

<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Remy Simpson	Seen for ongoing, non responsive diarrhea. Stools are now dark and mucousy. No real improvement on Metronidazole. Abdomen seems distended. Has been eating RC K9 Gastro high energy diet. Still wants to eat. Seems quiet and depressed.
<b>SPECIES</b>	
Canine	Abnormal PE/Chem/CBC/UA Results: Mild M1 elevation SDMA, mild decrease glucose, WBCs M1 elevation 15.7(normal range to 15.1) elevated Lymphocytes, normal T4.
<b>BREED</b>	
Flat coated retriever	
<b>SEX</b>	
FS	
<b>AGE</b>	
10 yr	
<b>WEIGHT</b>	
52.00 lbs	
<b>INTERPRETED BY</b>	
R. McKenzie Daniel, DVM, DABVP	
<b>IMAGING PERFORMED BY</b>	
Crystal Hill	
<b>HOSPITAL NAME</b>	
The Maples AH	
<b>REFERRING VET</b>	
Dr. Kazienko	
<b>INVOICE</b>	
16528	
<b>DATE</b>	
4/6/23	

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder presented mild uniformly thickened urinary bladder wall isoechoic to the adjacent normal urinary bladder wall. The luminal margin of the thickened urinary bladder wall was mildly asymmetrical in contour. Mineralization or echogenic foci within the thickened areas of urinary bladder wall was not present. The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal 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. The ventral urinary bladder wall width measured 0.45 cm. The urethra exhibited normal structure and tone to a depth of 3.0 cm.

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 6.1 cm in length. The right kidney measured 6.1 cm in length.

**Adrenal Glands**

No overt pathology was noted in the area of the left or right adrenal glands, although not definitively visualized owing to regional periadrenal increased omental artifact.

**Spleen**

The spleen was normal in size with a maintained symmetrical capsule contour. Multifocal, small to discrete, hypoechoic nodules were present diffusely throughout the parenchyma without associated capsule impingement or distortion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

**Liver/ Gallbladder**

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.



<b>PATIENT</b>	<b><i>Gastrointestinal</i></b>
Remy Simpson	The stomach presented intact wall layering. The stomach contained a moderate amount of retained primarily anechoic to mildly echogenic fluid. No evidence of mechanical pyloric outflow obstruction was noted.
<b>SPECIES</b>	
Canine	The intestinal walls demonstrated intact, segmentally prominent wall layering and maintained 1:3 muscularis / mucosa ratio. The segmental mucosa exhibited subjective decreased echogenicity with occasional mucosal speckling. A segmental, nonobstructive intestinal ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material.
<b>BREED</b>	
Flat coated retriever	The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. Semi-formed to soft fecal matter was present in the colon lumen with lumen dilation.
<b>SEX</b>	<b><i>Pancreas</i></b>
FS	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.
<b>AGE</b>	<b><i>Free Abdomen</i></b>
10 yr	Multiple mesenteric and medial iliac lymph nodes were present. The lymph nodes exhibited symmetrical to rounded margination with borderline to mild abnormal width: length ratio ( $\approx 0.5$ ). The enlarged lymph nodes were bordered by echogenic to reactive mesentery. An example of a medial iliac lymph node measured 5.0 cm x 2.5 cm. An example of a mesenteric lymph node measured 4.6 cm x 2.0 cm. Perilymphatic and peri intestinal mild hyperechoic omentum were noted. Intermittent scant pocket of peritoneal free fluid was noted.
<b>WEIGHT</b>	
52.00 lbs	
<b>INTERPRETED BY</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
R. McKenzie Daniel, DVM, DABVP	<ul style="list-style-type: none"> <li>• Nodular spleen</li> <li>• Mild hepatomegaly</li> <li>• Hypomotile stomach with concurrent segmental intestinal nonobstructive ileus</li> <li>• Enlarged hypoechoic to swollen mesenteric and medial iliac lymphadenopathy</li> <li>• Associated perilymphatic / peri intestinal hyperechoic omentum and scant peritoneal free fluid</li> </ul>
<b>IMAGING PERFORMED BY</b>	
Crystal Hill	
<b>HOSPITAL NAME</b>	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
The Maples AH	Although sampling is required for further clarification, the mesenteric and medial iliac lymphadenopathy, as well as nodular spleen, meet round cell neoplastic criteria with likely involvement of the segmental to generalized intestinal tract and potentially the liver. Multicentric lymphoma is strongly suspected. Further clarification may include, assuming normal clotting status, splenic and accessible lymph node FNA cytology, using a 25-gauge needle. This case is nonsurgical and an oncology consult is suggested pending sampling for possible chemotherapeutic intervention. Three-view chest radiographs are suggested.
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**PATIENT**

Remy Simpson

**SPECIES**

Canine

**BREED**

Flat coated retriever

**SEX**

FS

**AGE**

10 yr

**WEIGHT**

52.00 lbs

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**IMAGING  
PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

