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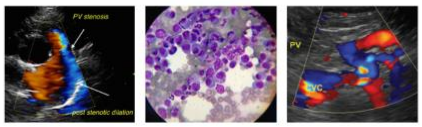
svsimaging.net 309-737-3070



SonoPath
Clinical Sonography & Telecytology
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1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Oakley Weigman

SPECIES

Canine

BREED

Lab

SEX

Intact Female

AGE

4 Years

WEIGHT

50 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Katie Merkes

INVOICE

18914

DATE

11/30/22

PRESENTING CLINICAL SIGNS

History: Patient presented initially about 2 weeks ago for a 3 week history of inappetence and weight loss. She had a fever of 105, 40k white count with neutrophilia, increased protein and globulins. The owner also reported a dry cough. Radiographs revealed likely enlarged lymphnodes in the peri hilar area. The abdomen was wnl. We started doxycycline (she is lyme positive) and clavamox. On the medication she did great, started acting more like herself and had a good appetite. One-two days after finishing clavamox she gets inappetant again and dumpy. Did eat this morning.
Abnormal PE/Chem/CBC/UA Results: Repeat labwork revealed 27k white count, still elevated protein and globulins.

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 area of the uterus and bilateral ovaries were sonographically normal without evidence of ovariouterine 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 pyelectasia. The left kidney measured 7.5 cm in length. The right kidney measured 7.9 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 2.7 cm in length x 0.61 cm width at the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.2 cm in length x 0.83 cm width 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 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.

Gastrointestinal

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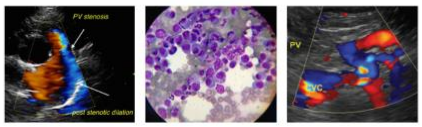

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate, nonshadowing ingesta/chyme without signs of obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental mild nonshadowing ingesta/chyme was noted.

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.

Free Abdomen

A solitary, mildly prominent medial iliac lymph node was present with maintained symmetrical capsule contour and primarily homogenous isoechoic parenchyma compared to adjacent nonreactive omentum. A solitary nonspecific well demarcated hypoechoic nodule within the lymph node was present. The overall lymph node measured 3.6 cm x 1.2 cm. The nodule measured 0.5 cm in diameter.

No omental masses, lymphadenopathy or evidence of peritoneal free fluid was present.

ULTRASONOGRAPHIC FINDINGS

- Solitary, focally nodular, nonspecific medial iliac lymphadenopathy- subjectively benign/reactive
- Sonographically unremarkable gastrointestinal tract with gastric and segmental intestinal ingesta/chyme- consistent with postprandial presentation

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no evidence of significant visceral pathology as an obvious cause of the patients clinical signs. Sonographic monitoring of the medial iliac lymphadenopathy +/- screening FNA cytology if evidence of progressive enlargement or nodular changes is recommended. A GI panel to include PLI/TLI/Cobalamin/Folate, as well as recheck three view chest radiographs to assess for evidence of occult or progressive pathology as a contributing factor to the clinical signs and recent weight loss may be considered. CBC pathology review +/- protein electrophoresis depending upon degree of hyperglobulinemia is suggested.

For an additional charge, internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at http://spa.sonopath.com/.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services

