



PATIENT	PRESENTING CLINICAL SIGNS
Rocky Tendry	Was seen at Emerg. not eating then for 2 days. Was previously diagnosed with inflamed SI. Not eating like normal for about 1 month. Was on appetite stimulants which owner thought was helpful. T - 37.1, no obvious weight loss. Sent with Mirtazipine, Cerenia. Lethargy. Also on Prednisone 50mg. Abnormal PE/Chem/CBC/UA Results: Elevated Calcium. Nothing obvious on rads.
SPECIES	
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
	Urinary System
ShepXB. Collie	The urinary bladder exhibited normal size and tone. No evidence of neoplastic or inflammatory mural criteria was noted. The bladder contained anechoic urine primarily with mild primarily dependent to potentially adhered mineral. The urethra exhibited normal structure and tone to a depth of 3.0 cm.
SEX	
MN	The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.0 cm in diameter.
AGE	
7 years	The area of the aortic trifurcation was free of pathology without overt evidence of medial iliac or sublumbar lymphadenopathy.
WEIGHT	
24 kg	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 6.5 cm in length. The right kidney measured 6.5 cm in length.
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.9 cm length x 0.64 cm width at the caudal pole. The right adrenal gland was indistinctly visualized owing to patient size yet without overt pathology subjectively measuring 1.9 cm length x 0.82 cm width at the caudal pole.
IMAGING PERFORMED BY	Spleen
Crystal Hill	
HOSPITAL NAME	
Queensway AH	The spleen was normal in overall size and contour. The spleen primarily maintained a finely textured homogeneous parenchyma. A solitary, non-expansive, centrally echogenic to peripherally hypoechoic parenchymal nodule was noted in the subjective lateral spleen, measuring 1.3 cm in diameter.
REFERRING VET	Liver/ Gallbladder
Dr. Hill	
INVOICE	
12801	The liver exhibited potential for mild generalized 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. No hepatic masses or nodules were noted. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.
DATE	
12/14/21	


PATIENT
Gastrointestinal

Rocky Tendry

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 0.40 cm.

SPECIES

Canine

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. The jejunum wall width measured 0.42 cm.

BREED

ShepXB. Collie

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

SEX

MN

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 were evident.

AGE

7 years

Free Abdomen

Multiple, variably sized, hypoechoic to swollen mesenteric to mesenteric root lymph nodes were present. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). Associated regional perilymphatic reactive mesentery was present. The mesenteric root lymph nodes measured 5.0 cm x 3.8 cm.

WEIGHT

24 kg

ULTRASONOGRAPHIC FINDINGS
INTERPRETED BY

 R. McKenzie Daniel,
 DVM, DABVP

Primary Findings

- Mild urinary bladder mineral
- Nonspecific solitary splenic nodule
- Multifocal, hypoechoic to swollen mesenteric to mesenteric root lymphadenopathy
- Sonographically unremarkable gastrointestinal tract

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Queensway AH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although cytology or histopathology is required for a definitive diagnosis, the multiple hypoechoic to swollen abdominal lymph nodes are strongly concerning for neoplastic lymphadenopathy in the face of hypercalcemia. Severe hyperplasia or lymphadenitis are also possible. Assuming normal clotting status, ultrasound-guided FNA of a mesenteric lymph node for cytology +/- C/S if clinically indicated, as well as screening hepatosplenic FNA are warranted.

REFERRING VET

Dr. Hill

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No overt evidence of structural gastrointestinal pathology, although current Prednisolone may potentially be masking gastrointestinal mural changes. Continued as-needed GI support is recommended.

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PATIENT

Rocky Tendry

SPECIES

Canine

BREED

ShepXB. Collie

SEX

MN

AGE

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WEIGHT

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INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

