



PATIENT

Angel McCann

SPECIES

Canine

BREED

DSH

SEX

FS

AGE

14 y

WEIGHT

6.3 lb

INTERPRETED BY

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

**IMAGING
 PERFORMED BY**

Pamela Harrigan, RDMS

HOSPITAL NAME

Wood River AH

REFERRING VET

Casey Schuelke, DVM

INVOICE

15138

DATE

10/7/22

PRESENTING CLINICAL SIGNS

Presented for annual exam but has been losing weight and vomiting daily. No change in food. Vomiting is not related to eating and is typically liquid with no food material in it. On exam, slightly underweight. Intestines felt thickened/ropey. Abnormal PE/Chem/CBC/UA Results: CBC: Mildly anemic RBC 6.8, hct 35 (normal). Chemistry: all normal other than BUN 39.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 was noted.

The area of the aortic trifurcation was free of pathology.

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 3.2 cm in length. The right kidney measured 3.5 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.36 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.26 cm width.

Spleen

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. The spleen measured 0.57 cm width at the level of the hilus.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hyperechoic to the spleen with a moderate coarse echotexture and subjective mild parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Pinpoint areas of gallbladder luminal mineral were noted, yet the gallbladder was otherwise normal. The cystic and common bile ducts were normal.



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Gastrointestinal

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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 width measured 0.24 cm.

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The small intestine presented intact yet generalized prominent wall layering owing to propensity for prominent mucosa, as well as segmental mild prominent muscularis layer. The duodenum wall measured 0.27 cm width. The jejunum wall measured 0.30 cm width. The ileocolic wall measured 0.31 cm width. No evidence of masses was noted at the level of the ileocolic junction.

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

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Pancreas

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The pancreas was normal in size exhibiting mild asymmetrical contour and mildly nonhomogeneous hypoechoic parenchyma with pancreatic duct dilation.

AGE

Free Abdomen

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Intermittent, mildly prominent, jejunocolic 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 mild perilymphatic to peri intestinal hyperechoic mesentery was noted. An example of lymph node size was 0.5 cm diameter. No free fluid was noted.

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ULTRASONOGRAPHIC FINDINGS

- Infiltrative enteropathy pattern with associated primarily mild jejunocolic lymphadenopathy
- Mild chronic to chronic active pancreatitis pattern
- Bilateral mild chronic renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IBD intestinal pattern is suspected, although the possibility of neoplastic infiltrative enteropathy with round cells such as lymphoma, which may present in similar sonographic manner, cannot be definitively excluded.

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The associated generally mild mesenteric lymphadenopathy is suggestive of concurrent secondary hyperplasia or reactive lymphadenitis with emerging neoplastic lymphadenopathy a possibility, yet thought less likely.

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Full-thickness intestinal +/- lymphatic biopsies are required for a definitive diagnosis. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Empirical IBD / chronic pancreatitis protocol with assessment of clinical response and monitoring of body weight going forward would be reasonable if biopsies are not possible. Three-view chest radiographs are suggested if not done to rule out occult thoracic or esophageal pathology as a contributing factor.

