



PATIENT

Riley Banton

SPECIES

Canine

BREED

Goldendoodle

SEX

MN

AGE

10yr

WEIGHT

41kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Barthelemy

HOSPITAL NAME

Crowchild Trail
Veterinary Clinic

REFERRING VET

Dr. Rondot

INVOICE

12411ag

DATE

12/13/2022

PRESENTING CLINICAL SIGNS

Chronic diarrhea. Was giardia positive on antigen test and treated with metronidazole and fenbendazole.

Abnormal PE/Chem/CBC/UA Results: Mild hypoalbuminemia.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.

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. Bilateral pinpoint to minor medullary mineral was present. The left kidney measured 6.9 cm in length. The right kidney measured 8.2 cm in length

The area of the residual prostate appeared normal and free of pathology.

A solitary mildly prominent to enlarged medial iliac lymph node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph node measured 1.5 x 1.45 cm.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.63 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 0.84 cm width at the caudal pole.

Spleen

The spleen exhibited subjective mild enlargement with areas of mild capsule asymmetry and generalized mild parenchymal heterogeneity. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. No distinct splenic masses.

Liver

The liver exhibited potential for mild enlargement. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. 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.

A large irregular jejunal mural mass was present in the mid abdomen exhibiting marked to variable mural hypertrophy, decreased mural echogenicity and loss of wall layering detail. The mass potentially



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measured 9-10 cm in length. Associated mild metabolic to paralytic intestinal ileus was noted with fluid dilated intestinal loops proximal to the mass consistent with obstructive pattern. Concurrent segments of empty intestine were noted distal to the jejunal mural mass.

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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

Regional peri intestinal mild non-uniform hyperechoic mesentery was present. Intermittent mildly prominent hypoechoic mesenteric lymphadenopathy and scant pocket of peritoneal free fluid was present. An example of a mesenteric lymph node measured 2.9 x 1.1 cm.

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ULTRASONOGRAPHIC FINDINGS

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- Large jejunal mural mass with associated obstructive SI pattern proximal, empty SI distal
- Associated peri intestinal hyperechoic mesentery, intermittent mesenteric lymphadenopathy and scant peritoneal free fluid
- Mild splenomegaly with mild heterogeneous parenchyma-nonspecific, hyperplasia, hematopoiesis, focal splenitis, small hematoma, potential for emerging neoplastic criteria possible
- Mild chronic renal changes exhibiting pinpoint to minor medullary mineral

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The jejunal mural mass is sonographically suggestive of neoplastic criteria. Potential for early regional omental seeding, metastatic lymphadenopathy and early splenic metastatic criteria possible. Correlation with pending FNA cytology is recommended with potential oncology consult. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

