



**PATIENT PRESENTING CLINICAL SIGNS**

Shasta Majano

**SPECIES**

Canine

**BREED**

Labrador Mix

**SEX**

FS

**AGE**

7yr

**WEIGHT**

47lb

GI upset starting January 2023 - vomiting, diarrhea, inappetence, low energy. improved with empiric supportive care - no longer vomiting but still low appetite and lethargy. history of FB obstruction a 2 years ago. There are 4 radiographs available for review. FINDINGS: There is a moderate amount of gas seen within the colon and the cecum. There is a small amount of gas and fluid seen within the stomach and small intestines. There is a small amount of ingesta within the stomach. The remainder of the abdomen is unremarkable on this exam. The caudal thorax is within normal limits. There is minimal remodeling of the coxofemoral joints without evidence of subluxation. No additional abnormalities are seen on this study. CONCLUSIONS: The gastrointestinal changes seen on this study are nonspecific. Paralytic ileus as with gastroenteritis/colitis or pancreatitis may be present. This could be due to dietary indiscretion, viral infection, toxicosis, or parasitic disease. Without persistent vomiting an obstructive lesion is considered unlikely. There is also no evidence of severe distention of the gastrointestinal tract to suggest an obstructive lesion. RECOMMENDATIONS: Abdominal sonography may be needed to further evaluate the cause of the clinical symptoms particularly if the patient's clinical symptoms persist or progress. Sofija Liles, DVM, Dip. ACVR, Radiologist Current Medications metronidazole, bland food. plan for sedation on day of AUS (Torb +/- alfaxan)

Abnormal PE/Chem/CBC/UA Results: 2/2/23 CBC Chem - low LYM 0.38k/uL - r/o artifact v. stress v. others, otherwise WNL. cPL snap test - negative. Fecal - negative, no ova/parasites.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4 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 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 6.0 cm in length. The right kidney measured 6.5 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the uterine remnant appeared normal and free of pathology.

The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.79 cm width at the caudal pole and 2.2 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.72 cm width at the caudal pole and 2.5 cm length.