The Maples AH

**REFERRING VET**

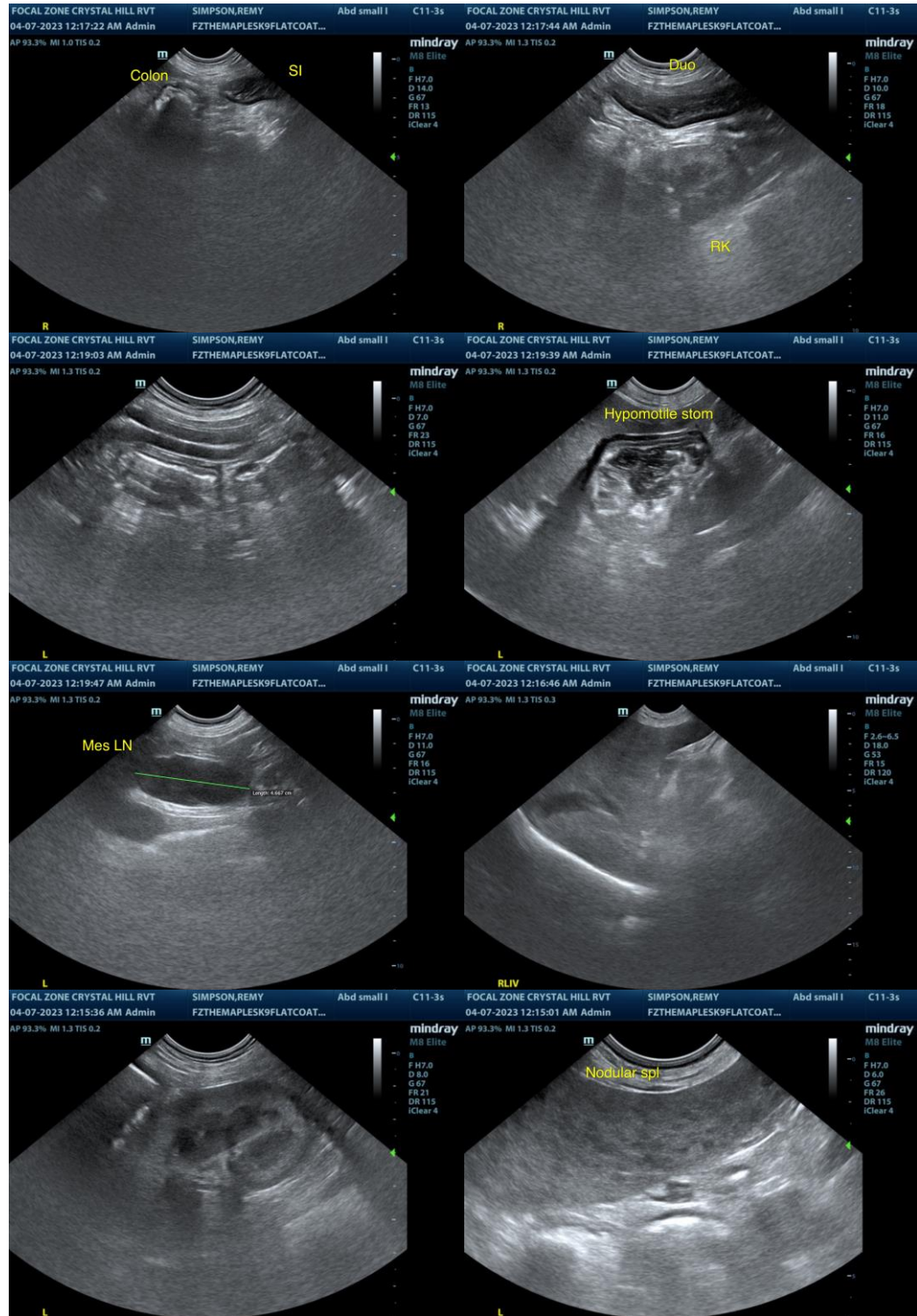
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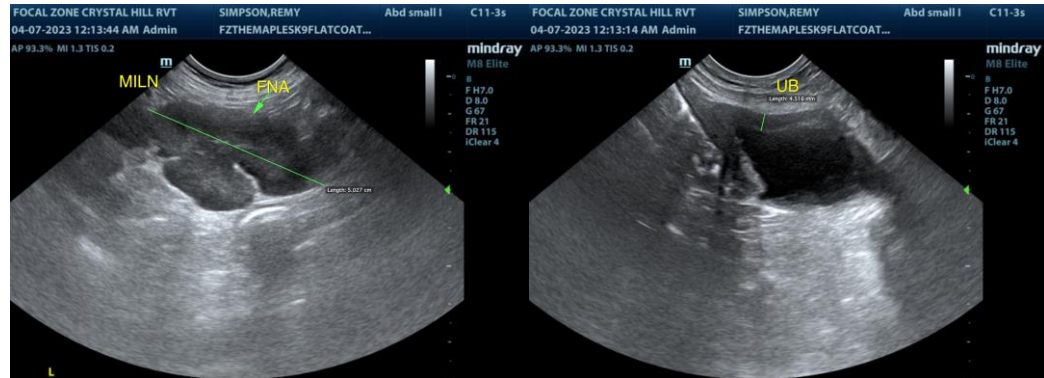
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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