



PATIENT PRESENTING CLINICAL SIGNS

Siara Mai Washnuk

History: Patient has nodules on mammary glands, was scheduled for surgery, on date of surgery (2 weeks after initial PE) nodules had grown significantly and patient experienced 1kg weight loss, mentation heavily sedated though still responsive, non-ambulatory. Patient not eating as well between appointments. meds: Gabapentin 200mg PO BID, Amoxiclav 375mg PO BID

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: UREA 15.2, K 6, WBC 18.93 rads: ABDOMEN: There is slight decreased serosal definition within the mid abdomen. The liver and spleen are unremarkable. The kidneys and urinary bladder are not well identified. No abnormal GI dilation or plication appreciated. No evidence of GI foreign material. Multiple sites vertebral spondylosis are present. Osteoarthritis of the right coxofemoral joint is present, there appears to be bilateral hip dysplasia. There is narrowing of the L1-2 disc space. There is a soft tissue opacity mass within the inguinal region likely correlating with the reported mammary mass.

BREED

Spaniel X

SEX

Spayed Female

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

AGE

14 Years

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.

WEIGHT

18.55 kg

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 5.3 cm in length. The right kidney measured 6.0 cm in length.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.5 cm x 0.63 cm width at the caudal pole.

IMAGING PERFORMED BY

Kelly Reschny

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.1 cm x 2.52 cm width at the caudal pole.

HOSPITAL NAME

Beattie PH Stoney
Creek

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.

REFERRING VET

Dr. Baskin

Liver

The liver exhibited mild subjective enlargement with the ventral liver extending caudally past the level of the gastric axis. 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.

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DATE

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



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Gastrointestinal

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The stomach presented intact yet mildly prominent wall layering with empty lumen. The ventral gastric body wall measured 0.55 cm width. Minor luminal gas was present without evidence of retained ingesta, fluid or foreign material.

SPECIES

Canine

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The duodenum exhibited minor corrugation. The lumen of the small intestine was empty with no signs of mechanical/metabolic small intestinal ileus or intestinal masses. The duodenum wall measured 0.47 cm. The jejunum wall measured 0.38 cm.

BREED

Spaniel X

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

SEX

Spayed Female

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 was evident.

AGE

14 Years

Free Abdomen

Multiple, mildly to variably enlarged nonhomogeneous medial iliac lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of mild perilymphatic reactive mesentery was present. An example of lymph node size was 2.4 cm x 0.92 cm.

WEIGHT

18.55 kg

Generalized, primarily mid to cranial abdominal mildly non-uniform hyperechoic mesentery present without evidence of concurrent peritoneal free fluid. No omental masses or evidence of significant omental lymphadenopathy noted.

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DABVP (Canine and
Feline)

ULTRASONOGRAPHIC FINDINGS

- Non-specific yet suspicious medial iliac lymphadenopathy
- Gastroenteritis pattern
- Mild, subjective yet nonspecific hepatomegaly
- Mild chronic renal changes
- Nonspecific mid to cranial abdominal non-uniform hyperechoic mesentery- potential reactive or mild inflamed mesentery, possible secondary to gastrointestinal inflammation possible.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patients history of mammary masses, concern for possible early medial iliac metastasis is warranted, although not definitive, with additional considerations, including medial iliac lymphoid hyperplasia or reactive lymphadenitis.

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The nonspecific, mild, subjective hepatomegaly may indicate reactive hepatomegaly, low-grade inflammation, mild congestion with occult neoplasia considered less likely yet cannot be excluded.

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In light of the patients history, and assuming normal clotting status, ultrasound guided hepatic and medial iliac lymph node FNA, if accessible, warranted for screening cytology. Further assessment may



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include three-view chest radiographs, if not done, +/- GI panel and resting cortisol given the mild hyperkalemia and mild azotemia to rule out occult disease as potential contributing factors to the patients clinical signs and mild weight loss.

