



PATIENT PRESENTING CLINICAL SIGNS

Jock McCorkle History: Abdomen-No pain but si seem spongy Swelling - neoplasia, reaction, open abdominal u/s and possible fna of the anus swelling

SPECIES
Canine Abnormal PE/Chem/CBC/UA Results: Entyce 30mg/mL Primary Question/Differential to Be Answered in This Exam abdominal u/s and possible fna of the anus swelling

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Jack Russell **Urinary System**

SEX
Neutered Male The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0cm 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.

AGE
12 Years The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 0.7 cm in diameter.

WEIGHT
20.7 Lbs. 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 mild increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.1 cm in length. The right kidney measured 3.9 cm in length.

INTERPRETED BY

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

Adrenal Glands

Left adrenal gland enlargement with uniformly hypoechoic parenchyma was present. The left adrenal gland measured 2.7 cm in length x 1.1 cm width at the caudal pole.

IMAGING PERFORMED BY

Sara Hansen

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.6 cm in length x 0.65 cm width at the caudal pole.

Spleen

HOSPITAL NAME

Pleasant Hill AH

The spleen was overall normal in size and contour with generalized mild splenic heterogeneity. Intermittent, discreet, yet variably sized hypoechoic nodules were present.

Liver

REFERRING VET

Dr. Larsen

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.

INVOICE

14042

The gallbladder was non distended in size with moderate non-dependent, non-organized gallbladder debris. The gallbladder was otherwise normal. The cystic duct and common bile ducts were normal without evidence of dilation.

DATE

2/21/22

Gastrointestinal



PATIENT	Regional to generalized moderate gastric wall thickening and loss of gastric wall layer detail was present. The thickened gastric walls exhibited decreased echogenicity and an asymmetrical luminal surface. Mild retained anechoic fluid was present in the gastric lumen without evidence of foreign material. Gastric wall width measured up to 1.0 cm. The pylorus wall measured 0.7 cm in width.
Jock McCorkle	
SPECIES	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 ileus, obstruction or foreign material.
Canine	
BREED	Normal visible colon wall layers were present with apparent formed feces in lumen.
Jack Russell	
SEX	Pancreas The area of the pancreas base exhibited mild prominent size with hypoechoic to non-homogeneous parenchyma compared to adjacent omentum.
Neutered Male	
AGE	Free Abdomen Multifocal enlarged, hypoechoic cranial abdominal hepatic and gastric suspect mesenteric root 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. An example of hepatic lymph node size measured 2.1 cm x 1.5 cm. An example of suspect mesenteric root lymph node size measured 2.2 cm x 2.0 cm.
12 Years	
WEIGHT	Solitary, focal, mildly prominent to enlarged medial iliac lymph node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The medial iliac lymph node was not overtly consistent with neoplastic or inflammatory criteria. The lymph node measured 1.4 cm x 0.42 cm.
20.7 Lbs.	
INTERPRETED BY	No effusion was present.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
IMAGING PERFORMED BY	ULTRASONOGRAPHIC FINDINGS
Sara Hansen	<ul style="list-style-type: none"> • Regional to generalized variable thickened stomach, exhibiting hyperechoic mural echogenicity and loss of discernable wall layering • Multifocal hypoechoic to swollen cranial abdominal lymphadenopathy • Associated perigastric and perilymphatic reactive to inflamed mesentery • Intermittent, nonspecific splenic nodules- focal areas of lymphoid hyperplasia, hematopoiesis, acute infarct, hematoma, primary versus metastatic neoplasia possible • Nonspecific, mild left adrenomegaly • Prominent mildly non-homogeneous to hypoechoic pancreas- potential for concurrent pancreatitis
HOSPITAL NAME	
Pleasant Hill AH	
REFERRING VET	
Dr. Larsen	
INVOICE	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
14042	Although sampling is required for further clarification, the presentation of the stomach, as well as the cranial abdominal lymphadenopathy are consistent with neoplastic criteria. Non-neoplastic etiologies such as severe gastric and lymphatic inflammation/infection possible, yet thought less likely.
DATE	
2/21/22	



