



PATIENT

Pepper Barry

SPECIES

Canine

BREED

Boxer

SEX

FS

AGE

3.5 years

WEIGHT

21 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

**IMAGING
PERFORMED BY**

Crystal Hill

HOSPITAL NAME

Southside Pet Hospital

REFERRING VET

Dr. Honda

INVOICE

13533

DATE

3/23/22

PRESENTING CLINICAL SIGNS

Has not been seen since her Spay surgery. Has not been eating for about 1 week. Lethargic and depressed. No known toxins or FB but will occasionally eat a stick or a leaf.

Abnormal PE/Chem/CBC/UA Results: Azotemia, please see attached radiographs.

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 was noted.

The area of the uterine remnant was without overt pathology or inflammatory criteria. No evidence of pathology was noted in the area of the previous left or right ovaries.

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 5.5 cm in length. The right kidney measured 6.5 cm in length.

Adrenal Glands

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 0.59 cm width at the cranial pole. The right adrenal gland was indistinctly visualized owing to patient conformation and mild overlying gastrointestinal gas artifact, yet without overt pathology subjectively measuring 0.79 cm width at the caudal pole.

Spleen

The spleen was normal in size and contour with generalized mild splenic parenchyma heterogeneity. No masses or nodules were noted. Normal splenic vascularity was present.

Liver/ Gallbladder

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 lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.

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 obstruction. No evidence of mechanical / metabolic gastrointestinal ileus or overt foreign material was noted.



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

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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 were evident.

Canine

Free Abdomen

BREED

Multiple, variably sized, hypoechoic to mildly swollen mesenteric and likely medial iliac lymph nodes were present. An example of a mesenteric lymph node measured 3.5 cm x 2.3 cm. An example of a likely medial Iliac lymph node measured 3.6 cm x 1.4 cm. Subtle evidence of perilymphatic reactive mesentery was present. No peritoneal effusion was noted.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

AGE

- Sonographically unremarkable kidneys
- Overtly normal gastrointestinal tract, possible structurally insignificant gastroenteritis or inflammatory bowel
- Multifocal variably sized to hypoechoic to mesenteric and likely medial iliac lymph nodes - hyperplasia, reactive lymphadenitis potentially owing to inflammatory bowel episode, potential for emerging neoplastic lymphadenopathy cannot be excluded
- Normal splenic size and contour exhibiting mild parenchyma heterogeneity - nonspecific, patient variant, hematopoiesis, hyperplasia, Incidental splenitis suspected without overt evidence of neoplastic splenic criteria

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The primary finding In this case is the multiple variably sized yet hypoechoic mesenteric and likely medial iliac lymph nodes without overt evidence of renal pathology, uterine remnant pathology, or structurally significant gastrointestinal pathology.

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Assuming normal clotting status and if accessible, ultrasound-guided FNA of an enlarged mesenteric lymph node is warranted for screening cytology +/- culture and sensitivity. Screening splenic cytology could also be considered primarily to ensure only benign changes are present. Empirically, hospitalization with IV fluid protocol and full urinary workup with an assessment of renal response, as well as empirical therapy for possible lymphadenitis potentially secondary to inflammatory bowel episode Including Metronidazole/Zithromax combination and sonographic reassessment would be reasonable. Adrenal screening with resting cortisol to assess for or rule out occult Addison's Disease is warranted.