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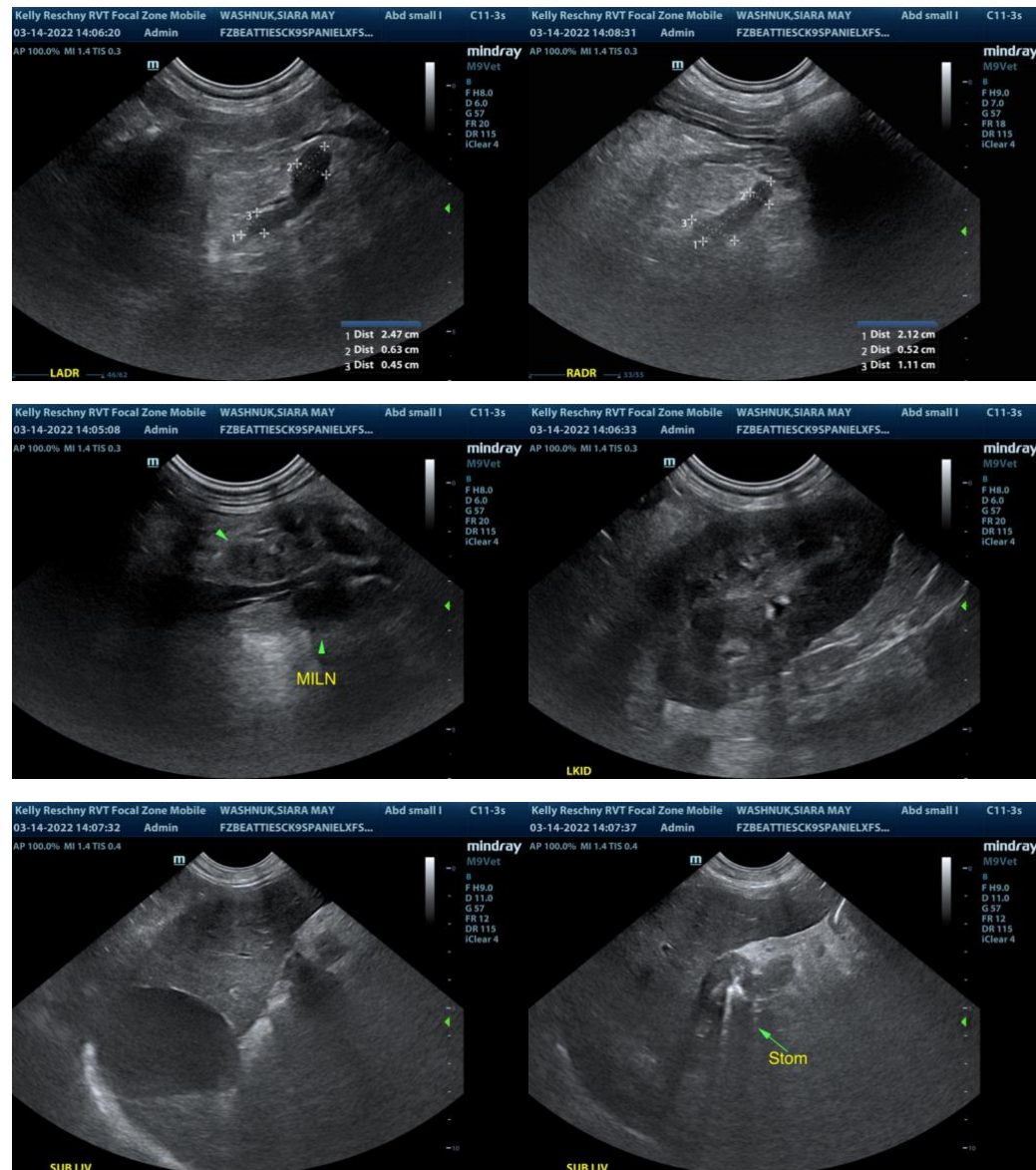
Dr. Baskin

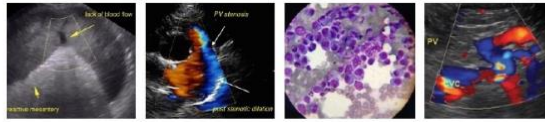
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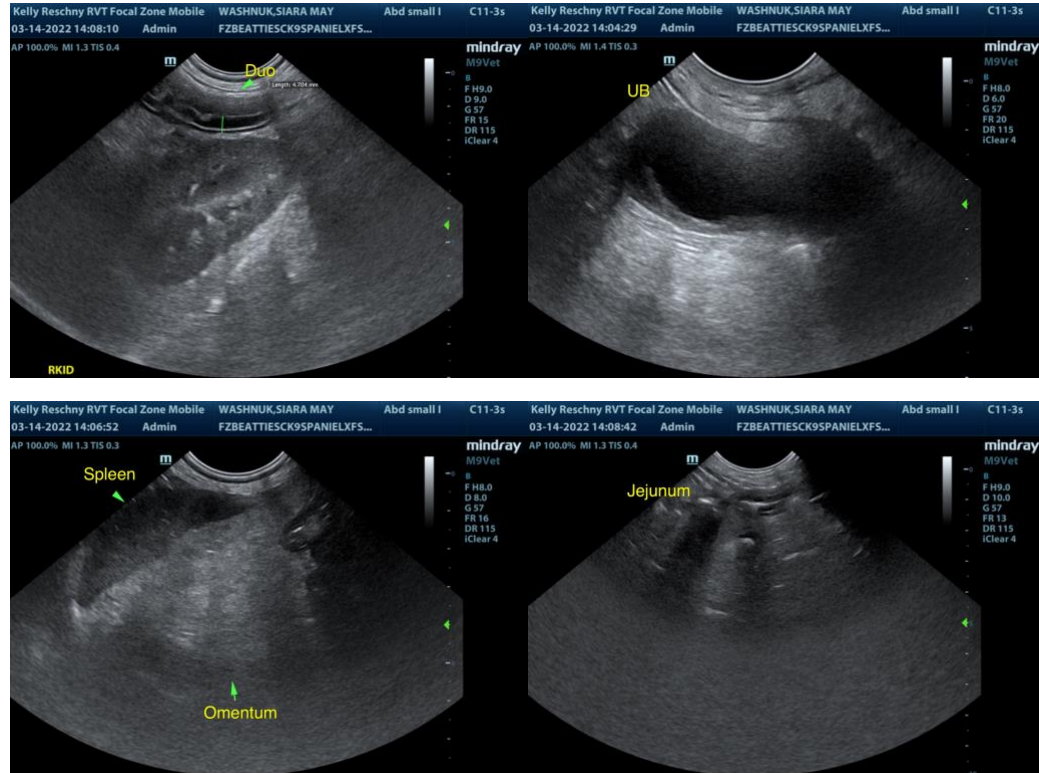
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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