



PATIENT

Laya Vandette

SPECIES

Canine

BREED

Labrador

SEX

Spayed Female

AGE

4 Years

WEIGHT

38.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Guenther

HOSPITAL NAME

Central Island Vet
Emergency Hospital

REFERRING VET

Dr. Wilson

INVOICE

45559

DATE

2/28/23

PRESENTING CLINICAL SIGNS

O noticed enlarged LNs under jaw. Lethargic for about 24h.

Abnormal PE/Chem/CBC/UA Results: Generalized peripheral lymphadenopathy. Cytology pending. Normal thoracic XRs. CBC - marked leukocytosis w/ marked neutrophilia/ left shift. Chem - hyperglobulinemia only.

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 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.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 3.3 cm x 0.50 cm in width. The left adrenal gland measured 3.3 cm x 0.57 cm 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

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.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The stomach contained a moderate amount of strongly shadowing ingesta exhibiting mild near field hyperechogenicity. No overt evidence of obstructive pyloric mural pathology.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Mild segmental intestinal ingesta/chyme noted. No obstructive pattern.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas



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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.

SPECIES

Canine

Free Abdomen

BREED

Labrador

Several enlarged mid to cranial mesenteric and concurrent mildly prominent medial iliac lymph nodes were present. Example of medial iliac lymph node measured 2.8 cm x 1.7 cm. Example of cranial mesenteric lymph node measured 4.5 cm x 2.7 cm. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. The lymph nodes exhibited abnormal width to length ratio >0.5. Subtle perilymphatic hyperechoic tissue noted. No evidence of peritoneal effusion or omental masses.

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ULTRASONOGRAPHIC FINDINGS

- Intermittent hypoechoic to swollen variably sized mesenteric and medial iliac lymphadenopathy
- Strongly shadowing gastric ingesta
- Sonographically normal liver/spleen

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Pending sampling of peripheral lymphadenopathy, considerations for the mesenteric and medial iliac lymphadenopathy may include reactive inflammatory or neoplastic criteria, although neoplastic lymphatic criteria was met and favored. Correlation with peripheral lymph node cytology with possible screening hepatosplenic FNA cytology and oncology consult recommended.

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The strongly shadowing gastric ingesta is non-specific, yet there is some concern for possible concurrent gastric foreign material. Correlation with most recent meal ingestion is recommended. If documented NPO or for further assessment, monitoring for gastric emptying with documented NPO and potential sonographic gastric reassessment is suggested.

