



**PATIENT PRESENTING CLINICAL SIGNS**

Maggie Gowan

History: Swollen lymph nodes, histovet shows mostly reactive lymph nodes but potential concern for more monotypic population of sm ln. What is the main concern for this recheck? p remains swollen lethargic vomiting less than before - improvement (fO didn't use cerenia for nausea) another round of bloodwork if possible not acting herself

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: Maggie's bW came back with increased cPl and band neutrophills suggesting a pancreatitis with response to bacterial infection. Liver, kidneys, urine all wnl in early January. cPLi now normal, but O reports minimal improvement.

**BREED**

Labrador X

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**SEX**

Spayed female

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.

**AGE**

8 years

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some mildly 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 7.5 cm in length. The right kidney measured 7.6 cm in length.

**WEIGHT**

35.9 kg

The area of the aortic trifurcation exhibited a solitary homogenous isoechoic to subtly hypoechoic mildly prominent medial iliac lymph node measuring 2 cm x 1 cm. The lymph node was not overtly consistent with neoplastic criteria.

**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 0.50 cm width at the caudal pole and 3.1 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.52 cm width at the caudal pole and 2.5 cm length.

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Beattie Pet Hospital

**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. Davis

**Liver**

The liver presented mildly to moderately enlarged. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

**INVOICE**

10144ag

**DATE**

03/07/2022



## PATIENT

Maggie Gowan

## 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.

## SPECIES

Canine

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.

## BREED

Labrador X

## 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.

## SEX

Spayed female

## Free Abdomen

No overt intra-abdominal lymphadenopathy, omental masses or peritoneal effusion.

## AGE

8 years

## ULTRASONOGRAPHIC FINDINGS

- Mild to moderate nonspecific hepatomegaly.
- Focal subjectively benign reactive medial iliac lymph node-nonspecific lymphoid hyperplasia with potential for minor lymphadenitis possible. Neoplastic criteria was not met.
- Overtly normal gastrointestinal tract.
- Mild age-related renal changes.

## WEIGHT

35.9 kg

## INTERPRETED BY

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although nonspecific, the subjective mild to moderate hepatomegaly may indicate vacuolar hepatic changes or inflammatory hepatopathy without overt evidence of hepatic neoplastic criteria which is considered a less likely differential diagnosis. Correlation with reassessment of hepatic enzymes is suggested. Assuming normal clotting status, an ultrasound guided FNA of the liver could be considered for screening cytology.

## IMAGING PERFORMED BY

Kelly Reschny

A FNA of lymph node if persistent lymphadenopathy with potential for PARR for further assessment could be considered. Sonographic monitoring of the solitary mildly prominent medial iliac lymph node pending reassessment of peripheral lymph node for evidence of progressive enlargement is recommended.

## HOSPITAL NAME

Beattie Pet Hospital

## REFERRING VET

Dr. Davis

No overt evidence of active pancreatitis although the potential for low grade to chronic potentially resolving pancreatitis could be present yet sonographically normal. No overt evidence of gastrointestinal mechanical/metabolic ileus or structural pathology.

Continued as needed gastrointestinal support recommended.

