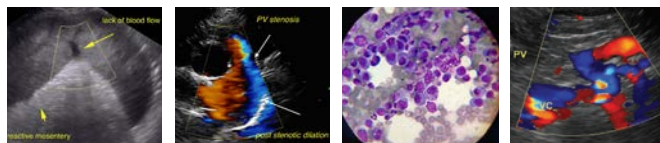




<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Panda Shaw-Fallas	vomiting, inappetence. 9 day PO gastrotomy and enterotomy. Large firm swelling left submandibular region.
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: 9/25/21 CPL abnormal, ALP 247, wbc 20.37, neu 14.32, lym 5.43, eos 0.01
Canine	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
<b>BREED</b>	<b>Urinary System</b>
Pomeranian	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.
<b>SEX</b>	The prostate was of expected size and appearance for a young intact male canine.
Male	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 4.0 cm. The right kidney measured 4.1 cm.
<b>AGE</b>	The area of the aortic trifurcation was free of pathology.
8 Months	<b>Adrenal Glands</b>
<b>WEIGHT</b>	The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.3 cm length x 0.38 cm at the caudal pole. The right adrenal gland measured 1.4 cm length x 0.37 cm at the caudal pole.
11.6 Pounds	<b>Spleen</b>
<b>INTERPRETED BY</b>	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.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<b>Liver</b>
<b>IMAGING PERFORMED BY</b>	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.
Jessica Miller	<b>Gastrointestinal</b>
<b>HOSPITAL NAME</b>	The stomach presented intact yet subjective mild prominent wall layering owing to mild prominent mucosa. The stomach was primarily empty with mild lumina and minor retained chyme. No evidence of gastric distention with retained fluid, ingesta or persistent foreign material. Gastric body wall measured 0.4 cm.
Newton Vet Hospital	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. Duodenum wall measured 0.33 cm. Jejunum wall measured 0.26 cm. No evidence of
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10/6/21	



## PATIENT

Panda Shaw-Fallas

small intestinal obstructive pattern or persistent foreign material. Minor peri intestinal omental reactivity noted.

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

## SPECIES

Canine

### **Pancreas**

The right limb of the pancreas was normal in size and contour with mild uniform hypoechoic parenchyma compared to adjacent omentum.

## BREED

Pomeranian

### **Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

## SEX

Male

Brief sonographic assessment of the neck in the area of the reported submandibular swelling revealed enlarged, ovoid, primarily hypoechoic probable mandibular salivary gland with peripheral inflammation and minor edema. The probable left mandibular lymph node noted caudal to the probable salivary gland and adjacent to the likely jugular vein was visualized, measuring 1.0 cm x 0.5 cm. The right salivary gland was sonographically unremarkable without overt evidence of inflammation or associated edema, measuring 2.3 cm x 1.3 cm. The probable left salivary gland measured 2.5 cm x 1.9 cm.

## AGE

8 Months

### **ULTRASONOGRAPHIC FINDINGS**

- Gastroenteritis pattern – no evidence of obstructive pattern or foreign material
- Mild hypoechoic right pancreas – suggestive of low-grade pancreatitis
- Reactive/vacuolar hepatopathy
- Probable enlarged left salivary gland with peripheral inflammation/minor edema

## WEIGHT

11.6 Pounds

## INTERPRETED BY

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

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Continued as needed gastrointestinal support is indicated with hospitalization with 24-48 hour supportive IV fluids given the vomiting, inappetence, and potential for dehydration. Assuming normal clotting status, ultrasound guided FNA of the probable enlarged left salivary gland for cytology +/- culture and sensitivity is recommended. Given the potential for similar sonographic presentation of enlarged mandibular lymph node, potential for enlarged lymph node may be possible, yet considered less likely. Resting cortisol level may be considered to rule out occult Addison's Disease.

