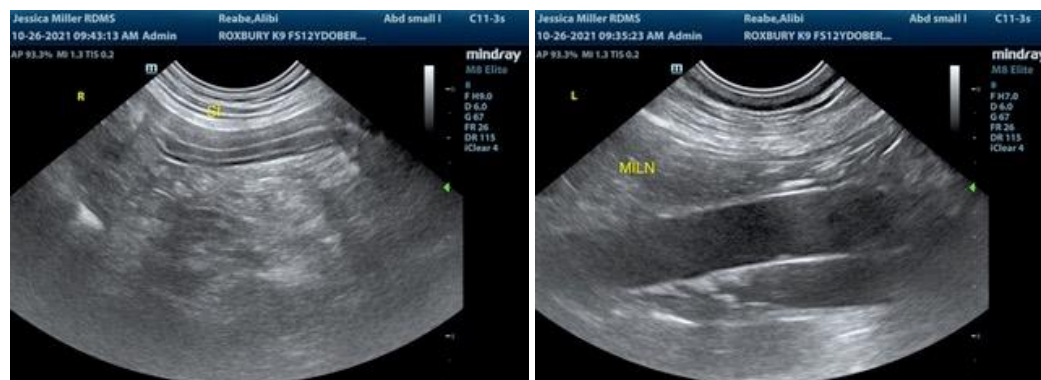
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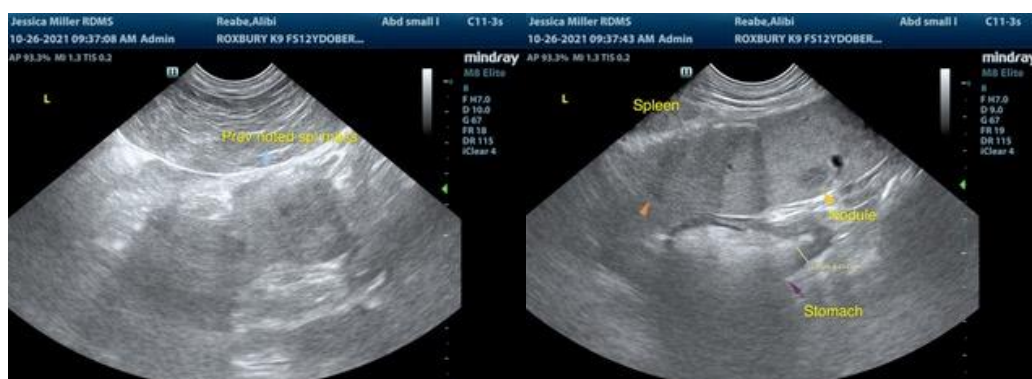
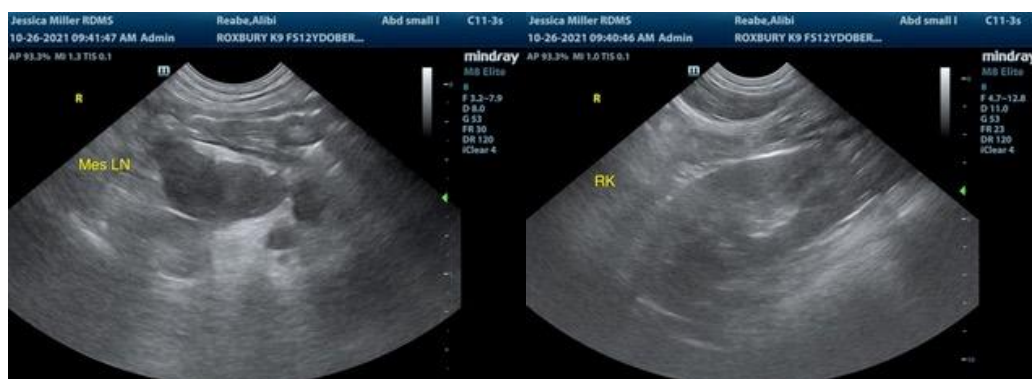
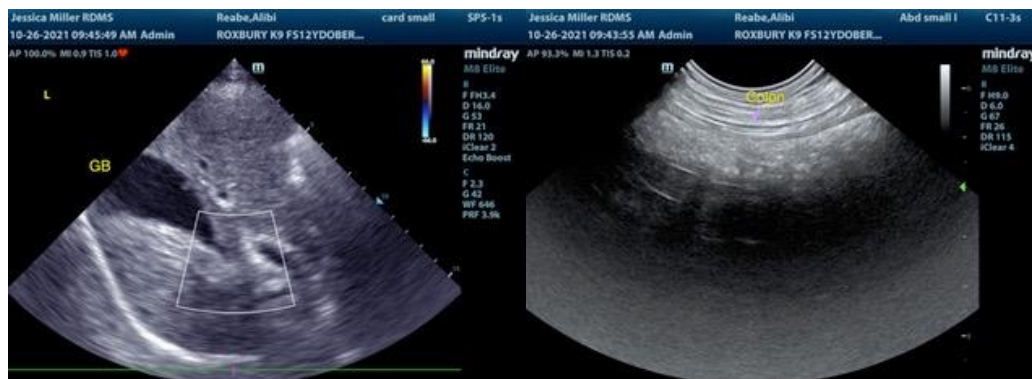
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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.

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info@SonoPath.com

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