



PATIENT

Boomer Stickles

SPECIES

Canine

BREED

Labrador Retriever Mix

SEX

MN

AGE

7 years

WEIGHT

82 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Wood River AH

REFERRING VET

Casey Schuelke, DVM

INVOICE

13723

DATE

4/22/22

PRESENTING CLINICAL SIGNS

Presented for bloody diarrhea x 2 weeks - started to improve, but still persists. Diagnosed with indolent lymphoma in April, 2021. Owner notices some breathing changes. Submandibular lymph nodes are enlarged from prior visit. Boomer is eating and drinking fine. Was treated for skin infections at veterinarian in Florida with antibiotics, mousse and shampoo with no improvement. Concern for cutaneous lymphoma and progression of lymphoma. Assess internal lymph nodes, signs of spread to organs, cause of diarrhea.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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 residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.2 cm in diameter.

Mildly prominent yet normal medial iliac lymph node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph node measured 2.4 cm x 0.55 cm, not consistent with inflammatory or neoplastic criteria and considered normal / incidental.

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 8.1 cm in length. The right kidney measured 8.4 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 0.53 cm width at the caudal pole and 0.46 cm width at the cranial pole. No overt pathology was noted in the area of the right adrenal gland.

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.

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



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thin walls and primarily anechoic containing mild gallbladder debris. The cystic and common bile ducts were normal.

Gastrointestinal

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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 gastric body wall width measured 0.64 cm.

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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. The jejunum wall width measured 0.26 cm.

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The colon exhibited intact yet subjective mild prominent descending colon wall layering. Semi-formed feces present in the colon consistent with diarrhea.

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.

Free Abdomen

WEIGHT

82 lbs.

No evidence of omental lymphadenopathy, omental masses, or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

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R. McKenzie Daniel, DVM,
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- Overtly normal abdomen
- Mild descending colitis pattern
- Minor gallbladder debris - incidental

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no overt evidence of significant abdominal visceral pathology, specifically no evidence of intra-abdominal visceral neoplastic criteria.

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Given the bloody diarrhea in this patient, persistent low-grade colitis is likely. Novel protein or hydrolyzed diet trial, high colony count probiotic such as Provable, +/- empirical antibiotic therapy effective for colitis, i.e., Metronidazole or Tylosin is recommended. Broad spectrum deworming such as Panacur 50 mg/kg PO SID for 5 consecutive days could be considered even if fecal testing is negative.

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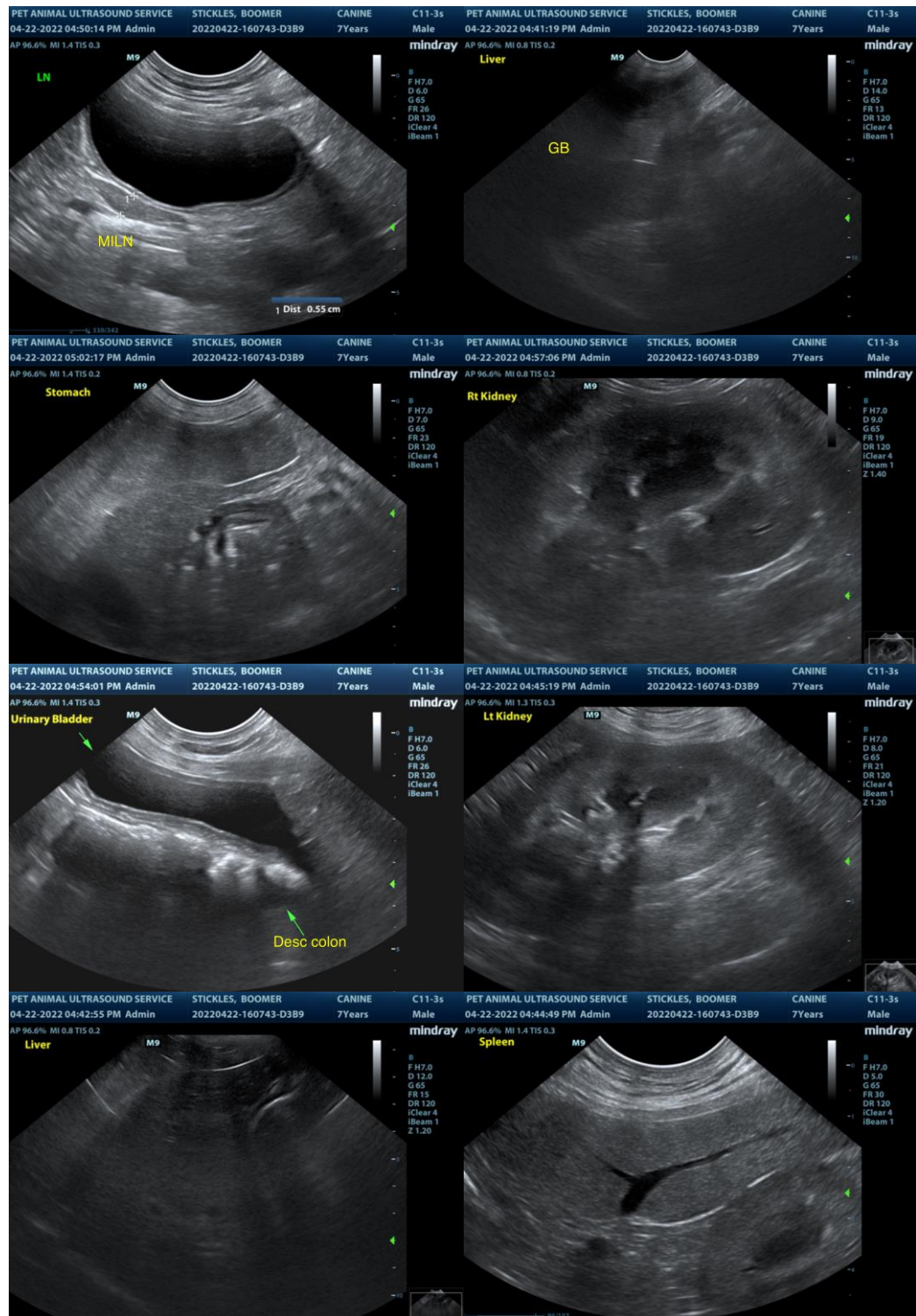
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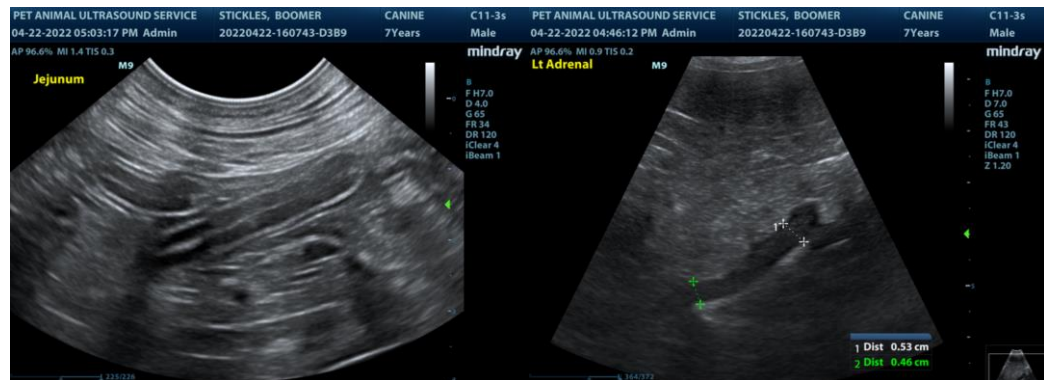
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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