



PATIENT

Lalla Zwick

SPECIES

Canine

BREED

Black Russian Terrier

SEX

Female

AGE

2 Years

WEIGHT

40 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Callihan

HOSPITAL NAME

Animal Emergency
Care

REFERRING VET

Dr. Loeffler

INVOICE

42876

DATE

11/19/22

PRESENTING CLINICAL SIGNS

Presented approx a week ago w lethargy, inappetence, diarrhea/accidents in house. Recent change to raw diet. Current tx: IV fluids, Cerenia, Unasyn
Abnormal PE/Chem/CBC/UA Results: -initially (11/14) Was hospitalized w Boundary Bay and had abd ultrasound (interp by radiologist) showing severely enlarged mesenteric lymph nodes, mild medial iliac LN enlargement; and mildly enlarged mildly hypoechoic liver; a focal area of steatitis or peritonitis - she had mild elev ALKP; transient neutropenia that resolved next day check, thrombocytopenia; fever; - initially better and was discharged w Clavamox, Cerenia; -then returned yesterday (11/18) for anorexia and fever; -chems are normal now, CBC shows mild monocytosis and mild thrombocytopenia 90K (confirmed w manual) -NO peripheral adenopathy; fever has maintained in 103 range; (-FNA from LN and liver submitted to IDEXX)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of – 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 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 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 8.0 cm. The right kidney measured 8.4 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.55 cm at the caudal pole. The right adrenal gland measured 0.54 cm at the caudal pole.

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.

Liver

The liver presented normal in size. The hepatic parenchyma revealed mild decreased 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 small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no evidence of small intestinal mechanical/metabolic ileus, with segmental intestinal gas present.

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

Pancreas

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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Intermittent enlarged mid abdominal mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. Some of the lymph nodes exhibited borderline abnormal width: length ratio of approximately 0.5. Example measured 4.0 cm x 1.8 cm. Evidence of perilymphatic inflammation was evident.

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No overt evidence of peritonitis or free fluid.

No overt pathology in the area of the uterus or bilateral ovaries.

ULTRASONOGRAPHIC FINDINGS

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- Sonographically normal GI / colon
- Intermittent moderate mesenteric lymphadenopathy - hyperplasia, lymphadenitis possibly owing to mild to resolving inflammatory bowel episode, neoplastic lymphadenopathy thought less likely but possible
- Mild hypoechoic liver - nonspecific yet benign, patient variant, resolved acute hepatopathy/hepatitis, vacuolar hepatic changes, unlikely occult neoplasia

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Fresh fecal analysis to rule out parasitism / salmon poisoning disease, if potential exposure, is suggested. Dietary intolerance / food hypersensitivity, dysbiosis, infectious gastroenterocolitis, occult Addison's disease, occult parasitism, IBD, low grade pancreatitis which may present sonographically normal could be considered if recurrent GI signs. Aside from mesenteric lymphadenopathy, no overt or significant pathology. Pending additional diagnostics, as needed GI support which may include temporary bland or hydrolyzed diet trial +/- antibiotics given possible lymphadenitis would be reasonable. Correlation with pending liver and lymph node cytology is recommended.

