



**PATIENT**

Captain Paladino

**SPECIES**

Canine

**BREED**

Great Pyrenees/mix

**SEX**

MN

**AGE**

9 years old

**WEIGHT**

81 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Kim Liedberg

**HOSPITAL NAME**

SVS Imaging WI

**REFERRING VET**

Dr Koya, Fox Lake  
Animal Hospital

**INVOICE**

13616

**DATE**

4/6/22

**PRESENTING CLINICAL SIGNS**

Presented for shaking, not eating, drooling and loose stools. Hx of Pancreatitis. Fever of 106 for 3 day. Started on antibiotics, fever returned to normal. Not eating for the past 2 days. no vomiting. normal urination. Gave dexamethasone inj. Doing better. If AUS has no abnormalities then will proceed with barium study and bone marrow.

Abnormal PE/Chem/CBC/UA Results: Chem panel WNL low WBC and RBC

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild, nondependent, particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.4 cm in diameter.

A solitary medial Iliac lymph node was present. The lymph node was mildly prominent exhibiting isoechoic parenchyma compared to adjacent tissue without evidence of perilymphatic inflammation and maintaining a normal width: length ratio (<0.5). The lymph node measured 3.1 cm x 1.0 cm.

Normal size and margination were present in the kidneys. A maintained 1:3 cortex / medulla ratio with minor loss of corticomedullary border demarcation, expected for age, were present. No evidence of pyelectasia or retroperitoneal inflammation was present. The left kidney measured 7.1 cm in length. The right kidney measured 7.4 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 0.72 cm width at the caudal pole and 0.61 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.64 cm width at the caudal pole and 0.55 cm width at the cranial 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.



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***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 ventral gastric body wall width measured 0.56 cm.

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 duodenum wall width measured 0.48 cm. The jejunum wall width measured 0.34 cm.

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 were evident.

***Free Abdomen***

No omental masses, omental lymphadenopathy or peritoneal effusion were present.

**ULTRASONOGRAPHIC FINDINGS**

- A solitary subjective benign / reactive medial iliac lymphadenopathy- not sonographically consistent with inflammatory or neoplastic criteria
- Mild urinary bladder sediment
- Minor to early age-related renal changes - expected for age
- Sonographically unremarkable gastrointestinal tract

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Overall, no evidence of significant abdominal visceral pathology was noted.

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

Although the solitary medial iliac lymphadenopathy was not suggestive of inflammatory or neoplastic criteria, sonographic monitoring +/- ultrasound-guided FNA for screening cytology could be considered. Otherwise, no obvious intra-abdominal cause of the patient's fever or clinical signs was evident. The potential for low-grade inflammatory enteropathy or low-grade to chronic pancreatitis could be present yet sonographically normal. Continued as-needed gastrointestinal supportive care would be reasonable.

For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.



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One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