## IMAGING PERFORMED BY

Jessica Miller

## HOSPITAL NAME

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**PATIENT**

Panda Shaw-Fallas

**SPECIES**

Canine

**BREED**

Pomeranian

**SEX**

Male

**AGE**

8 Months

**WEIGHT**

11.6 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jessica Miller

**HOSPITAL NAME**

Newton Vet Hospital

**REFERRING VET**

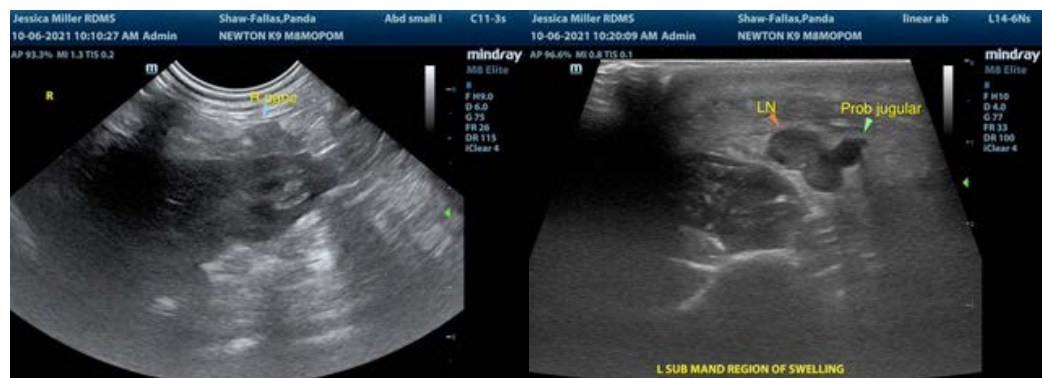
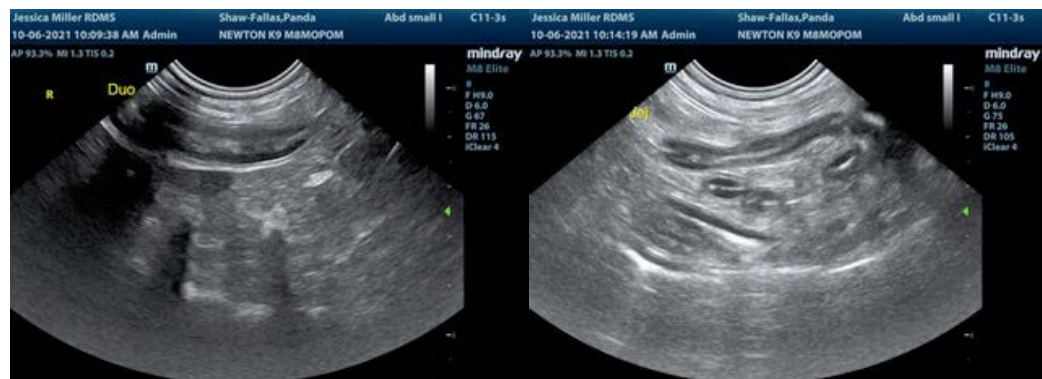
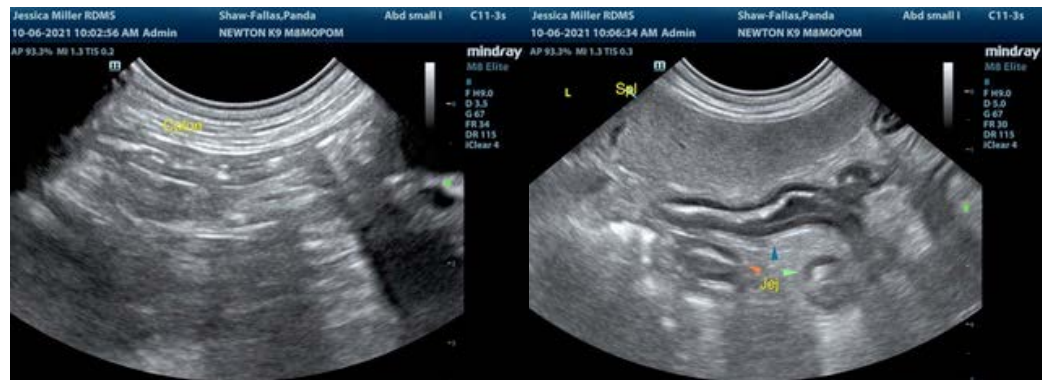
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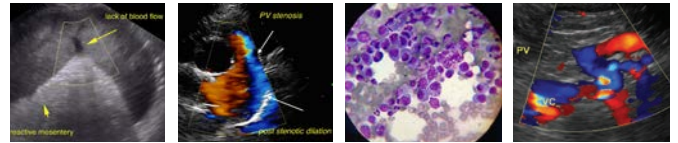
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**PATIENT**

Panda Shaw-Fallas

**SPECIES**

Canine

**BREED**

Pomeranian

**SEX**

Male

**AGE**

8 Months

**WEIGHT**

11.6 Pounds

**INTERPRETED BY**

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**IMAGING PERFORMED BY**

Jessica Miller

**HOSPITAL NAME**

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**DATE**

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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