

IMAGING PERFORMED BY

SVS Mobile Imaging CT 262-366-5970
fredgromalak@gmail.com



Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Bindi Napert

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Spayed female

AGE

5 years 3 months

WEIGHT

12 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Badger Veterinary
Hospital Dr Servantez

INVOICE

10305ag

DATE

04/05/2022

PRESENTING CLINICAL SIGNS

History: Patient presented for protruding rectum and persistent swelling of the left ventral cervical region for two weeks post dental.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The left kidney exhibited a small medial cortical cyst. The right kidney exhibited a focal lateral cortical infarct. 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 4.2 cm in length. The right kidney measured 4.5 cm in length.

Adrenal Glands

The left adrenal gland exhibited mild symmetrical caudal pole enlargement measuring 0.49 cm at the cranial pole and 0.71 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 0.54 cm width at the caudal pole and 0.52 cm width at the cranial pole.

Spleen

The spleen exhibited subjective mild enlargement and maintained finely textured and homogenous parenchyma with minor subjective decreased parenchymal echogenicity. A solitary nonexpansive to disruptive medial splenic nodule adjacent to the hilus measuring 0.6 cm in diameter was present. The capsule was smooth and regular without apparent expansion.

Liver

The liver was subjectively mildly enlarged with symmetrical to mildly swollen contour and uniform hepatic parenchyma exhibiting mild decreased echogenicity. No hepatic masses or nodules were noted. 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 was empty with no signs of ileus, obstruction or foreign material.

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.

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

IMAGING PERFORMED BYSVS Mobile Imaging CT 262-366-5970
fredgromalak@gmail.comEDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com**PATIENT**

Bindi Napert

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Spayed female

AGE

5 years 3 months

WEIGHT

12 pounds

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING
PERFORMED BY**

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VETBadger Veterinary
Hospital Dr Servantez**INVOICE**

10305ag

DATE

04/05/2022

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

Several enlarged medial iliac lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 1.8 cm x 0.55 cm.

Enlarged, hypoechoic mesenteric root hepatic and cranial mesenteric 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 echogenic to reactive mesentery. The mesenteric root lymph nodes measured 2.5 cm length and 1.6 cm width.

No peritoneal effusion was observed.

Transdiaphragmatic view revealed comet tail lung pattern, which is echogenic sound wave interface with microconsolidations within the caudal lung field. The lung field should not be visualized by sonogram unless pathology is present. Chest radiographs are recommended to rule out alveolar/lung disease such as neoplasia, thromboembolic disease, chronic inflammatory disease with microconsolidation.

ULTRASONOGRAPHIC FINDINGS

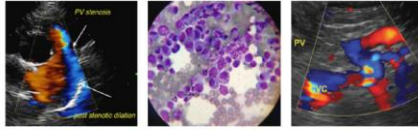
- Small left kidney cortical cyst and focal lateral right kidney cortical infarct.
- Mild hepatosplenomegaly with focal nonexpansive to disruptive medial splenic nodule-nonspecific, hematopoiesis, hyperplasia, focal splenitis, infarct or neoplasia possible.
- Transdiaphragmatic comet tail artifact.
- Multifocal hypoechoic to swollen variably sized intra-abdominal and medial iliac lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further clarification the enlarged intra-abdominal and potential medial iliac lymph nodes are consistent with neoplastic criteria exhibiting width: length ratio of >0.5. Potential for nonneoplastic or inflammatory lymphadenopathy/lymphadenitis may be possible. Potential for early hepatosplenic and/or thoracopulmonary involvement given the presence of comet tail artifact may be possible. Assuming normal clotting status and using a 25g needles, ultrasound guided FNA of an intra-abdominal LN +/-spleen and liver are suggested for cytology +/- C/S. Three view chest radiographs are suggested. Oncology consult is recommended if neoplastic process is confirmed.