REFERRING VET

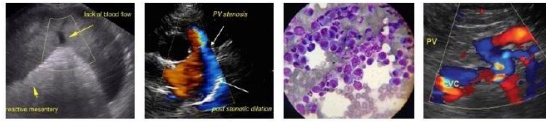
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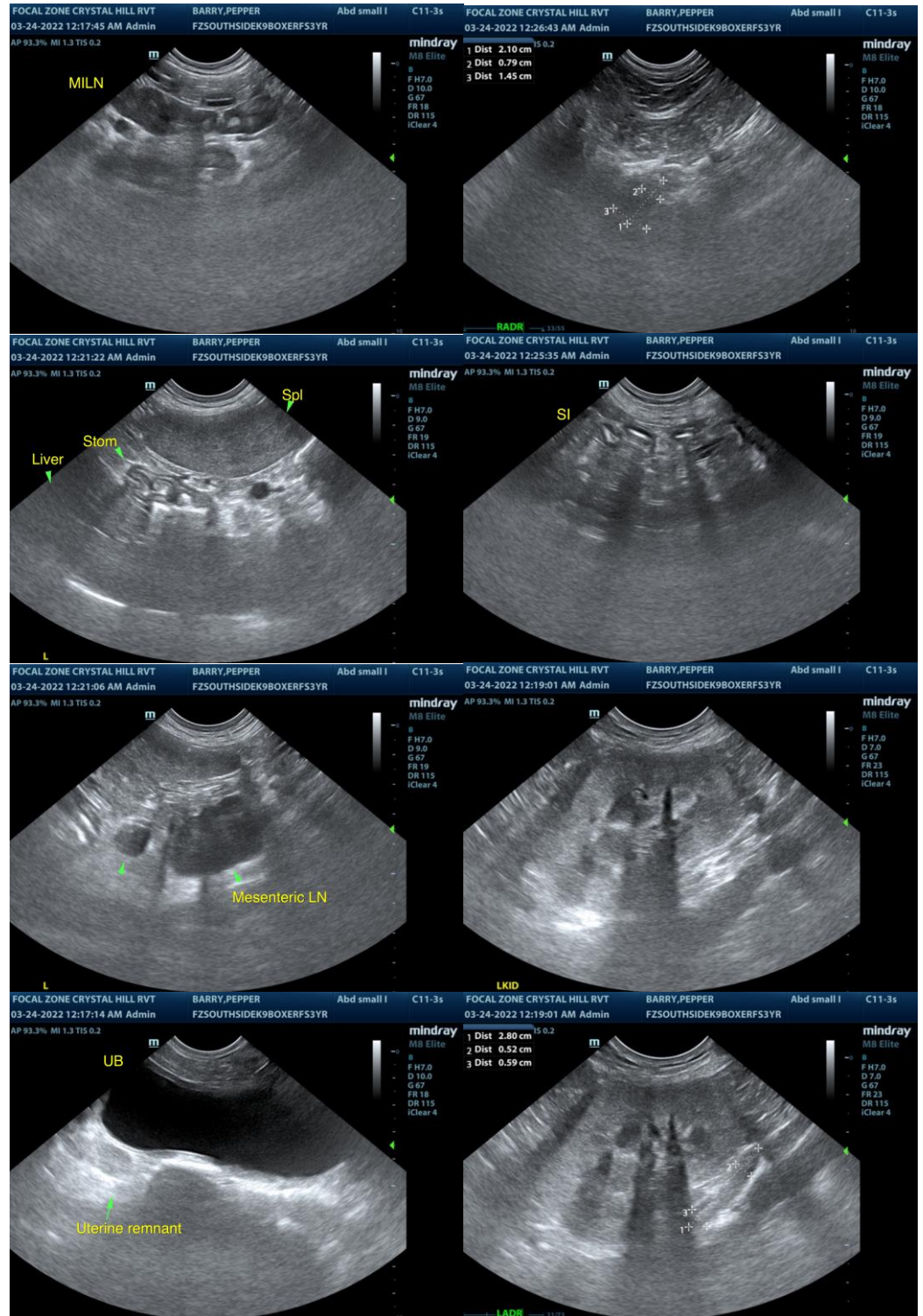
Dr. Honda

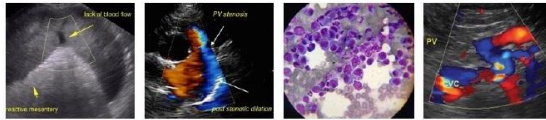
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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