**Spleen**

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenna Walsh CVT

**HOSPITAL NAME**

Banfield of South  
Eugene

**REFERRING VET**

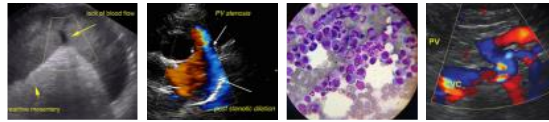
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<b>PATIENT</b>	The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.
Shasta Majano	
<b>SPECIES</b>	
Canine	<b><i>Liver/Gallbladder</i></b>
<b>BREED</b>	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 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.
Labrador Mix	
<b>SEX</b>	<b><i>Gastrointestinal</i></b>
FS	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor pyloric ingesta/chyme with no signs of ileus, obstruction or foreign material. The pylorus wall measured 0.45 cm in width.
<b>AGE</b>	
7yr	The small intestine presented intact wall layering with segmental to generalized prominent wall layering of the mucosa layer. No evidence of intestinal mural hypertrophy, loss of intestinal wall layering or intestinal masses. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.76 cm width. The jejunum wall measured 0.52 cm width.
<b>WEIGHT</b>	
47lb	
<b>INTERPRETED BY</b>	The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. Semi formed to soft fecal matter was present in the colon lumen with lumen dilation.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<b><i>Pancreas</i></b>
	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.
<b>IMAGING PERFORMED BY</b>	<b><i>Free Abdomen</i></b>
Jenna Walsh CVT	Multiple variably sized hypoechoic to swollen mesenteric root lymph nodes were present in the mid abdomen with regional hyperechoic peripheral omentum. Potential for scant peri lymphatic free fluid. An example of a mesenteric root lymph node measured 8.5 cm x 3.5 cm.
<b>HOSPITAL NAME</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
Banfield of South Eugene	<ul style="list-style-type: none"> <li>• Marked hypoechoic to swollen mesenteric root lymphadenopathy with peripheral lymphatic inflammation</li> <li>• Intact yet segmental to generalized prominent small intestinal wall layering</li> <li>• Suspect mild concurrent colitis</li> </ul>
<b>REFERRING VET</b>	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
Dr. Wright	Sonographically the mesenteric root lymphadenopathy is concerning for neoplastic criteria. Potential for non-neoplastic severe mesenteric root lymphadenitis or hyperplasia possible. Correlation with pending FNA with potential for oncology consult is suggested. If neoplastic process is confirmed the
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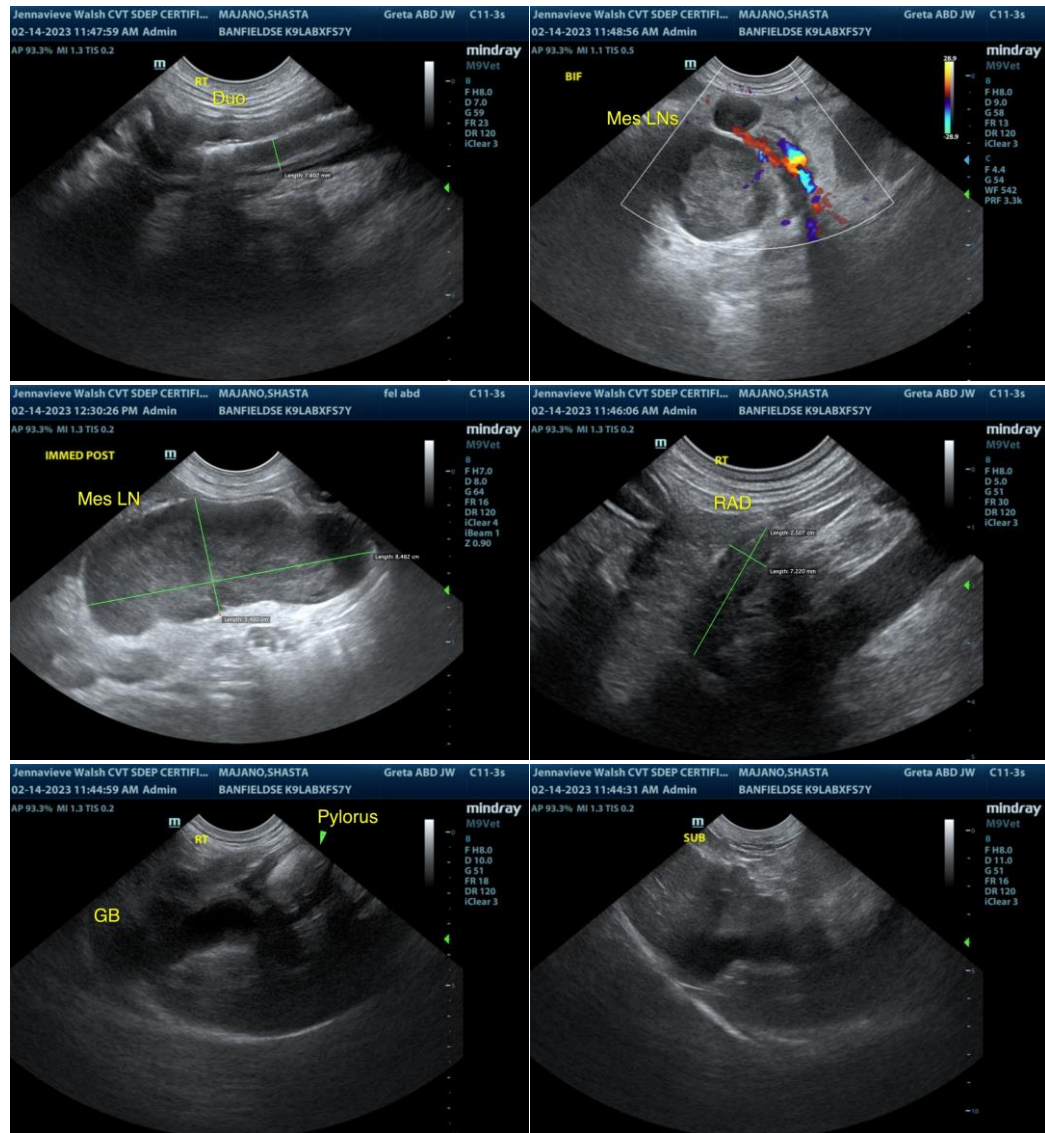
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possibility for early for entero/enterocolic involvement would be warranted. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

No overt evidence of hepatosplenic neoplastic criteria however if round cell neoplastic process is confirmed a screening hepatosplenic FNA cytology could be considered for additional staging.

Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.





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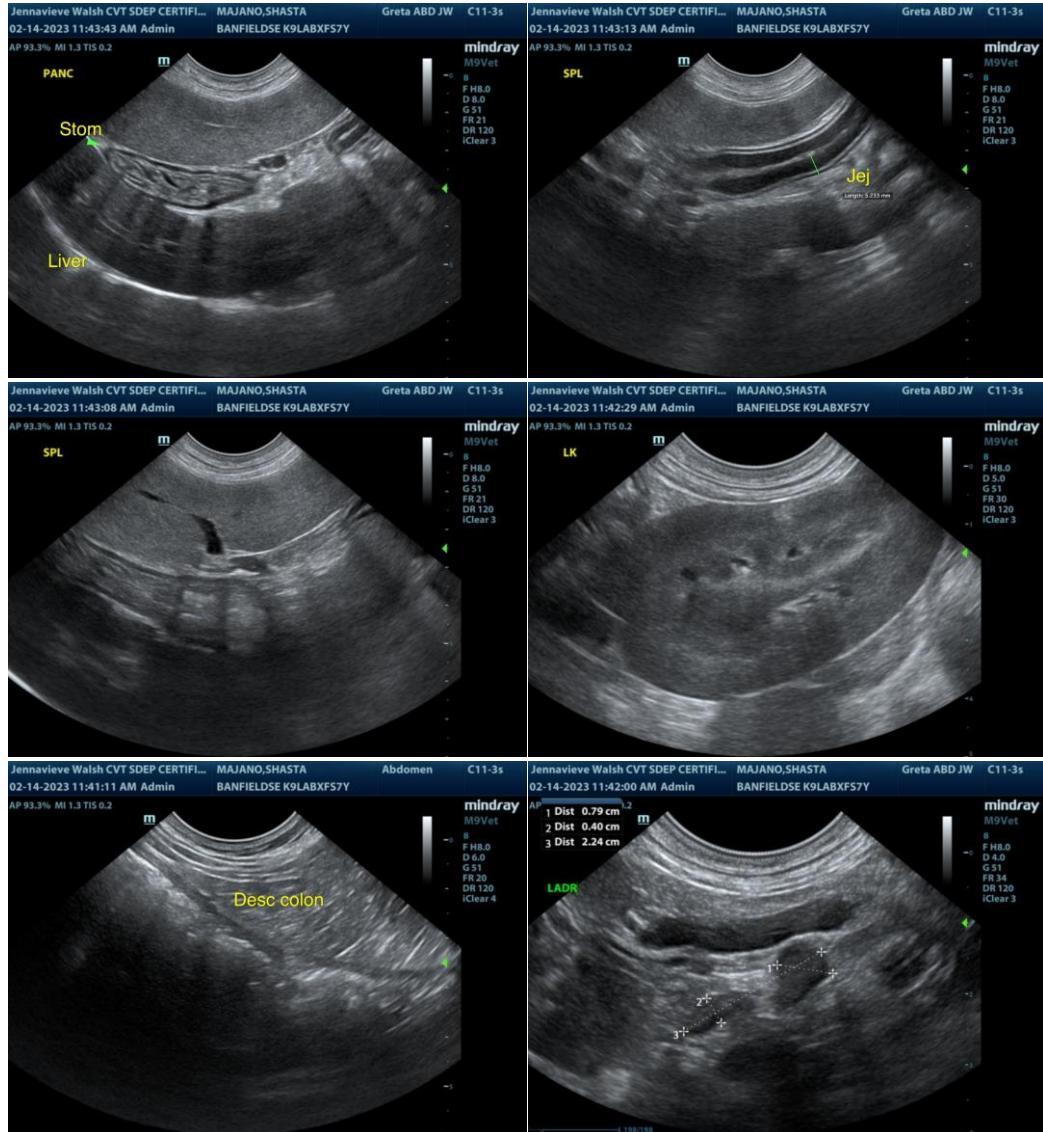
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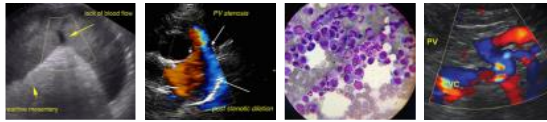


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com



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