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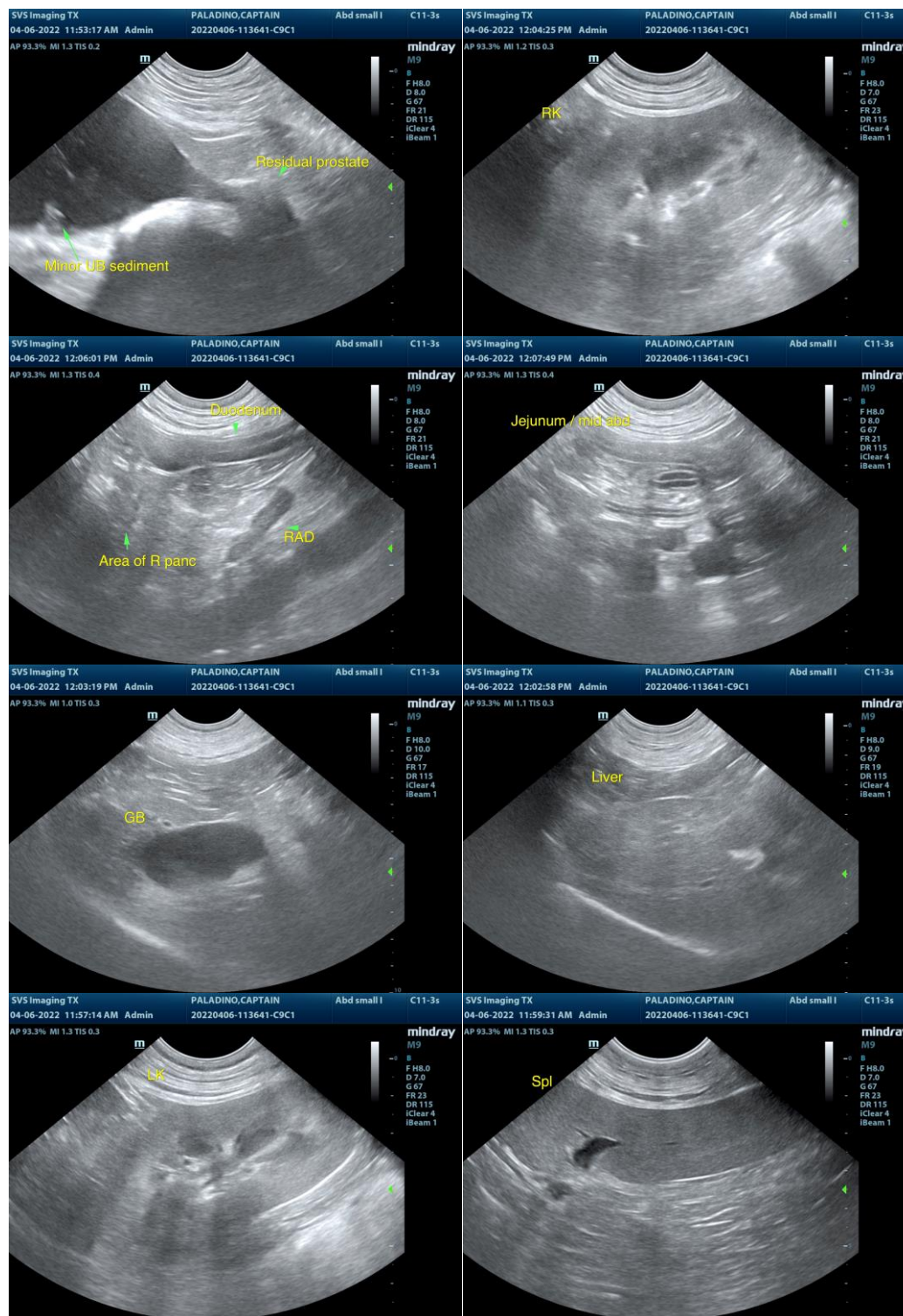
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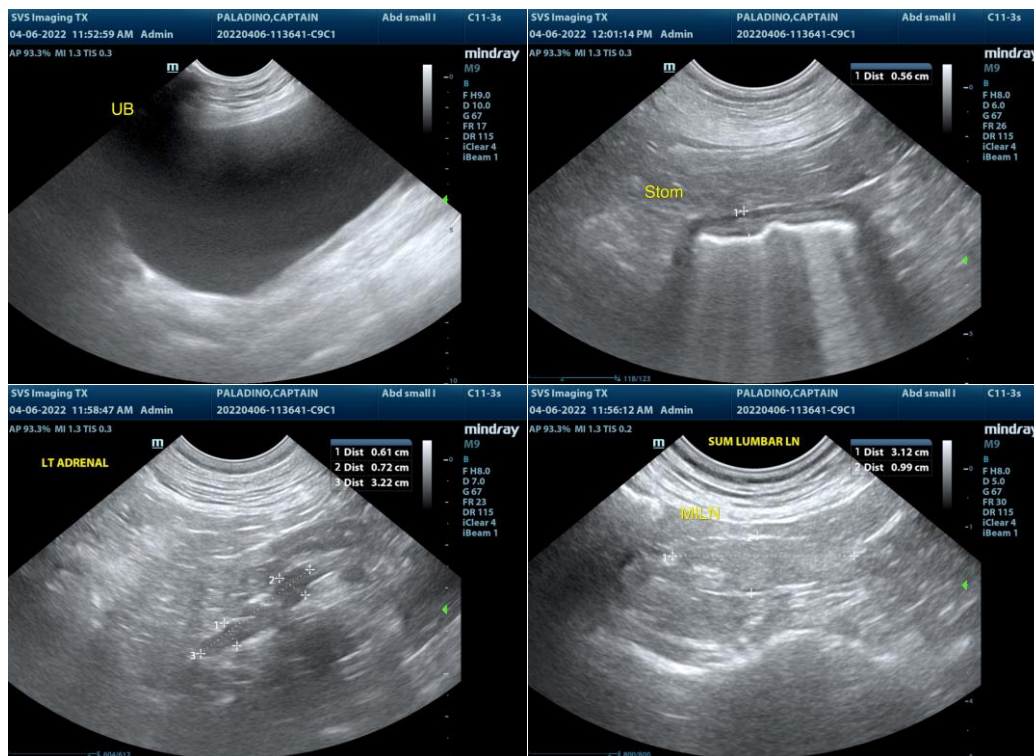
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**  
info@SonoPath.com