IMAGING PERFORMED BY

SVS Mobile Imaging CT 262-366-5970
fredgromalak@gmail.com



Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Bindi Napert

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Spayed female

AGE

5 years 3 months

WEIGHT

12 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

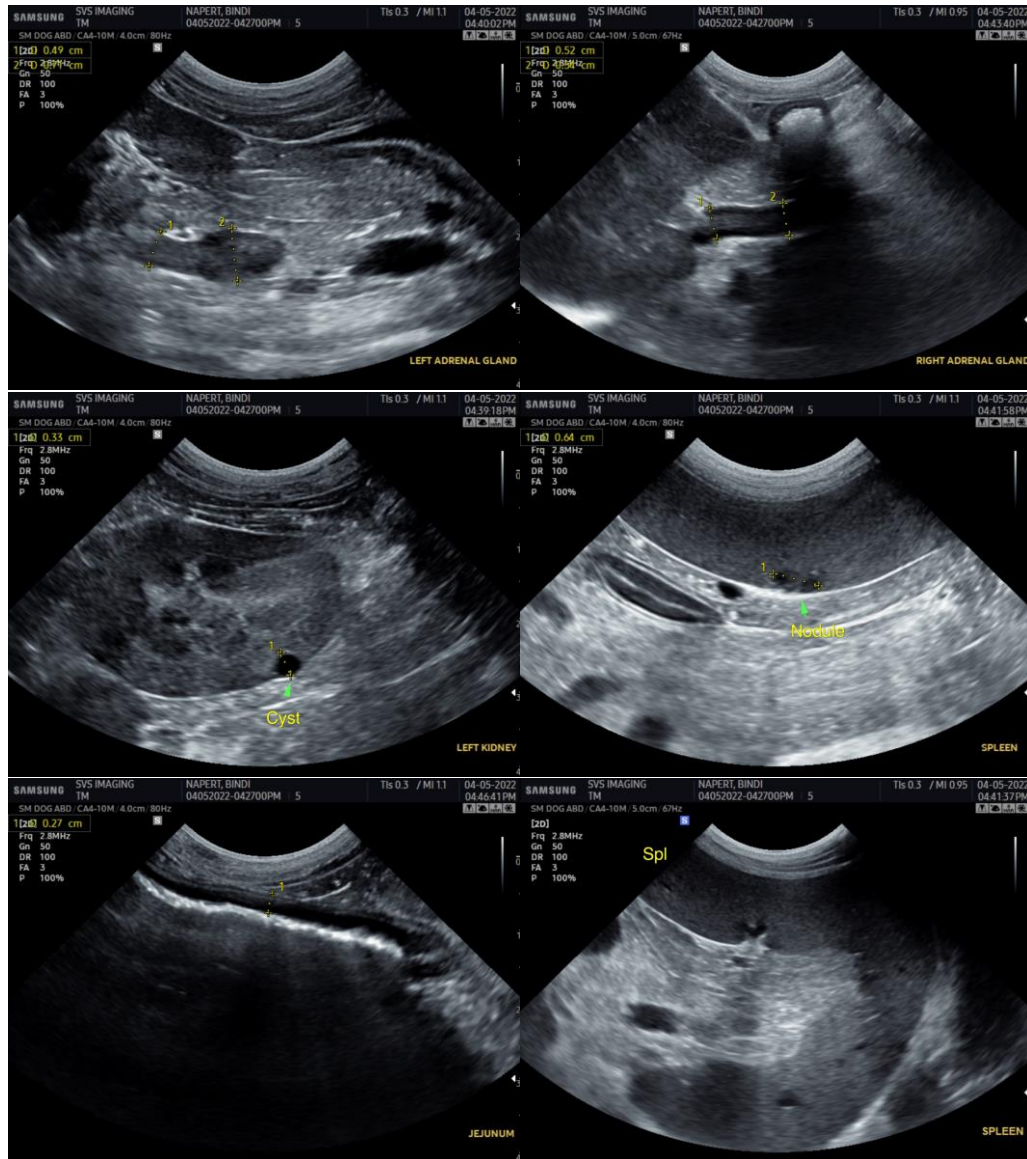
Badger Veterinary
Hospital Dr Servantez

INVOICE

10305ag

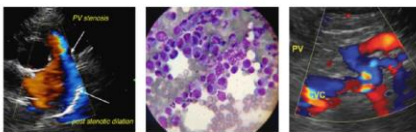
DATE

04/05/2022



IMAGING PERFORMED BY

SVS Mobile Imaging CT 262-366-5970
fredgromalak@gmail.com



Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Bindi Napert

SPECIES

Canine

BREED

Chihuahua Mix

SEX

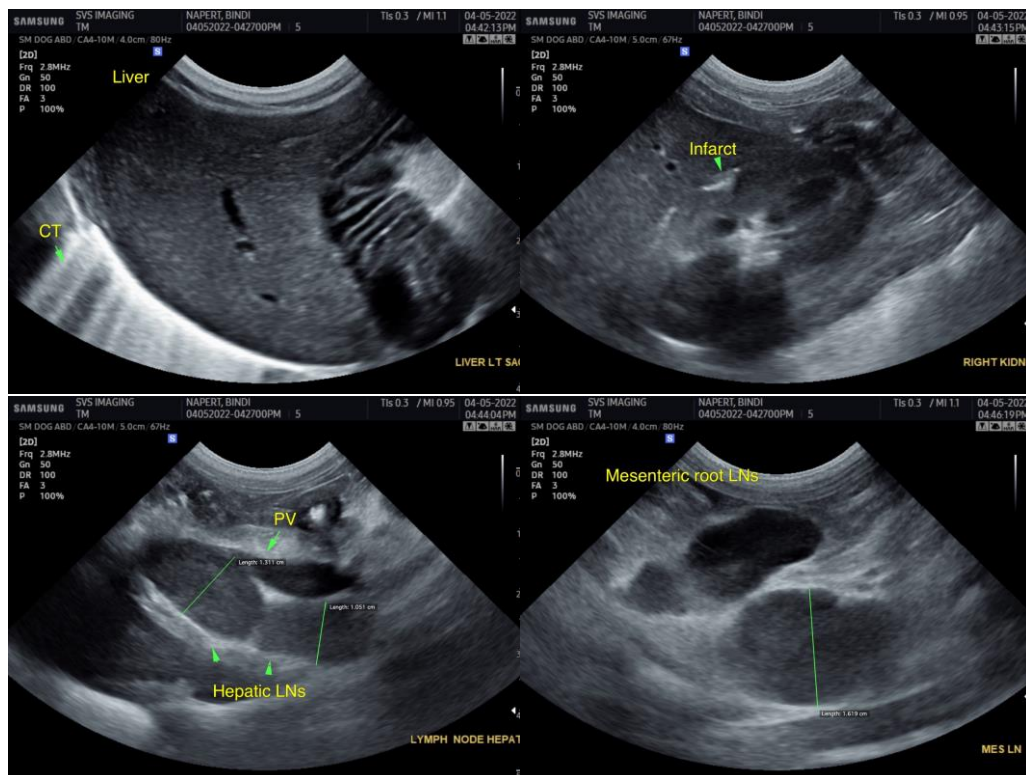
Spayed female

AGE

5 years 3 months

WEIGHT

12 pounds



INTERPRETED BY

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

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Badger Veterinary
Hospital Dr Servantez

INVOICE

10305ag

DATE

04/05/2022

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