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**SEX**

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**HOSPITAL NAME**

Beattie Pet Hospital

**REFERRING VET**

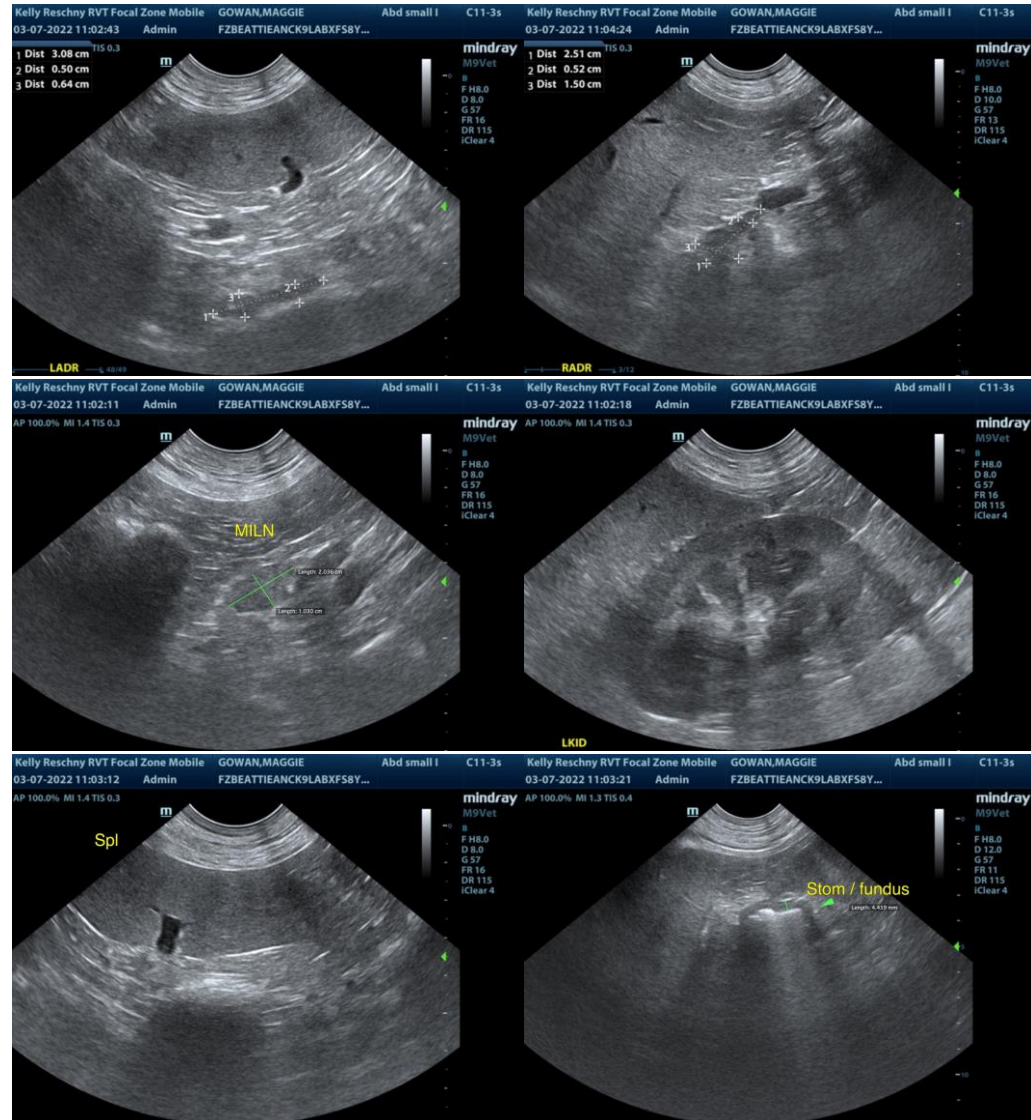
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**BREED**

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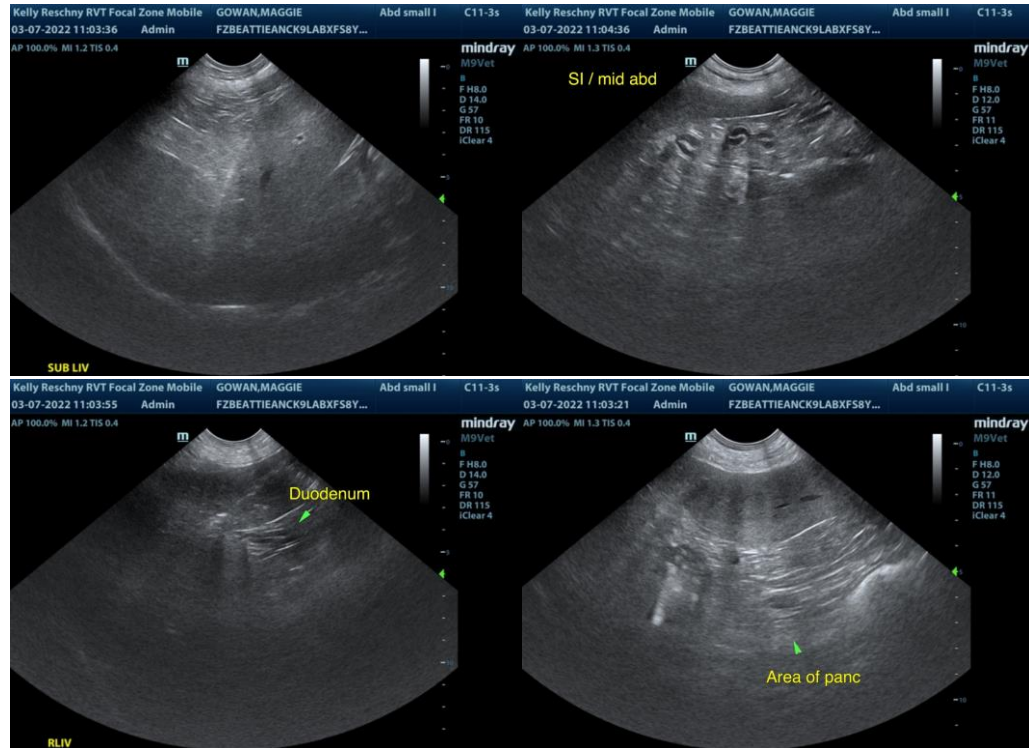
Spayed female

**AGE**

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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)

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