

PATIENT PRESENTING CLINICAL SIGNS

Nike Farrant last 10 days diarrhea- blood in stool- tried bland diet/probiotics and not working- vomiting- weight loss- BCS 3/9- extremely thin- anorexia

SPECIES Abnormal PE/Chem/CBC/UA Results: IN HOUSE LABS WBC 18.81 BG 52 ALT = 317 ALKP = 929
GGT = 30 U/L TBIL = 1.7 mg/dL CHOL = 166 mg/dL AMYL = 491 LIPA = 269 Na/K = 32

Canine

BREED

Maltese Mix

SEX

MN

AGE

15 years

WEIGHT

11 lbs.

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 residual prostate was free of overt 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Focal areas of medullary mineral were present. Focal cortical infarction was present in the right kidney. No evidence of pelvic dilation was present. The left kidney measured 4.7 cm in length. The right kidney measured 4.4 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

The spleen exhibited variable swelling with asymmetrical lateral and medial capsule contour primarily noted in the area of the medial spleen. The spleen measured 2.0 cm in diameter in the mid spleen. No evidence of parenchymal escape was noted. Decreased splenic parenchyma echogenicity was noted.

Liver/ Gallbladder

The liver presented mildly enlarged size. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Increased portal vein prominence was evident. Suspect solitary mildly expansive parenchymal nodule with associated hepatic capsule distortion was present in the area of the mid liver measuring 1.5 cm in diameter. 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

INVOICE

12735

DATE

12/4/21

INTERPRETED BY

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

IMAGING PERFORMED BY

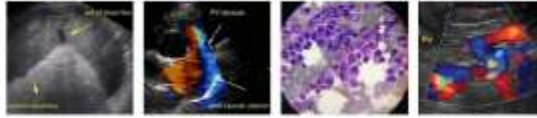
Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Donner Truckee VH

REFERRING VET

Dr. India Vannini



PATIENT

Nike Farrant

diffuse ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material. The jejunum wall width measured 0.38 cm.

SPECIES

Canine

The colon walls presented intact yet moderate to marked prominent wall layering with mildly thickened to echogenic submucosa. Non-formed feces was present in the colon lumen with lumen dilation.

Pancreas

BREED

Maltese Mix

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.

SEX

MN

Free Abdomen

Focal to several medial iliac lymph nodes were present. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). The enlarged lymph nodes were bordered by echogenic to reactive mesentery.

AGE

15 years

ULTRASONOGRAPHIC FINDINGS

Primary Findings

WEIGHT

11 lbs.

- Asymmetrical splenomegaly with decreased parenchyma echogenicity
- Hypoechoic liver with suspect solitary expansive parenchymal nodule
- Generalized moderate to marked enterocolitis with mild duodenojejunal ileus
- Hypoechoic to swollen medial iliac lymphadenopathy
- Generalized reactive mesentery
- Bilateral chronic renal changes with medullary mineral and right kidney infarction

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

Donner Truckee VH

Although sampling is required for a definitive diagnosis, concern for potential multicentric neoplasia involving the liver, spleen, medial iliac lymph node, segmental intestinal tract and colon is warranted. Assuming normal clotting status, ultrasound guided hepatosplenic FNA, as well as medial iliac lymph node FNA using a 25-gauge needle is warranted for screening cytology.

REFERRING VET

Dr. India Vannini

Given the lack of response to conservative gastrointestinal therapy, intestinal biopsies may be required for a definitive diagnosis. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Empirically, Prednisolone trial In addition to Gi support could be considered. A guarded prognosis is warranted.

