



PATIENT PRESENTING CLINICAL SIGNS

Chase Gitlin Chronic diarrhea, PU/PD. PLT 649 WBC 10.5 HCT 45.4 Ca 12.3 Ca+ 1.52 Pth/PthRP wnl ALT 194 ALP 893 GGT 16

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine **Urinary System**

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 mild dependent luminal mineral. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted. No visualized tumors.

BREED

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SEX

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

MN

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

AGE

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Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Pinpoint areas of medullary mineral were present. The left kidney measured 5.0 cm in length. The right kidney measured 4.9 cm in length.

WEIGHT

29

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.55 cm width at the caudal pole and 2.1 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 0.50 cm width at the caudal pole and 2.0 cm width at the cranial pole.

INTERPRETED BY

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

Spleen

The spleen exhibited normal size and contour with a finely textured and homogenous parenchyma which was hypoechoic in echogenicity. No masses or nodules. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

Liver/ Gallbladder

HOSPITAL NAME

Cherryville AH

The liver was mildly enlarged with areas of mild capsule asymmetry. Generalized non-homogenous reduced parenchyma echogenicity was present. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with mild hyperechoic non-organized debris. The cystic and common bile ducts were normal.

REFERRING VET

Dr. Myers

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.

INVOICE

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The small intestine presented generalized intact variably thickened wall layering with a focal area of intestinal mural hypertrophy to emerging mass consistent with jejunal location. Segmental intestinal thickening exhibiting indistinct wall layer detail was present with potential for small vs large intestinal location. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.

DATE

5/10/23



PATIENT *Pancreas*

Chase Gitlin The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

SPECIES *Free Abdomen*

Canine No peritoneal effusion was present.

BREED

Boston Terrier Multifocal enlarged mid to cranial abdominal mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly margined. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was present. An example of lymph node size was 6.9 cm x 4.4 cm.

ULTRASONOGRAPHIC FINDINGS

SEX

Primary Findings

MN

- Mild dependent UB lumen mineral.

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- Mild gallbladder debris (non-mucocele)
- Hypoechoic spleen.
- Hepatomegaly exhibiting non-homogenous parenchyma hypoechoogenicity.
- Variably thickened small intestine/colon.
- Moderate to marked hypoechoic to swollen mesenteric lymphadenopathy.
- Heterogenous pancreas.

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 DVM, DABVP
 (Canine and Feline)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further clarification, the mesenteric lymphadenopathy is consistent with neoplastic criteria with primary concern for multicentric round cell neoplasia involving the lymph nodes, segmental to generalized intestine/colon and potentially liver and spleen.

IMAGING

PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

Assuming normal clotting status and using a 25g needle, a hepatosplenic and accessible lymph node FNA for screening cytology is warranted for further assessment and potential oncology consult.

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

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DVM, DABVP
(Canine and Feline)