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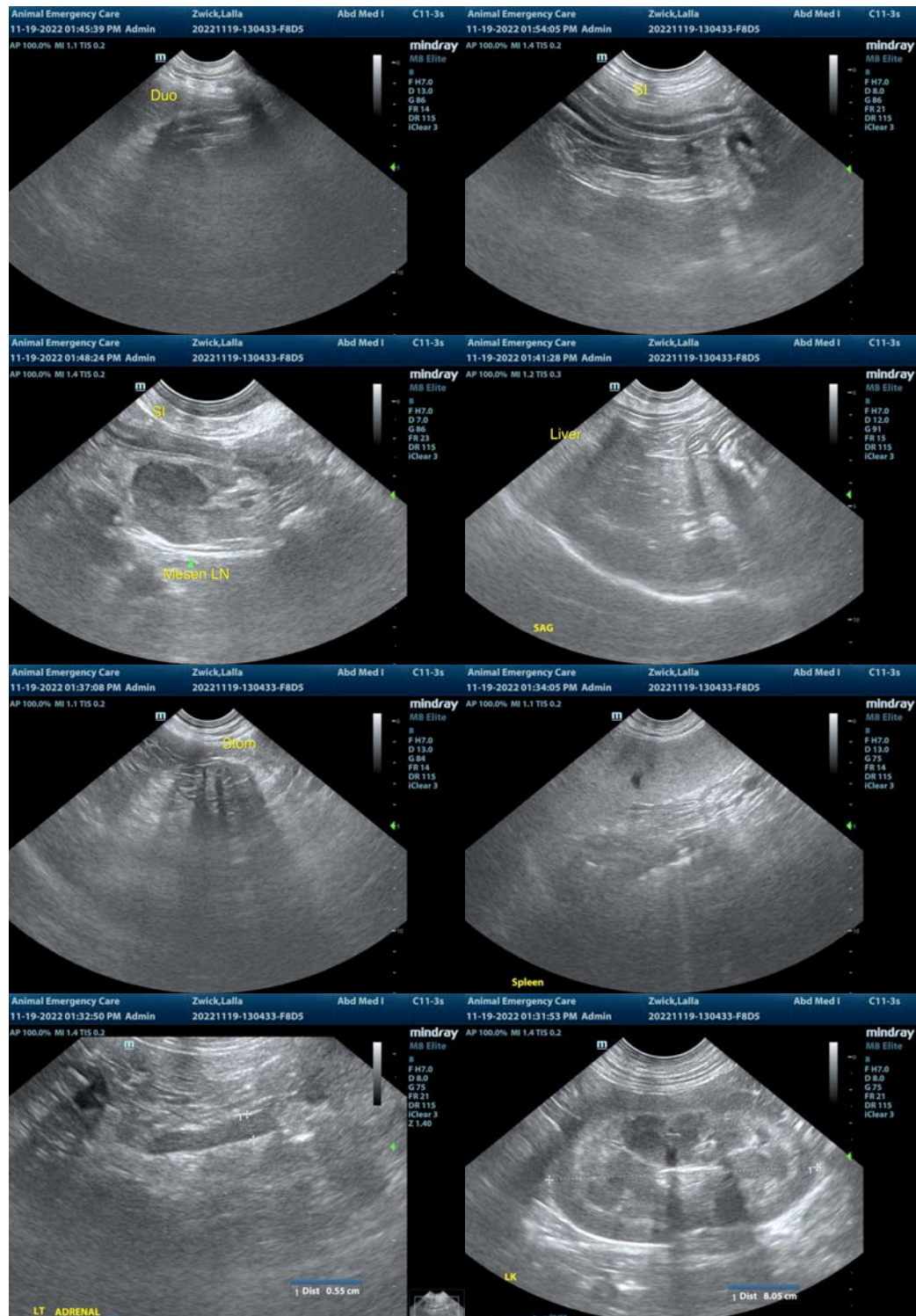
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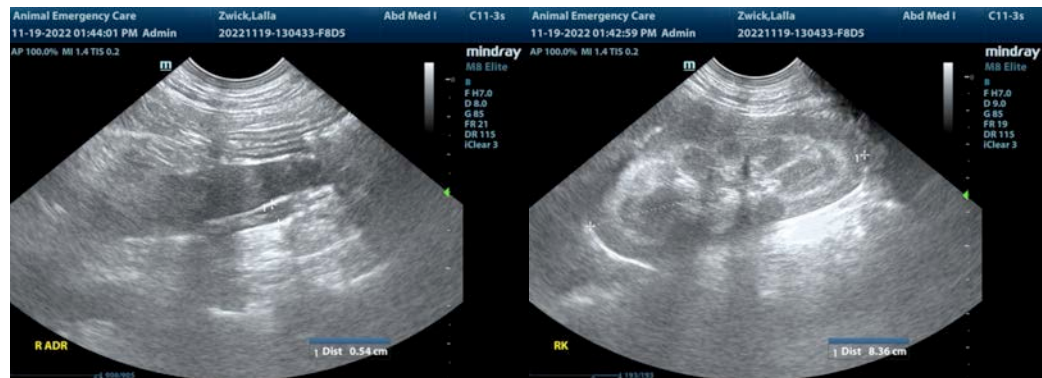
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com