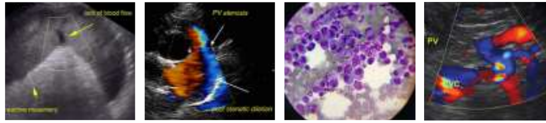


PATIENT
Happy Samuel Morrison

SPECIES
Canine

BREED
Swiss Mountain Dog

SEX
Intact Male

AGE
9 months

WEIGHT
88.3 lbs.

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

IMAGING PERFORMED BY
Jenna Walsh, CVT

HOSPITAL NAME
West Hills AH

REFERRING VET
Dr. Eguchi-Coe

INVOICE
12762

DATE
12/7/21

PRESENTING CLINICAL SIGNS

Recheck AB US from Aug mention his lymphadenopathy. Also during the explore his mesenteric lymph nodes were large and hard. Suspected all due to foreign body passing but we want to rule out inflammatory component.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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 prostate was mildly prominent in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 3.3 cm x 3.0 cm. The prostate of expected presentation for a young intact male canine and not indicative of overt prostatic pathology.

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 7.8 cm in length. The right kidney measured 7.4 cm in length.

Adrenal Glands

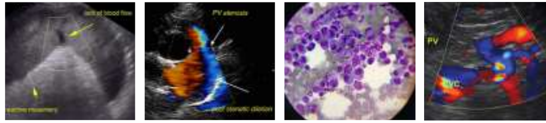
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.6 cm length x 0.36 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.4 cm length x 0.62 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/ Gallbladder

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



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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

The visualized gastric walls were normal. The lumen of the stomach contained moderate echogenic, ingesta exhibiting strong distal acoustic shadowing. The ventral gastric body wall width measured 0.45 cm.

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 obstruction or foreign material. The jejunum wall width measured 0.42 cm. The duodenum wall width measured 0.53 cm. No evidence of mechanical / metabolic small intestinal ileus 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 were evident.

Free Abdomen

Intermittent, midabdominal, mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example lymph node measured 3.4 cm x 1.3 cm. The generalized and perilymphatic was of uniform normal echogenicity. No evidence of peritoneal free fluid was noted.

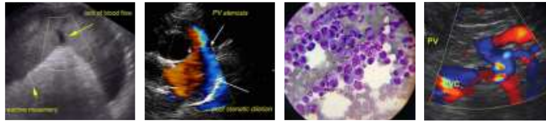
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Persistent mid abdominal mesenteric lymphadenopathy
- Moderate strongly shadowing gastric ingesta
- Sonographically unremarkable gastrointestinal tract

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The persistent mid abdominal mesenteric lymphadenopathy is nonspecific yet not consistent with neoplastic criteria. Considerations may include lymphoid hyperplasia, reactive lymphadenitis potentially owing to underlying structurally insignificant gastrointestinal disease if persistent gastrointestinal signs or possible persistent immunologic immaturity, given the relatively young age of the patient. The lymph nodes were not overtly consistent with inflammatory or neoplastic criteria. If accessible, ultrasound-guided FNA of a mesenteric lymph node for screening cytology if not previously sampled during exploratory surgery, could be considered.



