PATIENT

Gigi Couch

SPECIES

Canine

BREED

Shih Tzu

SEX

Spayed Female

AGE

4 Years 5 Months

WEIGHT

8 pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

IMAGING PERFORMED BY

Shari Reffi CVT

HOSPITAL NAME

VCA AVH Animal Hospital

REFERRING VET

Dr. Katherine Kaulius

INVOICE

15390

DATE

04/23/26

PRESENTING CLINICAL SIGNS

Recheck AUS from 2/17/26 (report attached) -ULTRASONOGRAPHIC FINDINGS • Mesenteric lymphadenomegaly. Current medications: Gabapentin/Trazodone

Abnormal PE/Chem/CBC/UA Results: Dilute urine-USG: 1.016 on recheck u/a presented by O for some urinary accidents. Inactive sed., PH 6.5

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 change were noted.

Normal size and margination was 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 3.2 cm in length. The right kidney measured 3.3 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 0.37 cm width at the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.41 cm width at the caudal pole.

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 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 contained mild nonshadowing ingesta/chyme with no signs of ileus, obstruction or foreign material. The stomach wall measured 0.37 cm wall width.

PATIENT

Gigi Couch

SPECIES

Canine

BREED

Shih Tzu

SEX

Spayed Female

AGE

4 Years 5 Months

WEIGHT

8 pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

IMAGING PERFORMED BY

Shari Reffi CVT

HOSPITAL NAME

VCA AVH Animal Hospital

REFERRING VET

Dr. Katherine Kaulius

INVOICE

15390

DATE

04/23/26

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental to primarily generalized mild nonshadowing intestinal ingesta was present. The duodenum wall measured 0.35 cm wall width. The jejunum wall measured 0.28 cm wall width.

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

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.

Free Abdomen

A solitary visualized mildly enlarged surrounded homogenous mesenteric lymph node was present exhibiting similar size compared to the previous study measuring 1.6 cm x 1.0 cm. No evidence of peritoneal effusion.

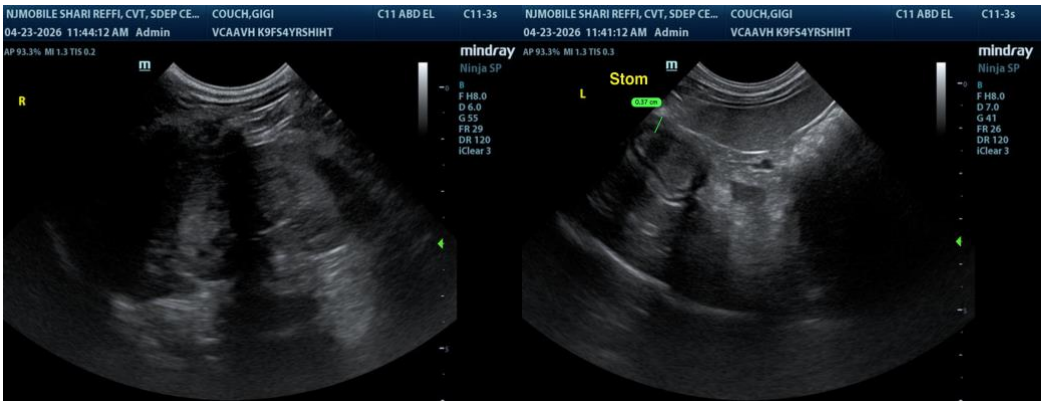
ULTRASONOGRAPHIC FINDINGS

- Persistent static mild mesenteric lymphadenopathy.
- Sonographically normal gastrointestinal tract with generalized gastrointestinal ingesta- consistent with food echogenicity.
- Normal bilateral kidneys.
- Normal urinary bladder and visible proximal urethra.

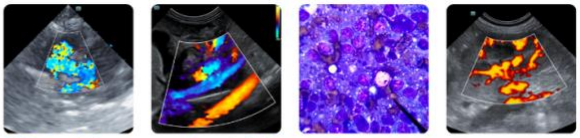
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The previous mesenteric lymphadenopathy is static compared to the previous study and suggestive of benign criteria such as reactive hyperplasia or possible mild lymphadenitis. Neoplastic criteria is considered less likely. Given the previous or historical gastrointestinal signs, the static lymphadenopathy may be secondary or reactive owing to underlying structurally insignificant or non-specific gastrointestinal disease.

Lymph node FNA cytology could be considered if not already or recently done. Correlation with a screening GI panel to include PLI, TLI, cobalamin and folate could be considered. Bland or hydrolyzed diet trial with as needed gastroprotectants and sonographic monitoring of the mesenteric lymph node would be reasonable. Monitoring of urinalysis +/- screening culture and sensitivity on sterile urine sample is recommended.