PATIENT

Jock McCorkle

SPECIES

Canine

BREED

Jack Russell

SEX

Neutered Male

AGE

12 Years

WEIGHT

20.7 Lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Pleasant Hill AH

REFERRING VET

Dr. Larsen

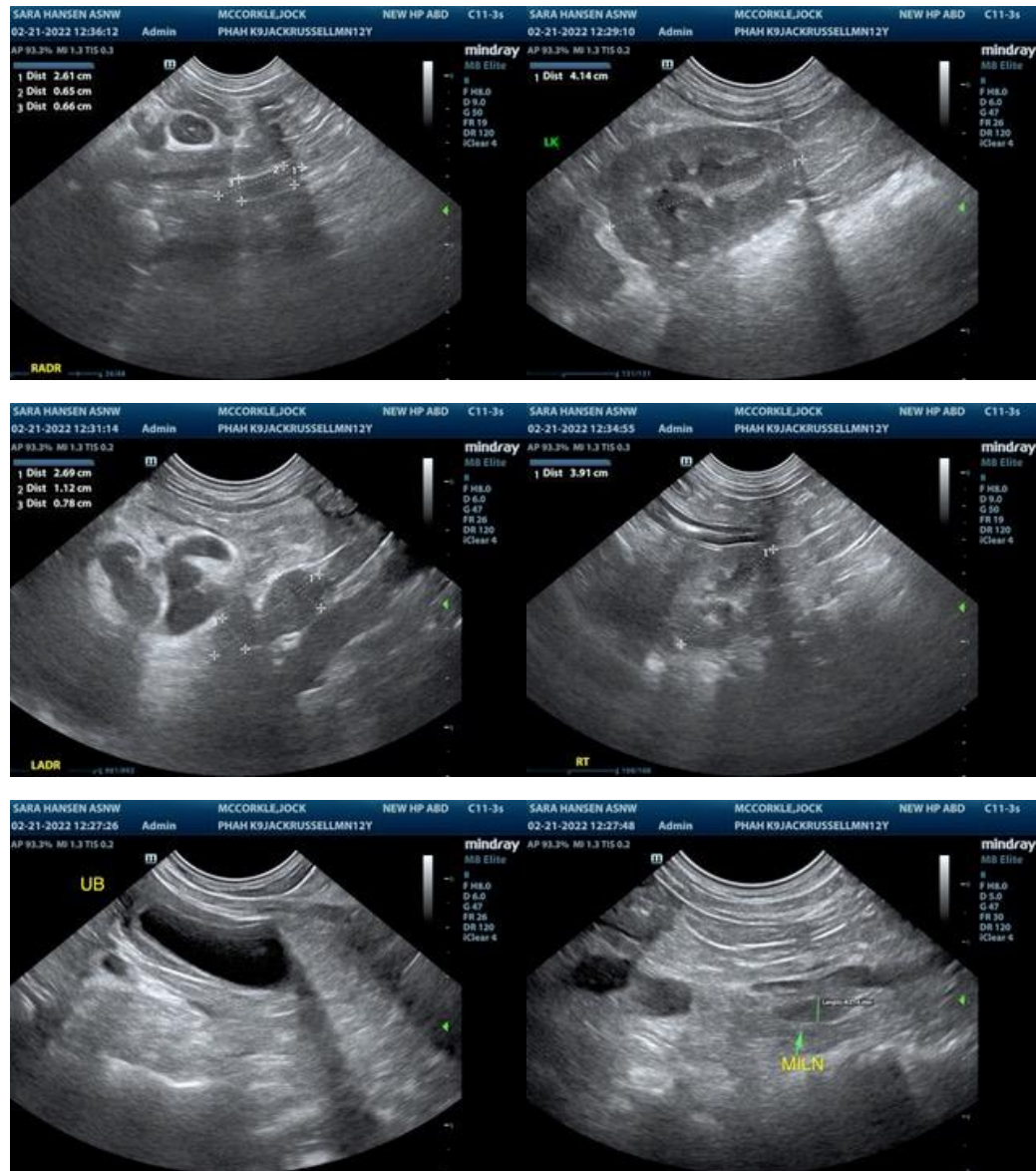
INVOICE

14042

DATE

2/21/22

Although not definitive, concern for potential early splenic metastasis warranted as well as possibility of regional perigastric to perilymphatic omental seeding cannot be excluded. Assuming normal clotting status, ultrasound guided FNA of the gastric wall (if accessible) as well as the cranial abdominal lymph node warranted for screening cytology and potential for oncology consult. Clinical correlation to the perianal swelling is unclear, yet concurrent FNA of the area of the perianal swelling could be considered for further assessment/staging.





