



**PATIENT**

Doby Zamora

**SPECIES**

Canine

**BREED**

Fox Terrier Mix

**SEX**

MN

**AGE**

11yr

**WEIGHT**

19.7lb

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Stiff

**HOSPITAL NAME**

Steamboat Veterinary  
Hospital

**REFERRING VET**

Dr. Stiff

**INVOICE**

13462ag

**DATE**

04/14/2023

**PRESENTING CLINICAL SIGNS**

Hispanic Owner with difficulty in translation. Patient was presented on March 8th, 2023 with diarrhea and vomiting. Radiographs NSF. Bloodwork Attached. Patient responded to Metronidazole and Prednisone. Patient was presented again on March 23rd, 2023 ADR. Bloodwork repeated and Prednisone was prescribed for 14 days ( By another DVM) Patient was diagnosed with Ehrlicia Canis ( 4DX test positive) on April 6th , and started Doxycycline. Today April 14th Doby was presented with vomiting, diarrhea and not eating. Ultrasound screening was performed by Natalia Stiff, I had trouble to find right kidney. Scan was done by Convex and Linear probs, there are 132 clips...sorry. Please contact me on my cell (404-)444-0370 we will be closed tomorrow.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild non-dependent 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 left kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Mild dystrophic medullary mineral was present in the left kidney. No evidence of pelvic dilation was present. The left kidney measured 3.6 cm in length.

The right kidney was not definitively visualized.

The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland subjectively measured 0.45 cm width at the caudal pole and 0.45 cm width at the cranial pole. The right adrenal gland was not definitively visualized.

**Spleen**

The spleen exhibited normal size and minor capsule asymmetry with generalized mild parenchyma heterogeneity. Potential for various discrete micronodular changes was present.

**Liver/Gallbladder**

The liver presented enlarged in size. 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 and mild non-organized echogenic debris. 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.



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The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental to diffuse ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material.

**SPECIES**

Canine

The colon walls presented intact yet mildly prominent wall layering with mild thickened to echogenic submucosa. The colon was primarily empty.

**Pancreas**

**BREED**

Fox Terrier Mix

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**

MN

**Free Abdomen**

Enlarged, hypoechoic mesenteric root lymph nodes were present. The lymph nodes exhibited symmetrical to rounded margination with borderline abnormal width: length ratio (>0.5). The enlarged lymph nodes were bordered by echogenic to reactive mesentery. The mesenteric root lymph nodes measured 3.7 cm length and 1.8 cm width.

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An intermittent scant pocket of peritoneal free fluid was present.

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

19.7lb

- Multifocal variably sized hypoechoic mesenteric root lymph nodes with perilymphatic reactive/inflamed omentum.
- Enterocolitis pattern.
- Mild non-homogenous/nodular spleen.
- Mild hepatic parenchyma remodeling, mild gallbladder debris (non-mucocele).
- Left kidney chronic renal changes.
- Urinary bladder sediment.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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The mesenteric root lymphadenopathy meets neoplastic criteria which is the primary differential diagnosis with severe inflammatory lymphadenopathy/lymphadenitis possible yet thought less likely. The hepatosplenic parenchymal changes and intestine/colon presentation was non-specific yet the possibility of multicentric neoplasia potentially suppressed by recent prednisone cannot be definitively excluded.

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Assuming normal clotting status a mesenteric root lymph node FNA for screening cytology and C/S is warranted for further assessment and possible oncology consult. Pending recommended sampling, as needed GI support is recommended.

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Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

