



PATIENT

Keeva O'Brien

SPECIES

Canine

BREED

Pit

SEX

SF

AGE

7

WEIGHT

52

INTERPRETED BY

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

IMAGING PERFORMED BY

Tasha

HOSPITAL NAME

Dillsburg VC

REFERRING VET

Dr. Jacobs

INVOICE

20918

DATE

2/1/23

PRESENTING CLINICAL SIGNS

Acute onset of vomiting, inappetence and diarrhea. Stools now dark and tarry appearance. T: 99.8
Abnormal PE/Chem/CBC/UA Results: Monocytes 2.17, ALT >1000, AST 348, ALP 531, GGT 19, TB 1.0

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 was noted.

The area of the uterine remnant was free of pathology.

No overt medial iliac or sublumbar lymphadenopathy or masses noted.

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 6.1 cm in length. The right kidney measured 6.2 cm in length.

Adrenal Glands

The left and right adrenal gland were not definitively visualized.

Spleen

The spleen exhibited potential for mild enlargement. Maintained symmetrical capsule contour and finely textured homogenous parenchyma was noted with subjective subtle decreased parenchyma echogenicity. Splenic vascularity was normal. No distinct masses or nodules were visualized.

Liver/ Gallbladder

The liver exhibited mild to possible moderate enlargement. 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. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. 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

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The stomach was primarily empty with mild luminal gas.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental to



PATIENT	diffuse ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material.
Keeva O'Brien	
SPECIES	Normal visible colon wall layers were present with apparent formed feces in lumen.
Canine	Pancreas
BREED	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.
Pit	
SEX	Free Abdomen
SF	Multiple enlarged, hypoechoic intraabdominal lymph nodes were present. The lymph nodes exhibited atypical width to length ratio (approx. 0.5). Regional hyperechoic perilymphatic omentum was present. An example measured 5.8 cm x 2.3 cm. Potential for very scant perilymphatic free fluid, although evidence of overt or significant free fluid was not apparent.
AGE	
7	ULTRASONOGRAPHIC FINDINGS
WEIGHT	<ul style="list-style-type: none"> • Acute hepatopathy- acute hepatitis (viral, bacterial, Leptospirosis, toxin, etc.), reactive/vacuolar hepatopathy, noncardiogenic congestion, occult neoplasia are all potentials. • Possible mild splenomegaly, exhibiting subjective mild hypoechogenicity • Multicentric hypoechoic to swollen, variably sized mesenteric lymphadenopathy- lymphadenitis, significant hyperplasia, neoplastic lymphadenopathy possible • Mild nonobstructive acute gastroenteritis pattern
52	
INTERPRETED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Although sampling is required for further assessment, the multicentric mesenteric lymphadenopathy is sonographically consistent with neoplastic criteria. Concern for multicentric infiltrative round cell neoplasia, involving the mesenteric lymph nodes, liver and potentially spleen, and/or early intestinal involvement warranted. Assuming normal clotting status, lymph node and screening hepatic parenchyma FNA cytology +/- screening splenic FNA for potential staging is warranted. Leptospirosis titers/PCR could be considered, if endemic to the area or potential exposure.
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REFERRING VET	Empirically, and pending additional diagnostics, hospitalization with IV fluids, +/- plasma expanders given the hypothermia, hepatogastrointestinal support and assessment of clinical response would be reasonable. Extremely guarded prognosis.
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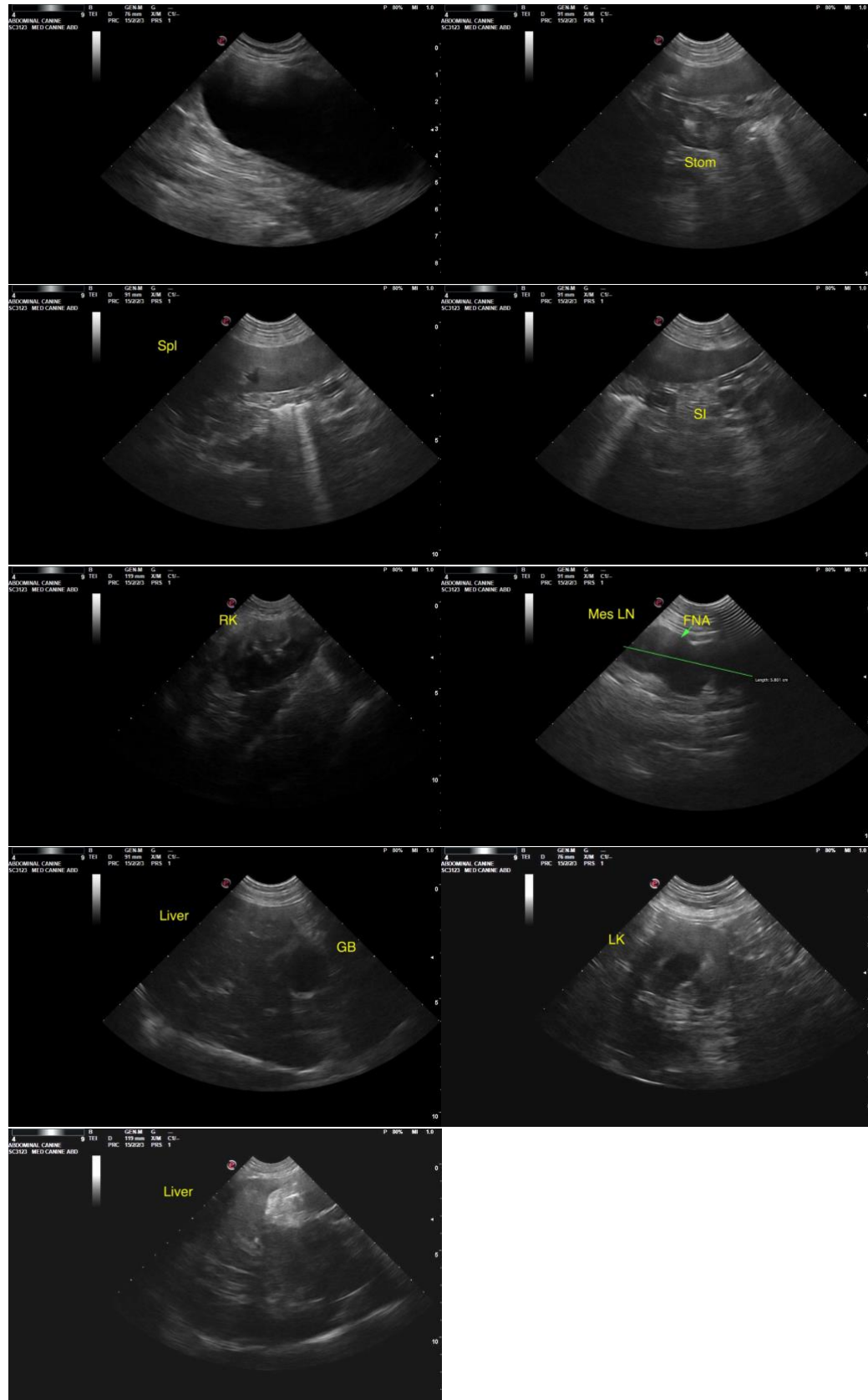
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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