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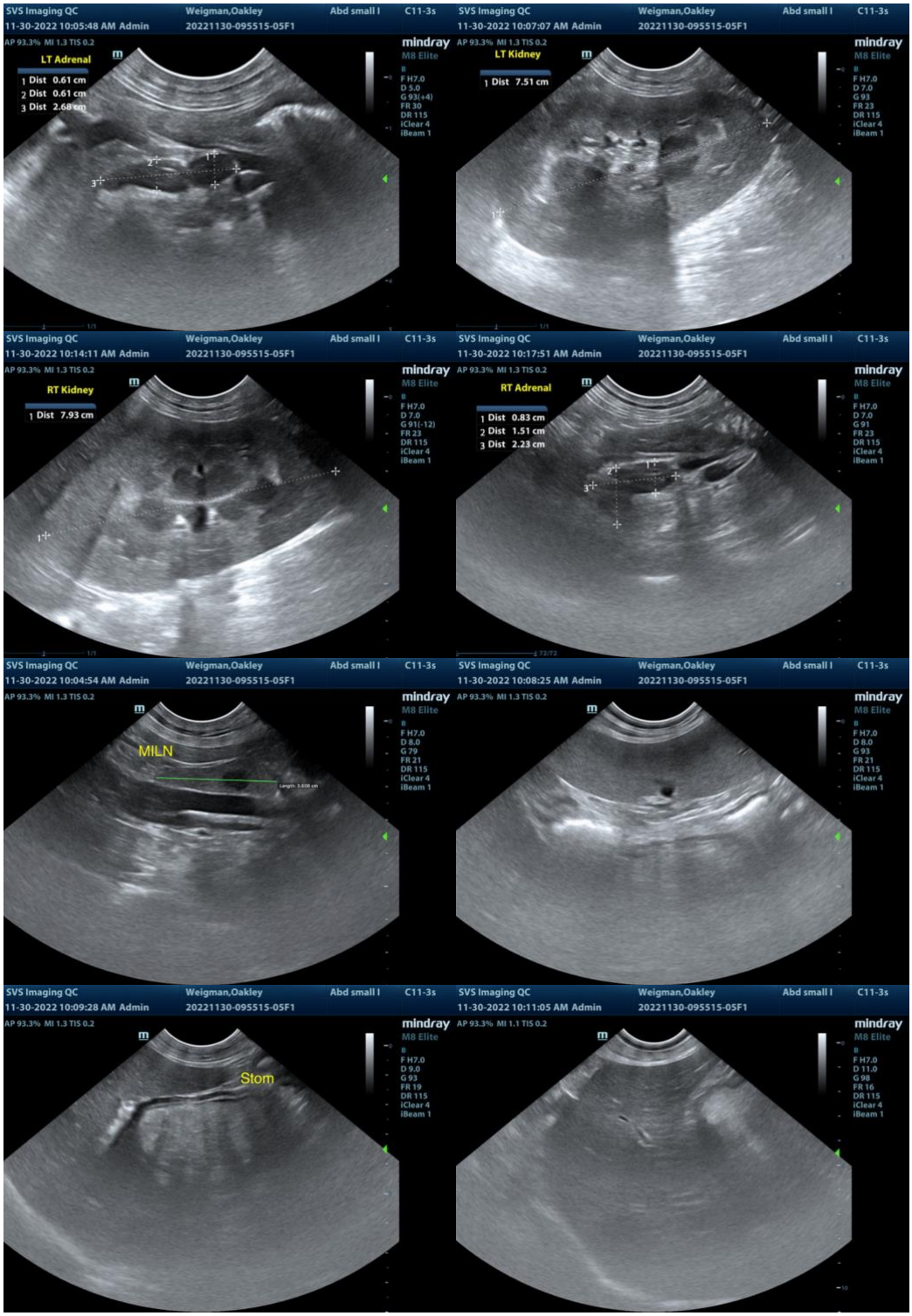

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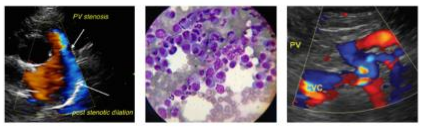

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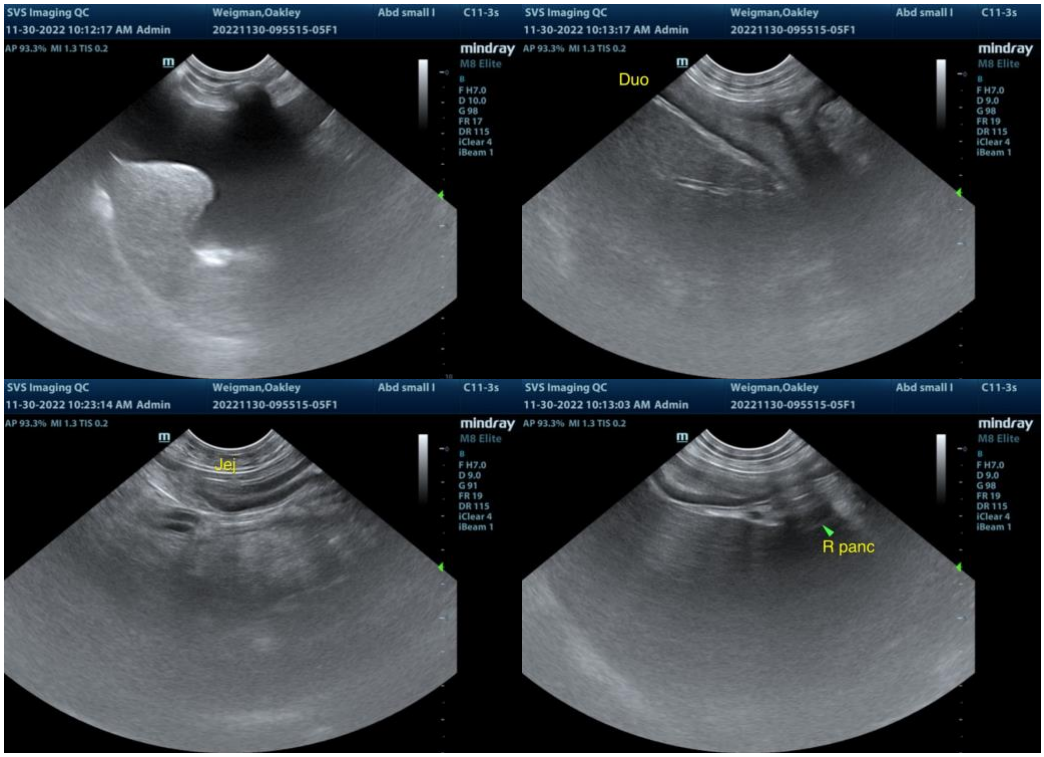

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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