



PATIENT PRESENTING CLINICAL SIGNS

Baxter DeAngelo History: Recheck us for GI LSA sx/chemo done 8.2020

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SPECIES

Canine

Urinary System

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

BREED

Dachshund

No overt pathology in the area of the residual prostate.

SEX

Neutered Male

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 4.8 cm in length. The right kidney measured 4.9 cm in length.

AGE

2017

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.8 cm in length x 0.54 cm width at the caudal pole.

WEIGHT

21.5 Pounds

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.0 cm in length x 0.28 cm width at the caudal pole.

INTERPRETED BY

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

Spleen

The spleen exhibited mild asymmetrical caudal contour, not consistent with inflammatory or neoplastic criteria. This is likely incidental or patient variant. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

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.

HOSPITAL NAME

Stanglein VC

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

REFERRING VET

Dr. Green

Gastrointestinal

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.

INVOICE

14311

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.

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

DATE

3/14/22

Pancreas



PATIENT

Baxter DeAngelo

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

Several, mildly prominent to swollen, mildly hypoechoic, medial iliac lymph nodes were present adjacent to the iliac trifurcation and cranial to the urinary bladder. An example measured 1.2 cm x 0.76 cm. No other evidence of overt mesenteric lymphadenopathy. No omental masses or peritoneal effusion noted.

BREED

Dachshund

ULTRASONOGRAPHIC FINDINGS

- Nonspecific, mildly prominent medial iliac lymph nodes
- Overtly normal gastrointestinal tract

SEX

Neutered Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of gastrointestinal or major abdominal metastatic disease from previous lymphoma. The mildly prominent to swollen medial iliac lymph nodes were nonspecific and may indicate reactive or benign change. However, given the patients history and presentation of the lymph nodes, the possibility of emerging neoplastic criteria could be possible.

AGE

2017

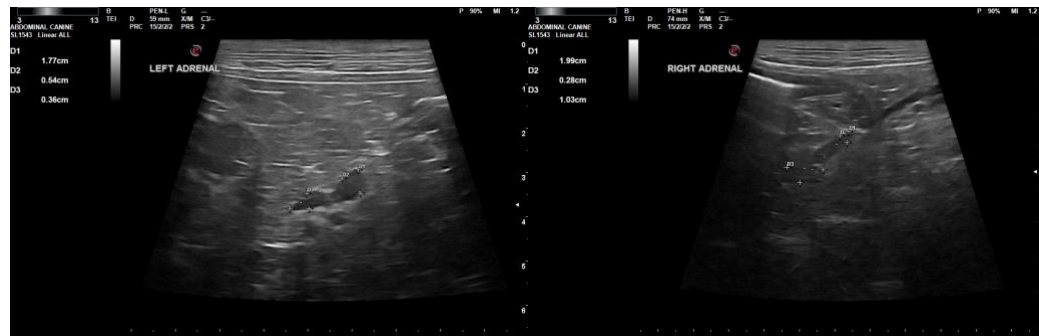
Ideally, ultrasound guided FNA of the medial iliac lymph nodes recommended for screening cytology. However, at this point, these lymph nodes may not be accessible to FNA based on location and size. Therefore, serial sonographic monitoring with initial recheck in 4 weeks or based on oncology recommendations is suggested. If not recently done, three-view chest radiographs are recommended.

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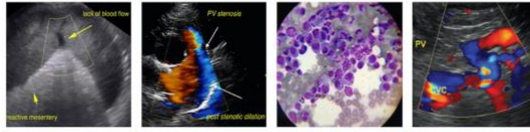
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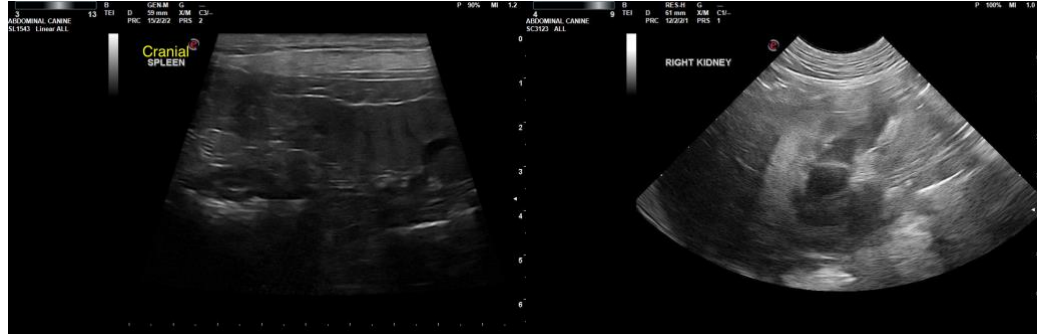
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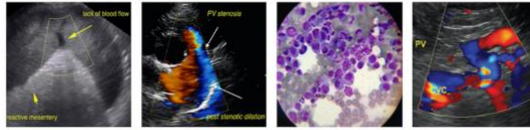
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



PATIENT

Baxter DeAngelo

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