PATIENT

Jock McCorkle

SPECIES

Canine

BREED

Jack Russell

SEX

Neutered Male

AGE

12 Years

WEIGHT

20.7 Lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Pleasant Hill AH

REFERRING VET

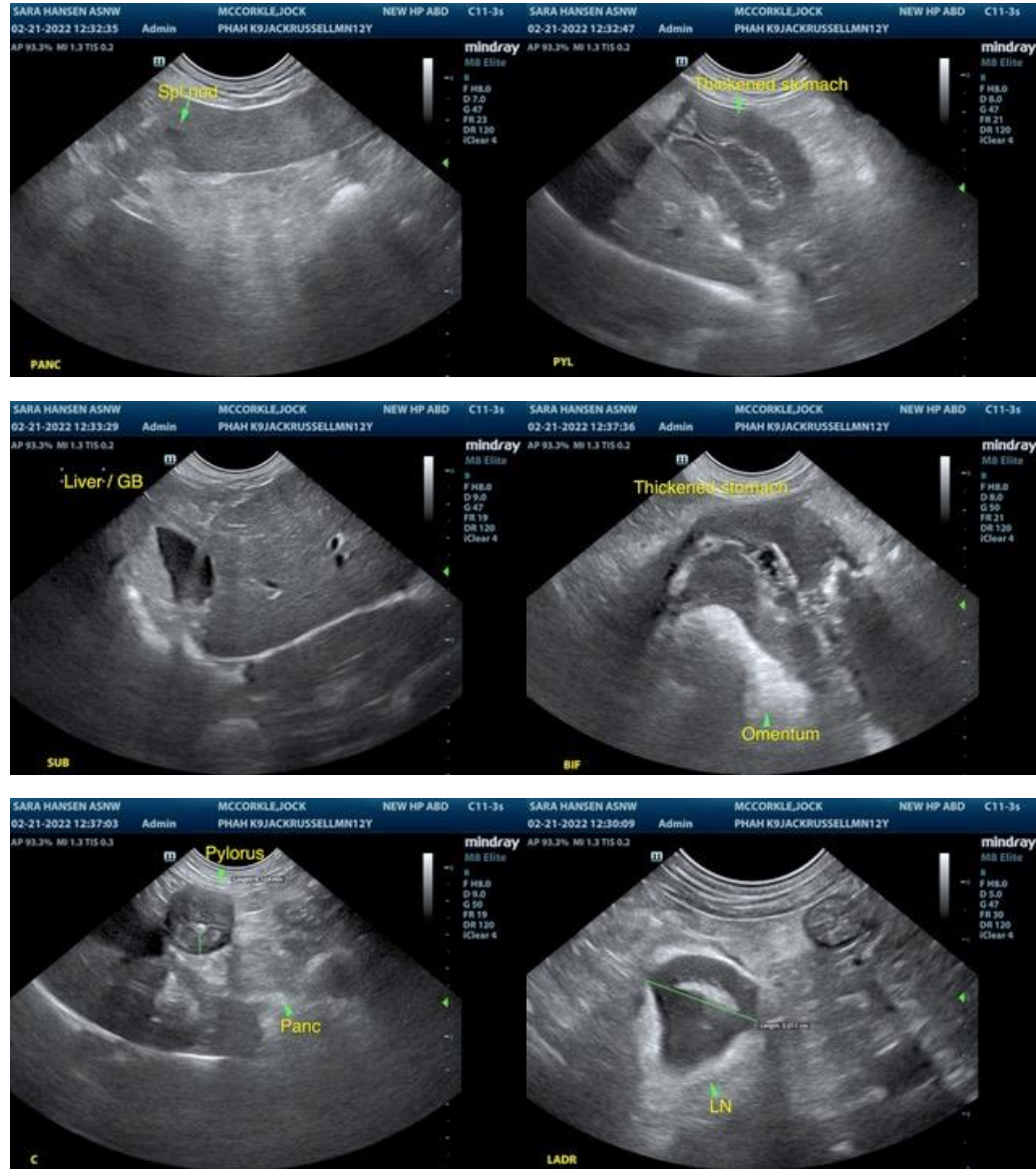
Dr. Larsen

INVOICE

14042

DATE

2/21/22



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