INVOICE

12735

DATE

12/4/21



PATIENT

Nike Farrant

SPECIES

Canine

BREED

Maltese Mix

SEX

MN

AGE

15 years

WEIGHT

11 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Donner Truckee VH

REFERRING VET

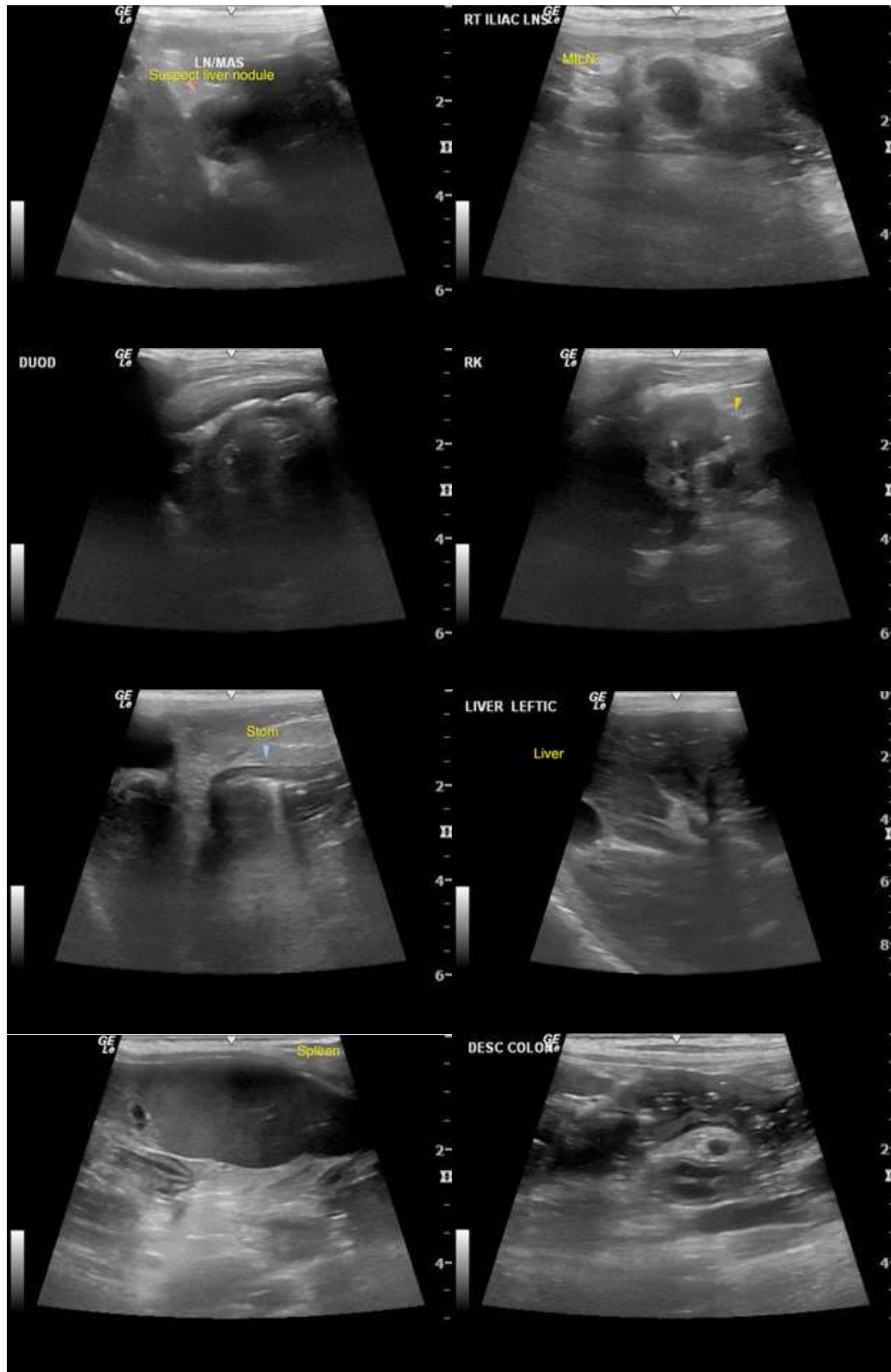
Dr. India Vannini

INVOICE

12735

DATE

12/4/21





PATIENT

Nike Farrant

SPECIES

Canine

BREED

Maltese Mix

SEX

MN

AGE

15 years

WEIGHT

11 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Donner Truckee VH

REFERRING VET

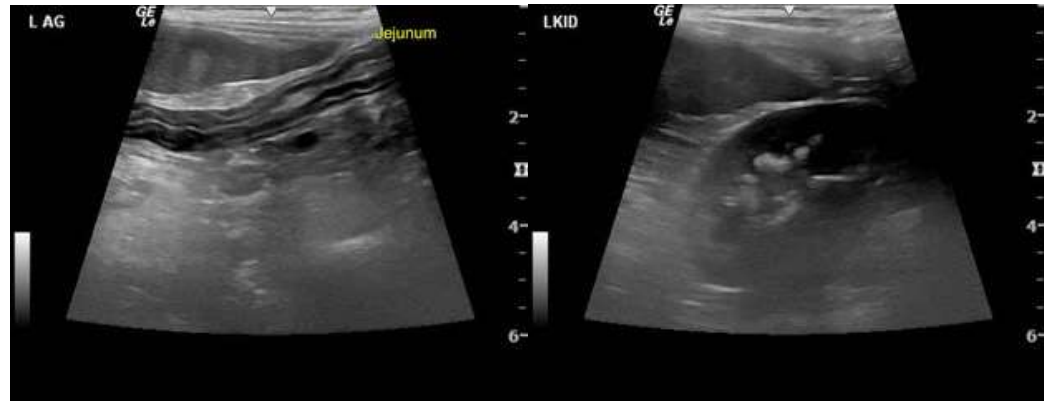
Dr. India Vannini

INVOICE

12735

DATE

12/4/21



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