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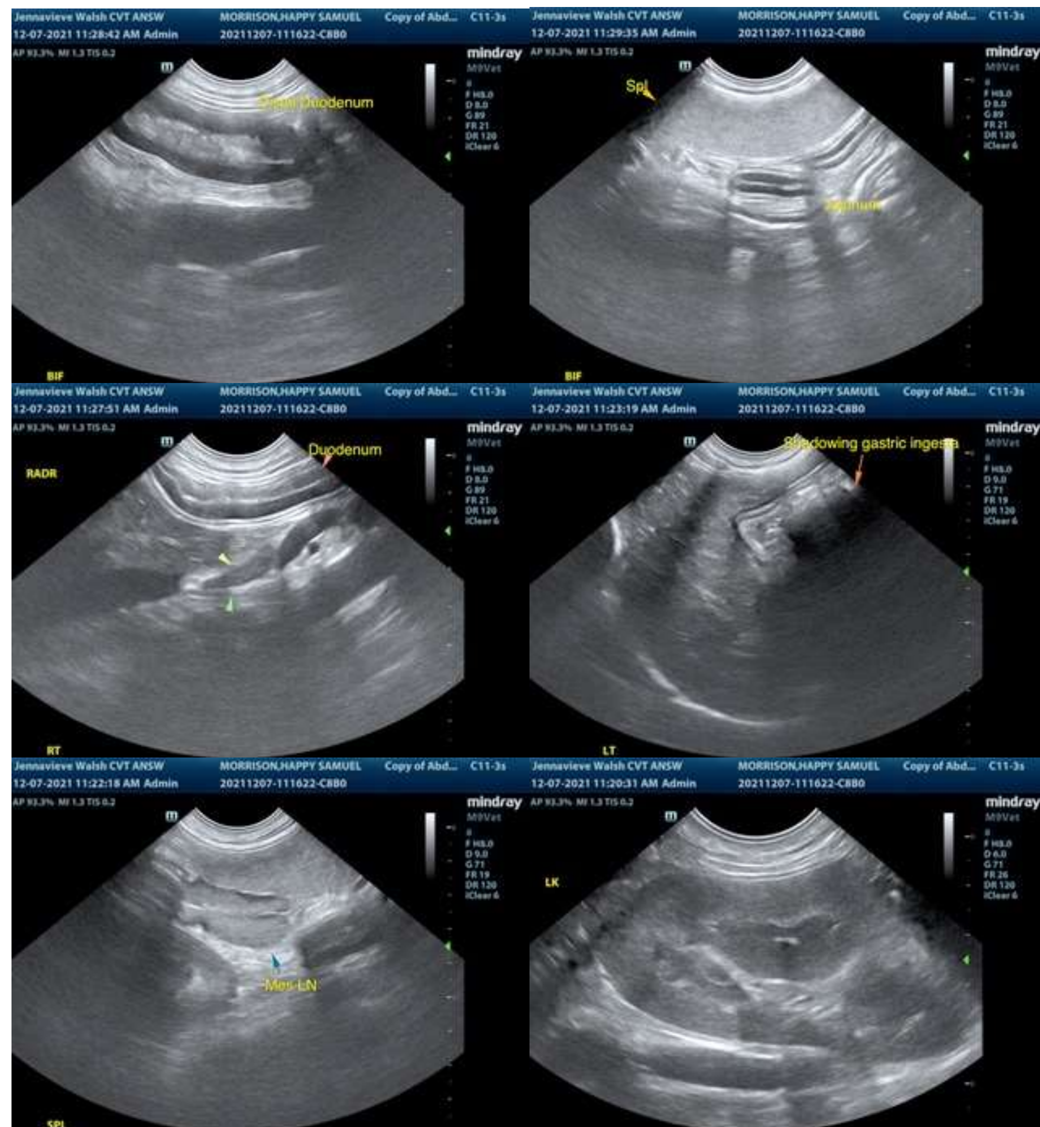
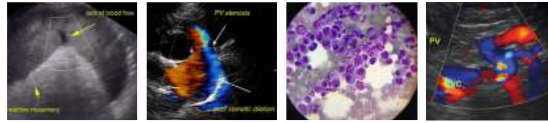
The strongly shadowing gastric ingesta may indicate post prandial presentation with dense food. However, given the strongly shadowing nature of the ingesta, the possibility of gastric foreign material cannot be definitively excluded. Monitoring for evidence of normal gastric emptying is recommended if potential clinical concern for dietary indiscretion. If recurrent or persistent gastrointestinal signs, a GI panel to include Cobalamin/Folate may be considered.

Periodic sonographic monitoring of the mesenteric lymph nodes and gastrointestinal tract would be a more conservative approach.





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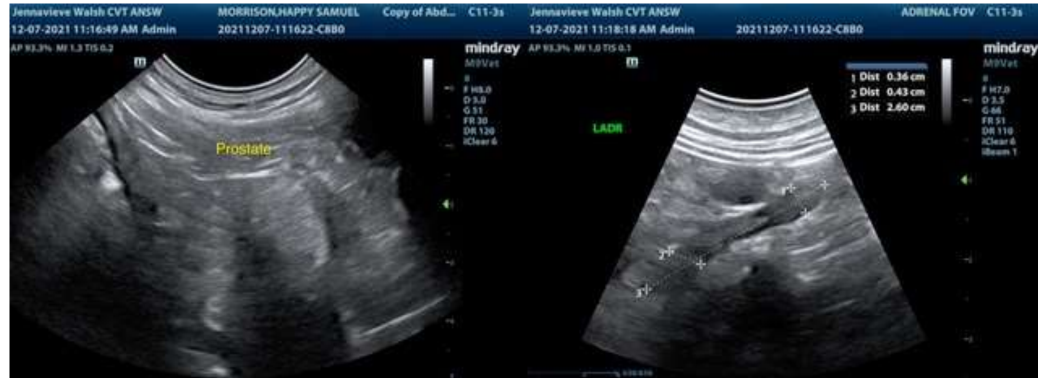

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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