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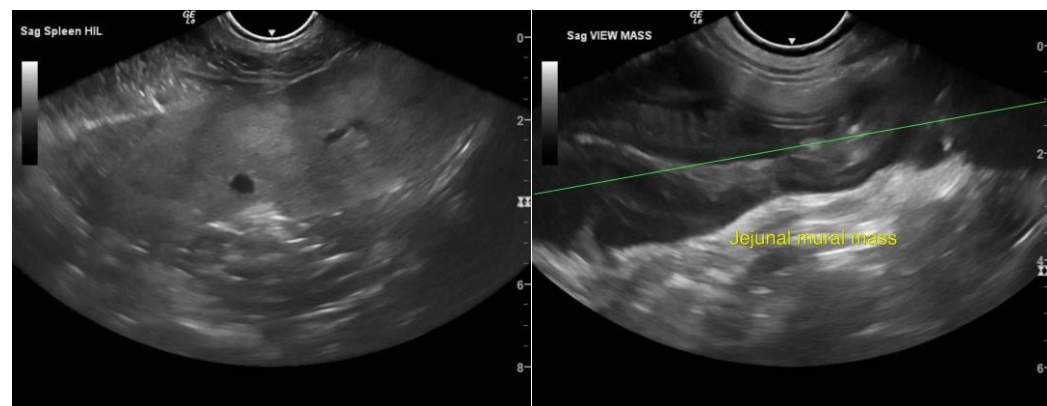
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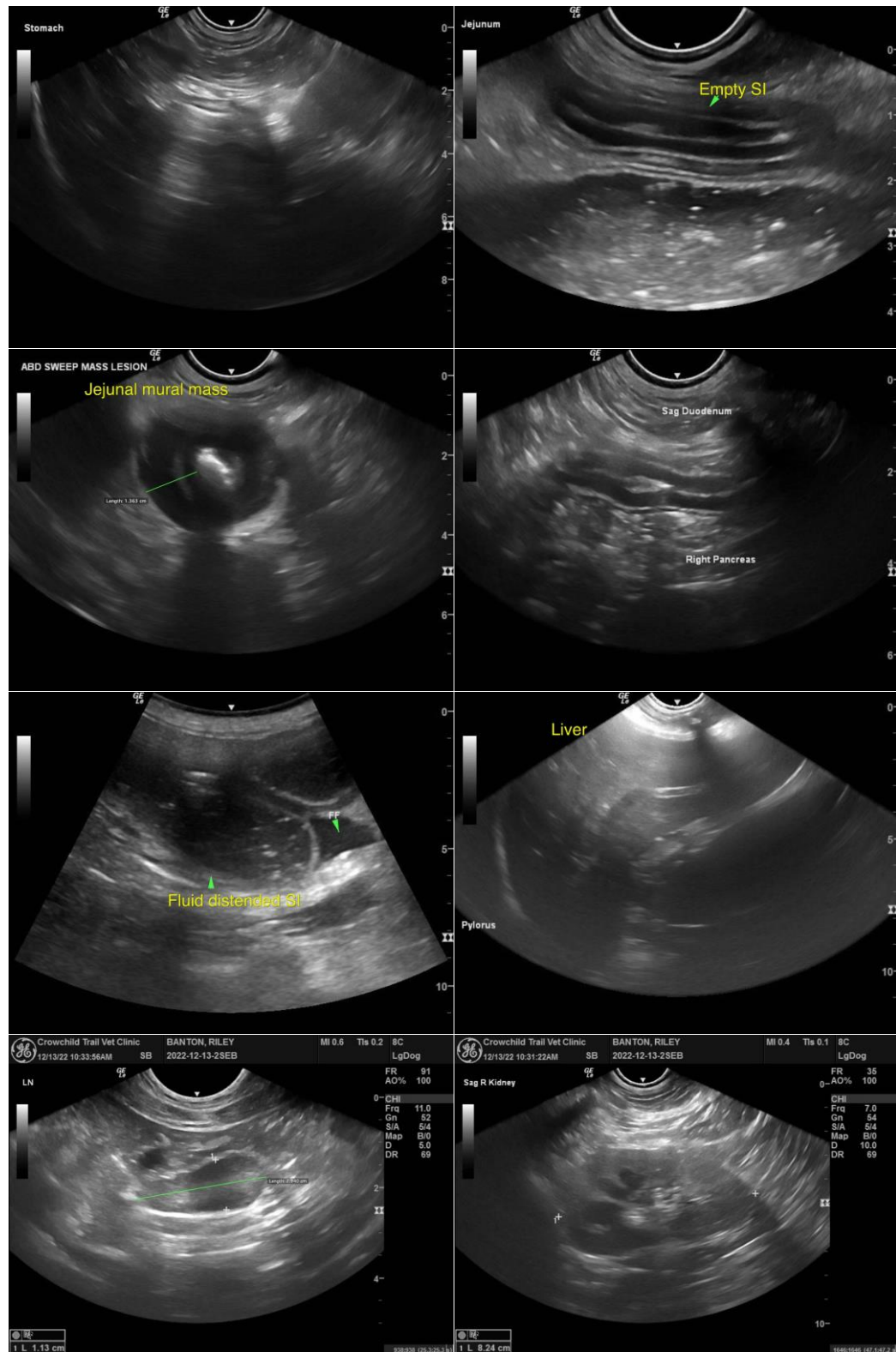
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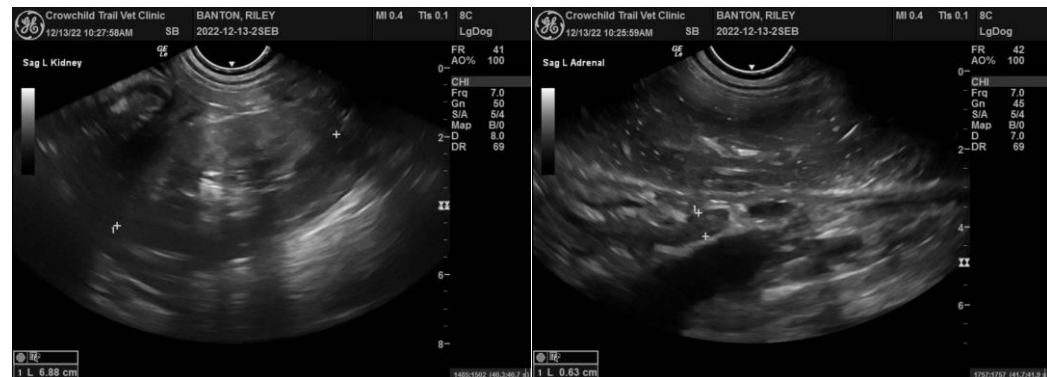
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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