New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™
www.SonoPath.com
info@sonopath.com
800.838.4268

PATIENT

Gigi Couch

SPECIES

Canine

BREED

Shih Tzu

SEX

Spayed Female

AGE

4 Years 5 Months

WEIGHT

8 pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

IMAGING PERFORMED BY

Shari Reffi CVT

HOSPITAL NAME

VCA AVH Animal Hospital

REFERRING VET

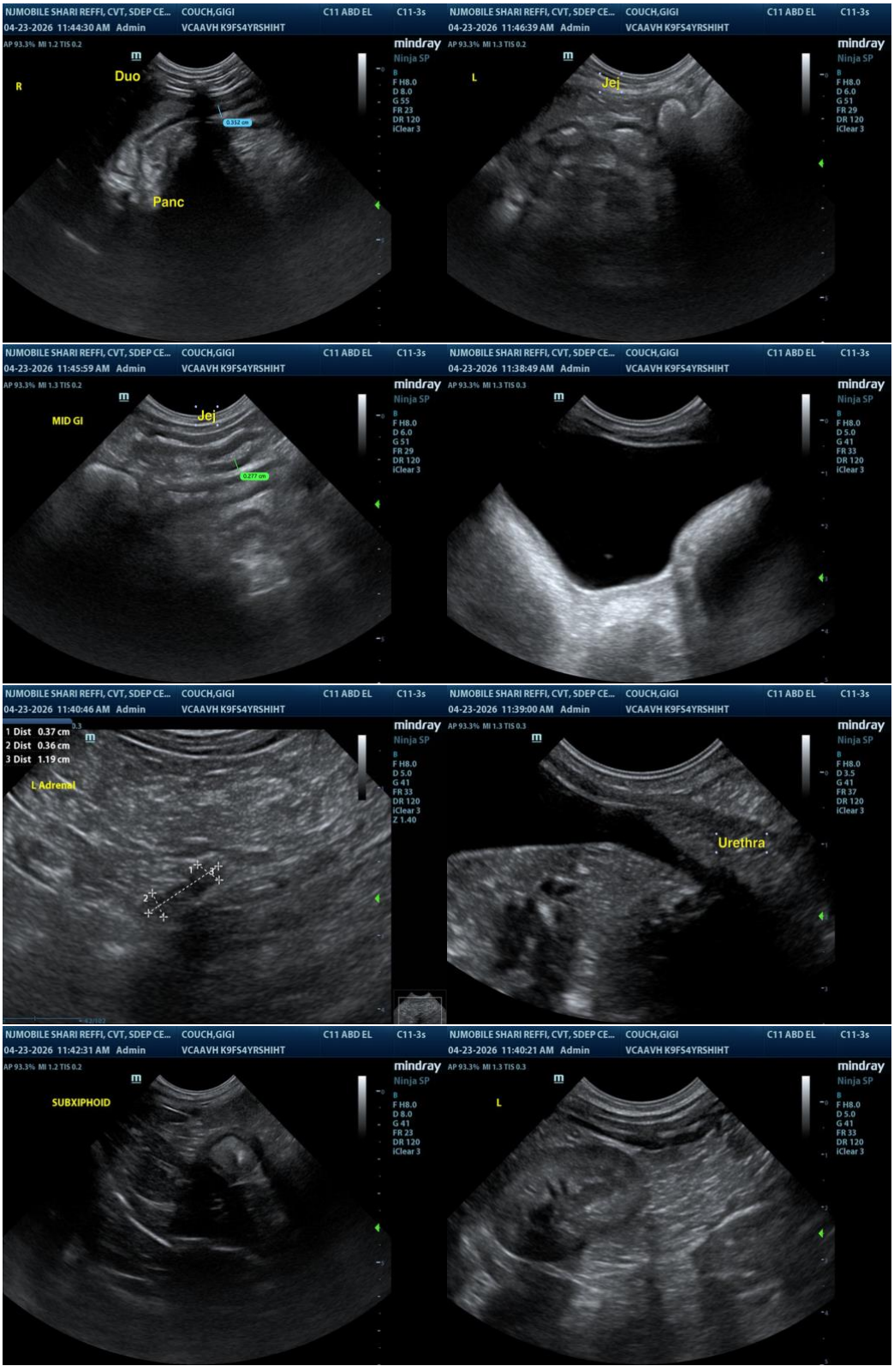
Dr. Katherine Kaulius

INVOICE

15390

DATE

04/23/26



PATIENT

Gigi Couch

SPECIES

Canine

BREED

Shih Tzu

SEX

Spayed Female

AGE

4 Years 5 Months

WEIGHT

8 pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

IMAGING PERFORMED BY

Shari Reffi CVT

HOSPITAL NAME

VCA AVH Animal Hospital

REFERRING VET

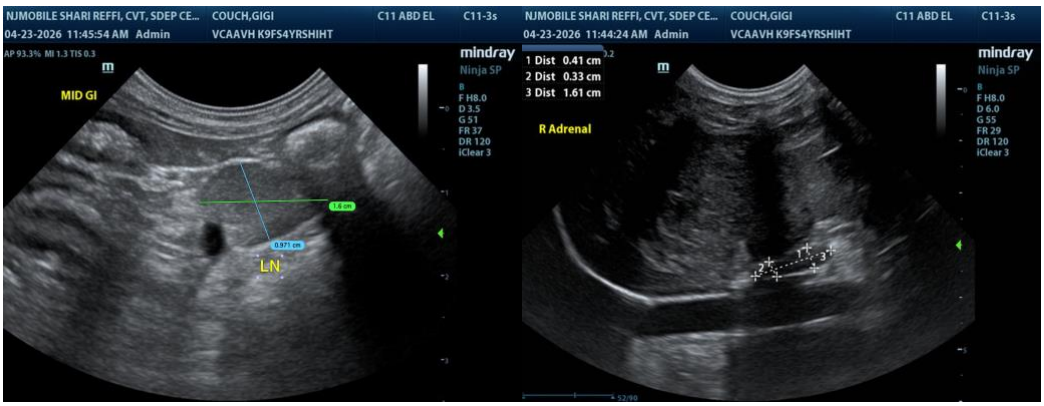
Dr. Katherine Kaulius

INVOICE

15390

DATE

04/23/26



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)

info@SonoPath.com