**IMAGING
PERFORMED BY**

Crystal Hill

HOSPITAL NAME

Queensway AH

REFERRING VET

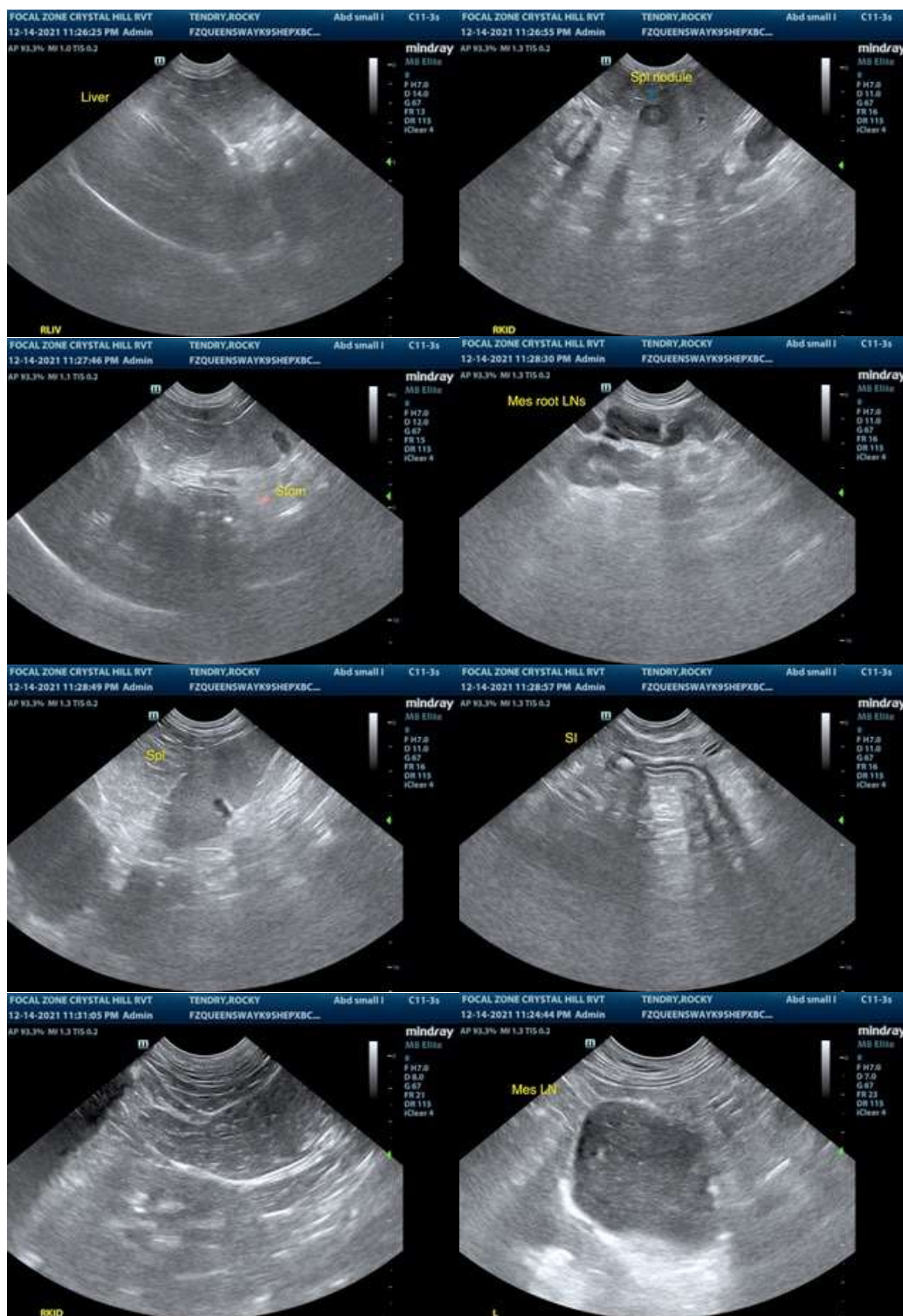
Dr. Hill

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DATE

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PATIENT

Rocky Tendry

SPECIES

Canine

BREED

ShepXB. Collie

SEX

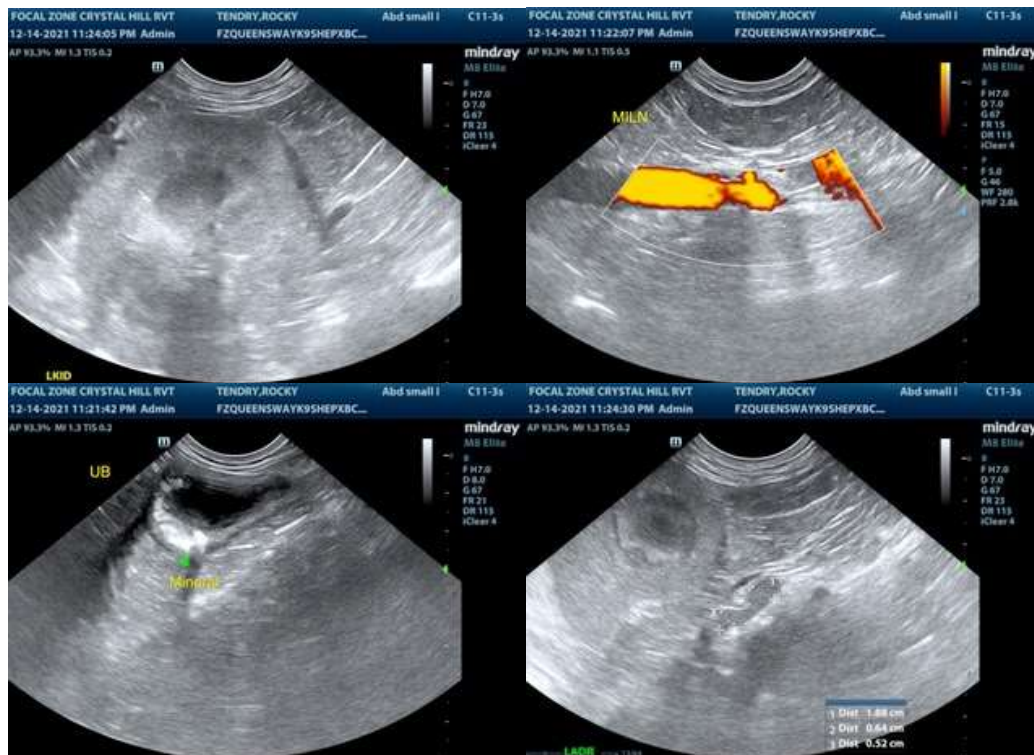
MN

AGE

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WEIGHT

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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