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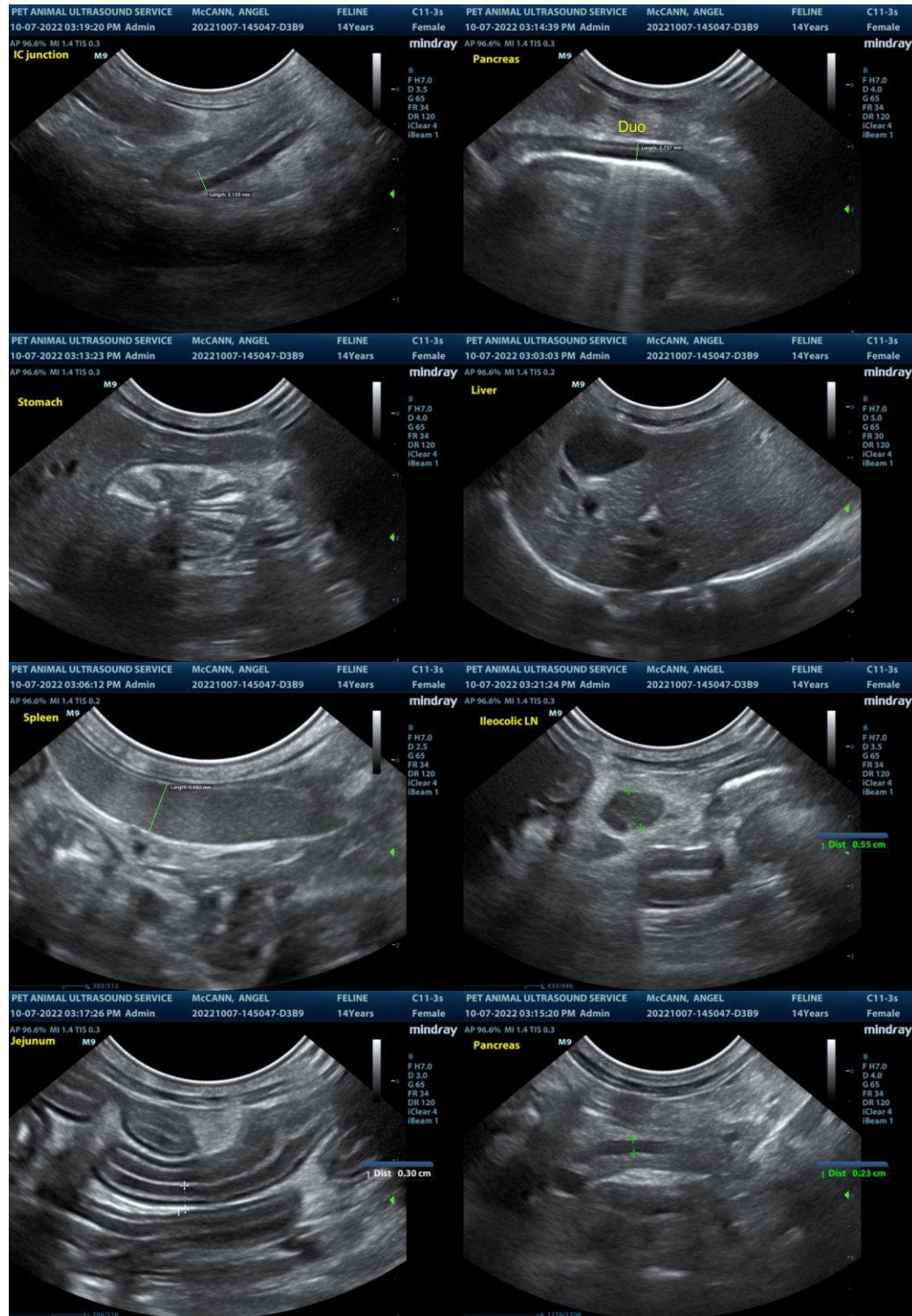
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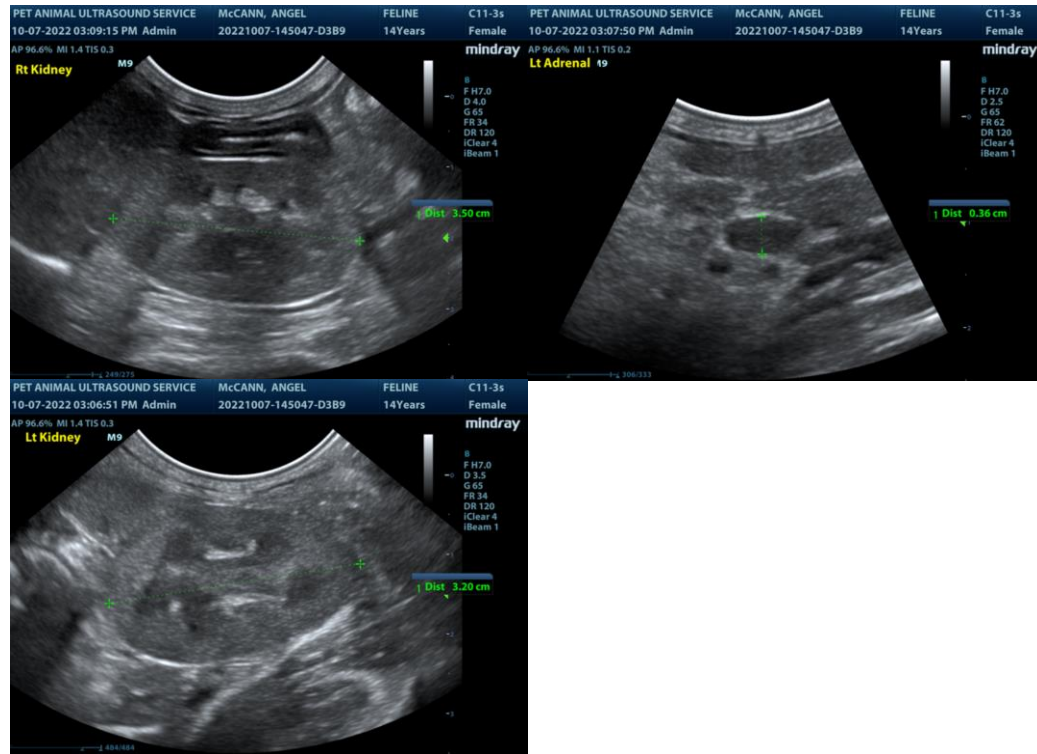
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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