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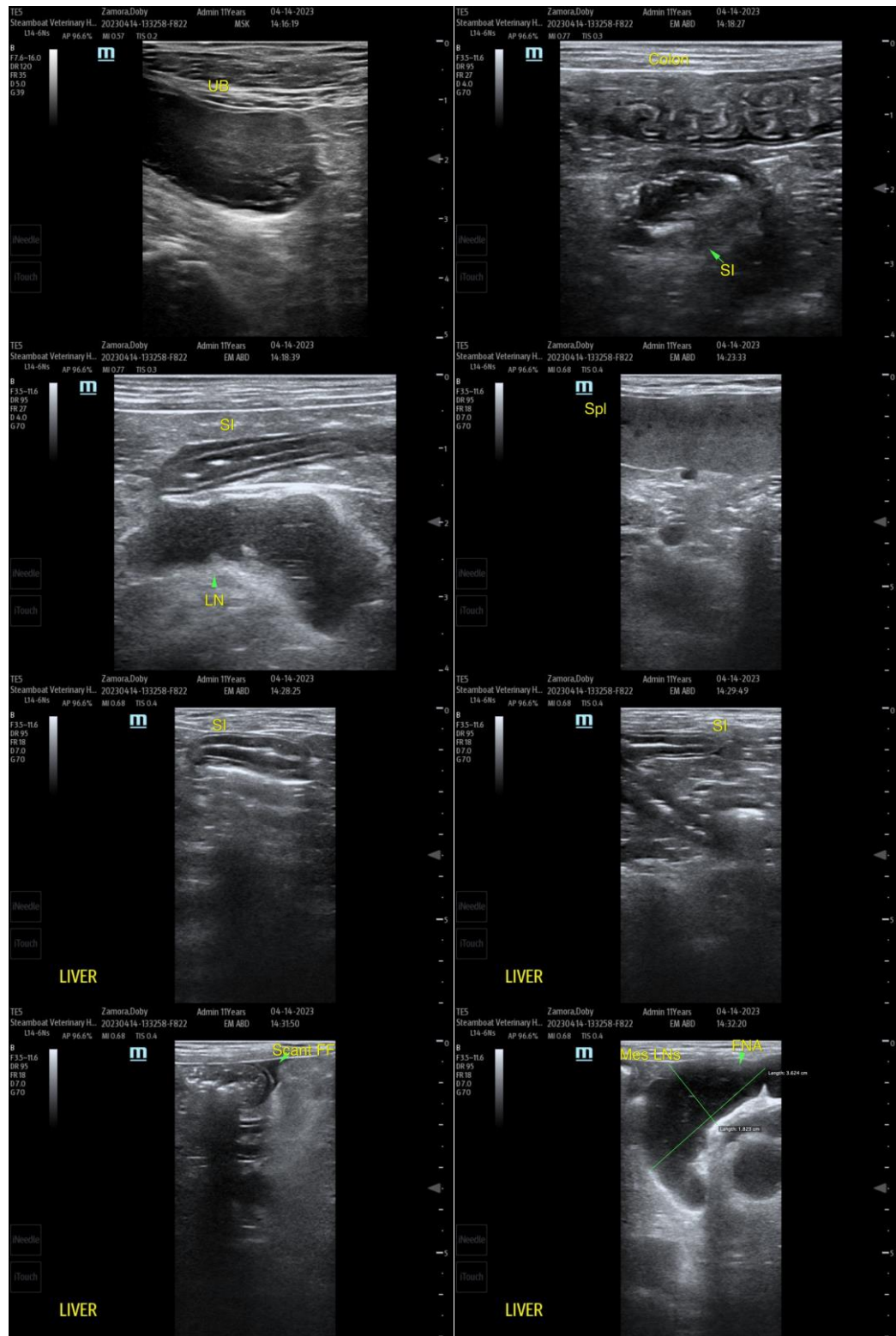
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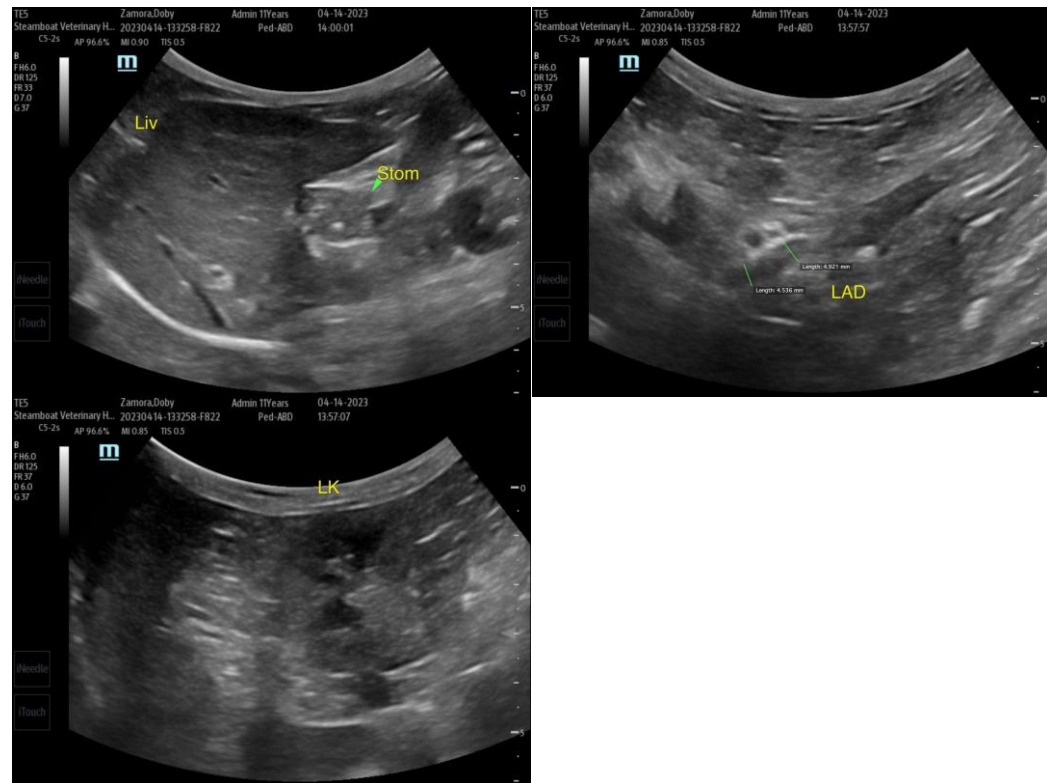
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

**IMAGING PERFORMED BY**

Dr. Stiff

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)  
[mac.daniel@sonopath.com](mailto:mac.daniel@sonopath.com)

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