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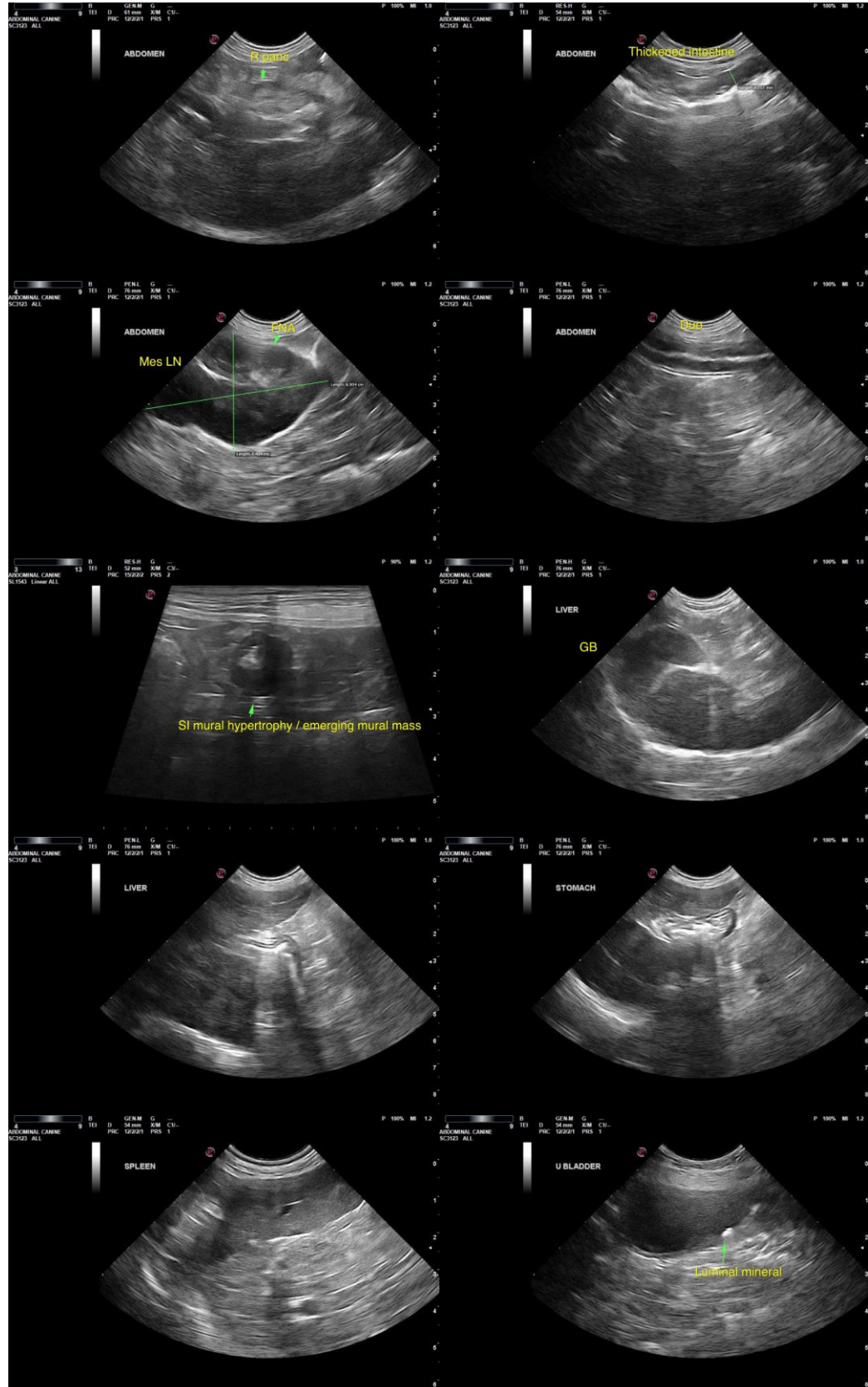
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PATIENT

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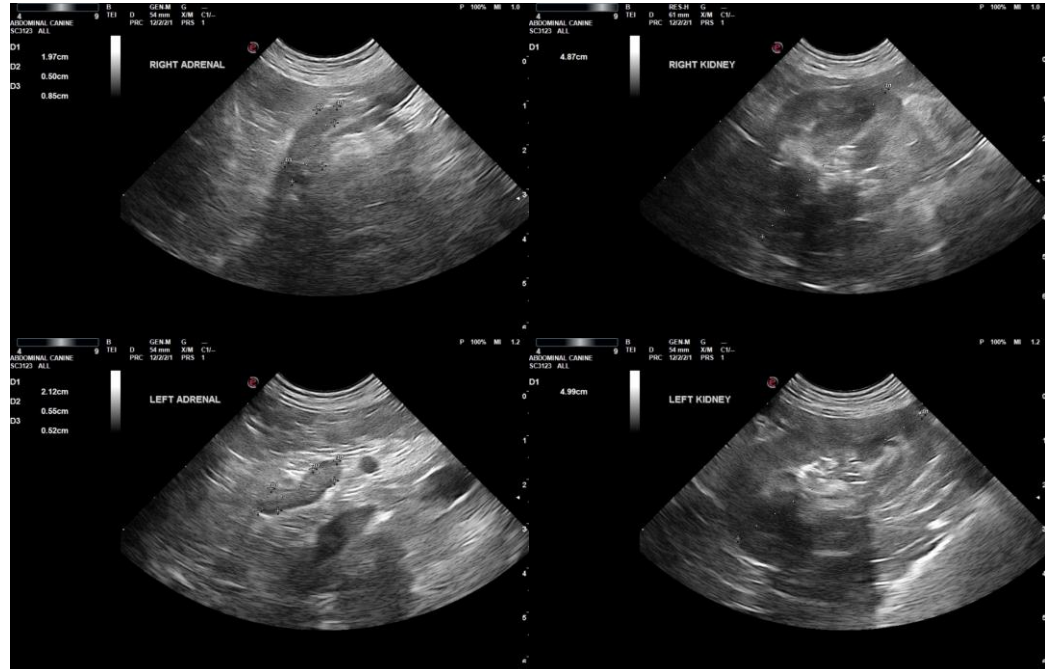
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

INTERPRETED BY

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

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)
mac.daniel@sonopath.com

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