



PATIENT PRESENTING CLINICAL SIGNS

Peanut Beck Sudden onset vomiting, lethargy, ER 'FAST' scan suggest cystic mass. ALP 179, ALT 134, TBIL 0.9, cort 7.3

SPECIES Medication: Entyce, Cerenia

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Boxer

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.

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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 7.5 cm in length. The right kidney measured 7.2 cm in length.

The area of the aortic trifurcation was free of pathology.

WEIGHT

66

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

Adrenal Glands

INTERPRETED BY

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

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.58 cm width at the caudal pole and 0.41 cm width at the cranial pole. The right adrenal gland was indistinctly visualized measuring 0.62 cm at the caudal pole.

Spleen

IMAGING PERFORMED BY
Rebekah Jakum, CVT
ARDMS/RVT

The spleen exhibited normal size and contour. Intermittent discretely hypoechoic splenic nodules were present, an example measuring 0.6 cm in diameter. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

Liver/Gallbladder

HOSPITAL NAME

Conrad Weiser AH

The liver exhibited mild to moderate enlargement with areas of minor asymmetrical contour and generalized non-homogenous variably echogenic parenchyma. Potential for subtle discrete hepatic nodular changes. No definitive hepatic mass. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size. The gallbladder wall was thickened in appearance consisting of an echogenic double rim corresponding to the inner and outer portions of the wall. This is consistent with gallbladder wall edema. Possible causes may include acute inflammation, edema and anaphylaxis. The gallbladder wall measured 0.4 cm in width.

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Gastrointestinal

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The stomach presented intact mildly prominent wall layering with a normal wall layer ratio. The lumen of the stomach contained potential minor retained ingesta and luminal gas with no signs of ileus, obstruction or foreign material.

DATE
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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.



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

Peanut Beck **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.

SPECIES

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Free Abdomen

BREED

No omental masses or peritoneal effusion was present.

Boxer

Enlarged, hypoechoic to swollen mid abdominal mesenteric root lymph nodes were present. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). The enlarged lymph nodes were bordered by hyperechoic to reactive mesentery. The mesenteric root lymph nodes measured 2.8 cm length and 2.3 cm width.

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ULTRASONOGRAPHIC FINDINGS

- Intermittent discrete splenic nodules-hyperplasia, hematopoiesis, splenitis, small hematomas or emerging neoplastic nodules possible.
- Enlarged non-homogenous liver-vacuolar hepatopathy, inflammatory disease, hematopoiesis, hyperplasia, fibrosis or infiltrative neoplasia all potentials.
- Minor gallbladder wall edema-possible mild cholecystitis.
- Gastroenteritis pattern.
- Enlarged hypoechoic to swollen mid abdominal mesenteric lymph nodes with perilymphatic reactive omentum-hyperplasia, lymphadenitis, neoplasia or other possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

R. McKenzie Daniel,
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Assuming normal clotting status, a mesenteric lymph node and hepatic FNA for screening cytology is warranted for further assessment. The appearance of the mesenteric lymph nodes is concerning for neoplastic criteria. If confirmed, early intestinal and/or hepatic involvement is possible. Recommended sampling with potential oncology consult is required for further clarification.

IMAGING

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

As needed GI support pending additional diagnostics is recommended.

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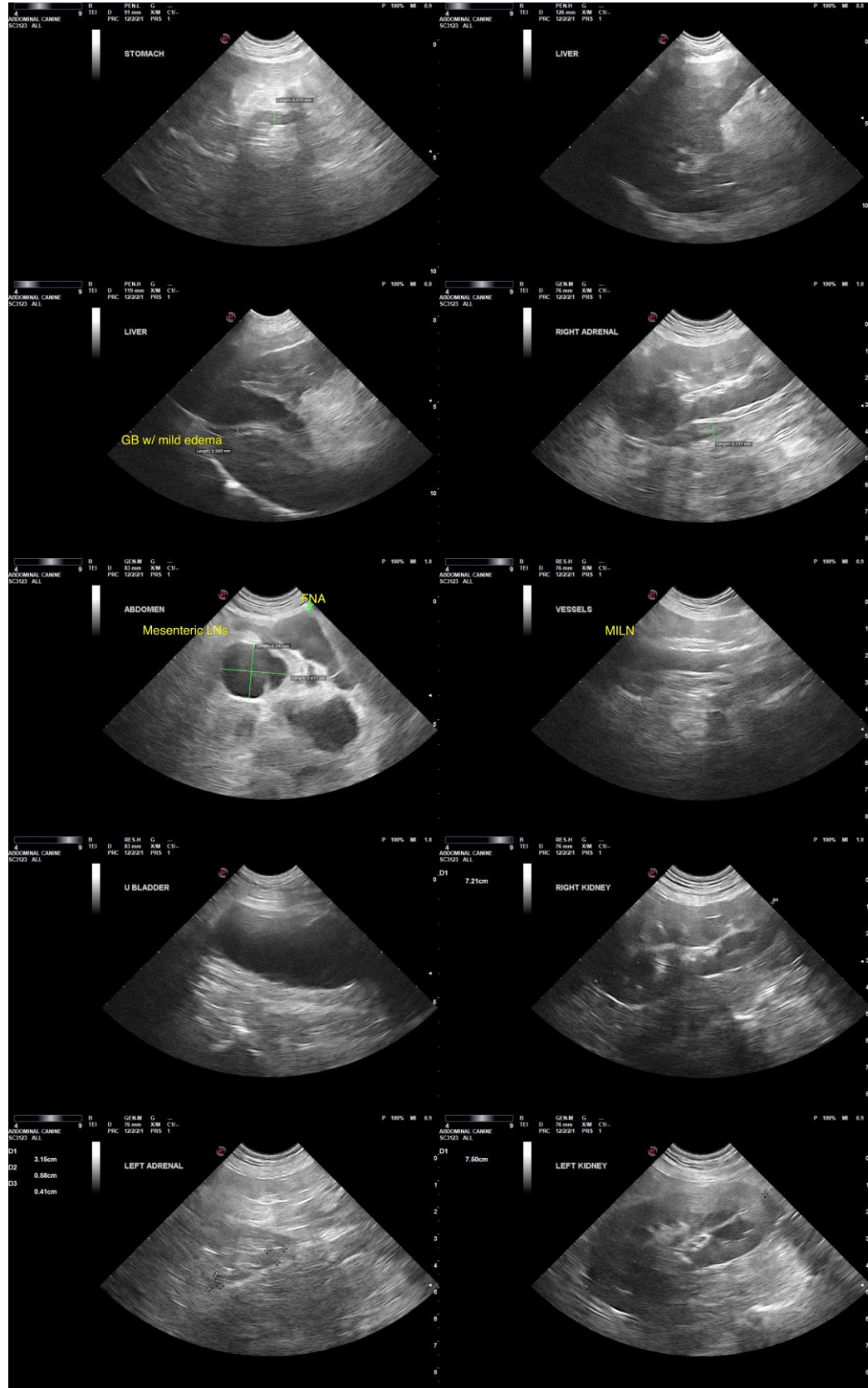
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PATIENT

Peanut Beck

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.

SPECIES

Canine

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.

BREED

Boxer

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