



PATIENT	PRESENTING CLINICAL SIGNS
Rascal Confer	vomiting, diarrhea, not eating, lethargic
SPECIES	Abnormal PE/Chem/CBC/UA Results: Radiographs - ventrally displaced colon Free fluid on quick scan ultrasound
Canine	ALT 141, WBC 20.9 with neutrophilia, monocytosis, Platelets 72
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Labrador Retriever	Urinary System
SEX	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.
Neutered Male	
AGE	The area of the aortic trifurcation was free of pathology.
11 years	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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.3 cm in length. The right kidney measured 6.6 cm in length.
WEIGHT	
95 lbs.	
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.52 cm width at the caudal pole and 0.60 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.85 cm width at the caudal pole and 0.91 cm width at the cranial pole.
IMAGING PERFORMED BY	Spleen
Adrienne Ligenza	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.
HOSPITAL NAME	Liver/ Gallbladder
Rush Veterinary Center	The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mild gallbladder debris. The cystic and common bile ducts were normal.
REFERRING VET	
Dr. Taylor Urban	
INVOICE	Gastrointestinal
13351	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.
DATE	
2/16/22	



PATIENT	The small intestine presented intact yet subjective generalized prominent wall layering owing to both prominent mucosa and muscularis layer. The duodenum wall width measured 0.56 cm. The jejunum wall width measured 0.58 cm. Segmental areas of metabolic small intestinal ileus were noted. No overt evidence of distinct intestinal masses or mechanical obstruction.
Rascal Confer	
SPECIES	
Canine	The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. Nonformed to liquid fecal matter was present in the colon lumen with lumen dilation.
BREED	
Labrador Retriever	
SEX	
Neutered Male	
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INTERPRETED BY	
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
IMAGING PERFORMED BY	
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HOSPITAL NAME	
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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

Multiple, variably sized, hypoechoic to swollen midabdominal mesenteric root lymph nodes were present. The majority of 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. Examples of the mesenteric root lymph nodes measured 3.6 cm x 2.3 cm, and 8.6 cm x 3.5 cm. Small volume peritoneal free fluid was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Generalized enterocolitis pattern exhibiting intact yet prominent small bowel and colon wall layering
- Marked hypoechoic to swollen midabdominal mesenteric root lymphadenopathy with regional midabdominal primarily perilymphatic hyperechoic mesentery
- Small volume peritoneal free fluid
- Hepatopathy, mild gallbladder debris (non-mucocele)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further clarification, the marked mesenteric root lymphadenopathy is consistent with neoplastic criteria with primary concern for mesenteric root lymphoma. The potential for severe lymphatic inflammation or hyperplasia is also possible but thought less likely.

Given the prominent enterocolic wall layering, potential for at least segmental to early neoplastic infiltrative enterocolonopathy is of concern. Potential for early hepatic involvement cannot be excluded yet the liver may indicate benign reactive or secondary inflammatory hepatopathy.

Assuming normal clotting status, ultrasound guided FNA of an enlarged lymph node for cytology +/- oncology consultation, If neoplastic process is confirmed, is recommended. Effusion analysis cytology +/- C/S could also be considered. The effusion is suspected to be owing to lymphatic obstruction, although inflammatory effusion is possible.



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INTERPRETED BY

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(Canine and Feline)

IMAGING PERFORMED BY

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HOSPITAL NAME

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REFERRING VET

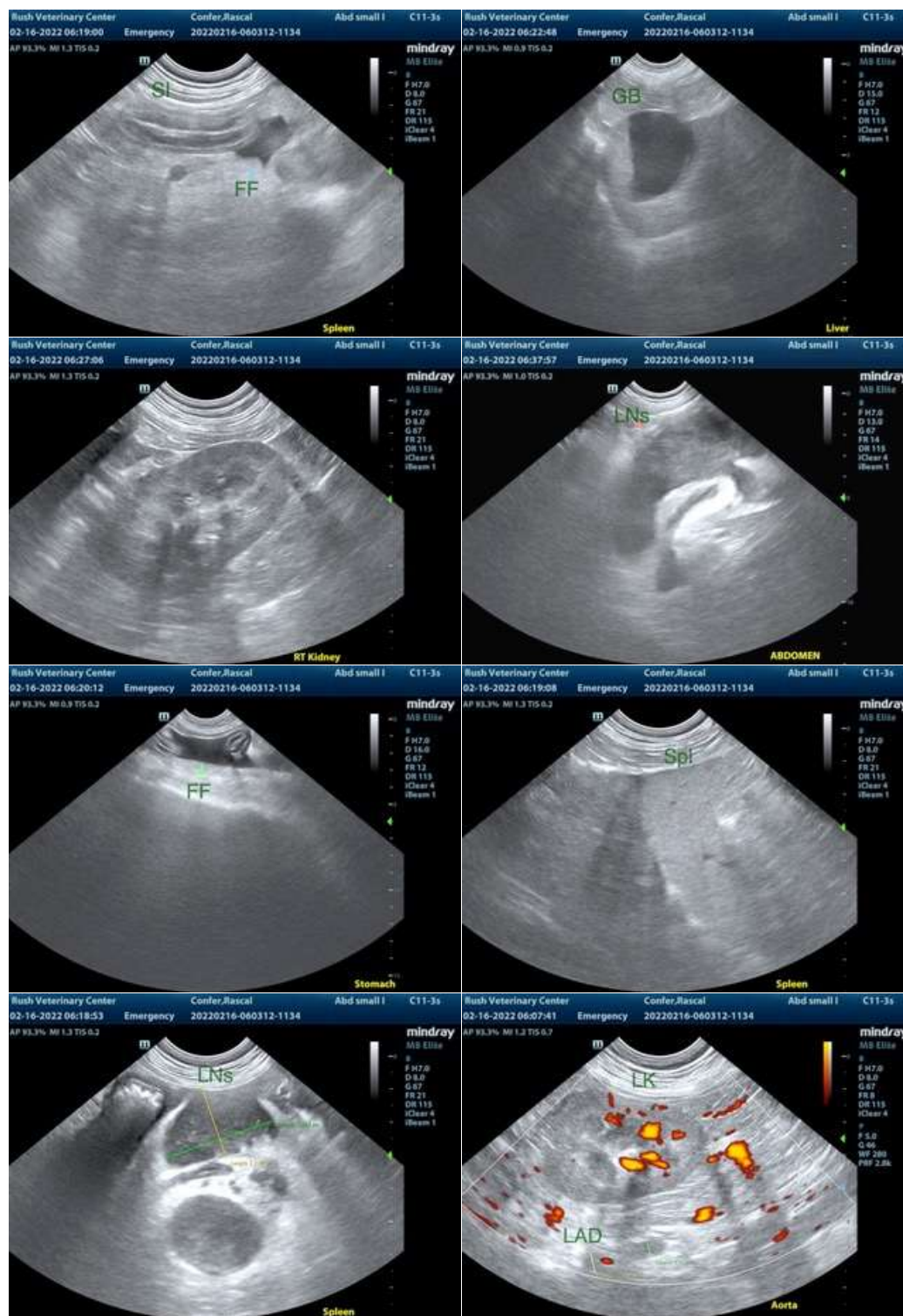
Dr. Taylor Urban

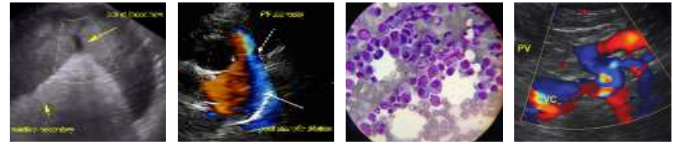
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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