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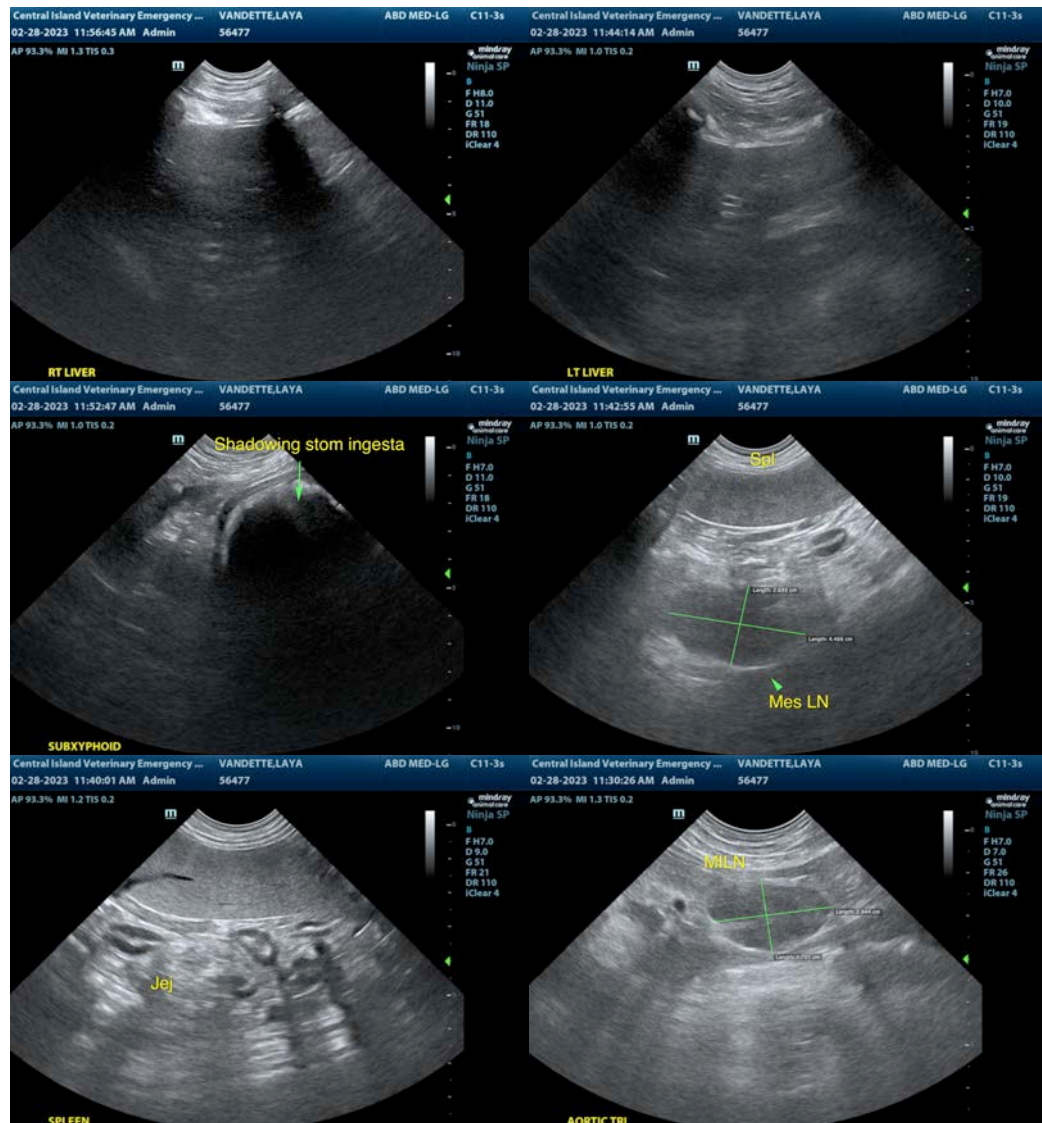
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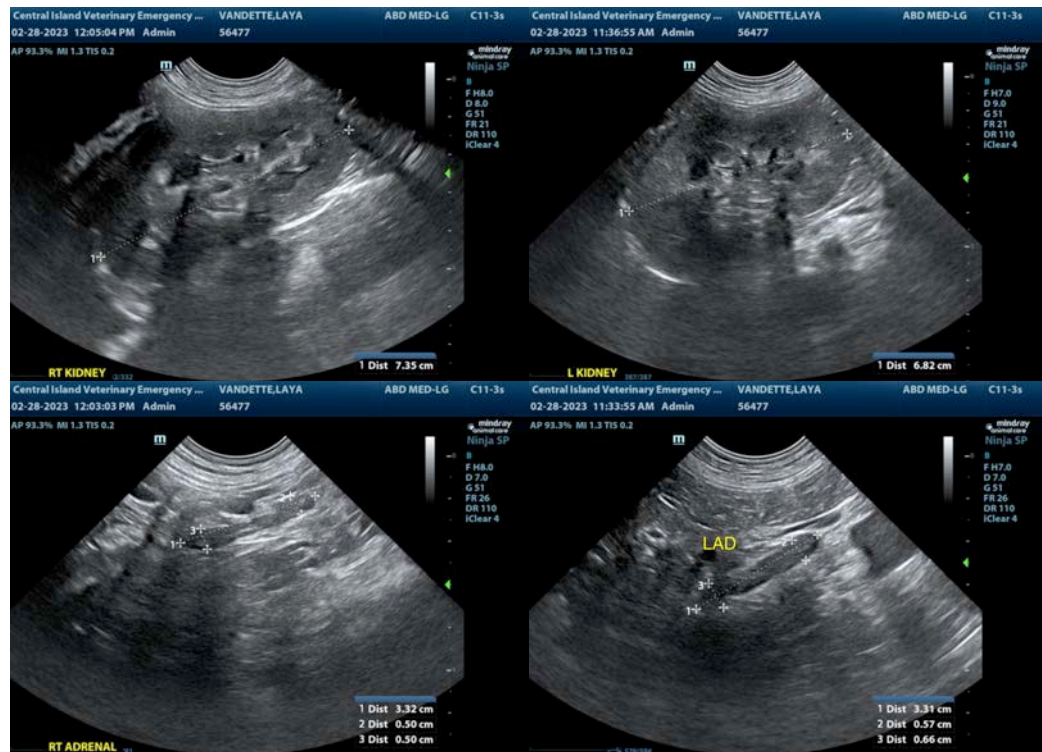
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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