



PATIENT PRESENTING CLINICAL SIGNS

Kramer Mamo

History: in the kennel for 3-4 days picked up Monday hand said not eating vomiting bile since Monday not eaten since then but drinking gave some pumpkin - vomiting up no bm back legs seem weak but intermittent not on any meds no toys or known to be a toy eater in same kennel of other dog - other dog fine no diet changes squatting on defecation lots o says dull Alert Responsive HR 100 - synch pulses RR 28 MM pink , tacky CRT <2sec nothing felt abdomen lymph normal temp 100.6F unable to feel prostate however hard mass intrarectally approx. R anal gland area 14lbs weight loss since last seen in January pos hind limp pain response and proprioception bcs 5/9. Started IVF and Cerenia today.

SPECIES

Canine

BREED

Golden Retriever

Abnormal PE/Chem/CBC/UA Results: pending for tomorrow

SEX

Neutered Male

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.

AGE

10 Years

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 0.82 cm in diameter.

WEIGHT

35.6 kg

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 minor loss of corticomodullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.0 cm in length. The right kidney measured 7.9 cm in length.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.66 cm width at the caudal pole and 0.60 cm width at the cranial pole.

IMAGING PERFORMED BY

Crystal Hill

The right adrenal gland was not definitively visualized owing patient size and conformation.

HOSPITAL NAME

Hillview VC

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.

REFERRING VET

Dr. Stevenson

Liver

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.

INVOICE

15034

Gastrointestinal

DATE

5/3/22



PATIENT

Kramer Mamo

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.

SPECIES

Canine

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.

Pancreas

BREED

Golden Retriever

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.

SEX

Neutered Male

Free Abdomen

Enlarged mildly nonhomogeneous to cystic sublumbar lymph nodes were present dorsal to the urinary bladder, an example measured 7.2 cm x 4.0 cm. The sublumbar lymph nodes exhibited abnormal width to length ratio (>0.5).

AGE

10 Years

Focal to intermittent, concurrent, mildly prominent homogeneous to cystic mesenteric lymph nodes were present. The mesenteric lymph nodes appeared to maintain normal width to length ratio (<0.5). An example of mesenteric lymph node measured 2.0 cm x 0.63 cm.

WEIGHT

35.6 kg

No omental masses. No evidence of peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

- Enlarged, cystic appearing sublumbar lymph nodes
- Focal to intermittent, mildly prominent to cystic mesenteric lymph nodes
- Overtly normal gastrointestinal tract
- Mild age-related kidneys

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING

PERFORMED BY

Crystal Hill

Although cytology is required for further assessment, the enlarged to cystic sublumbar lymph nodes are strongly concerning for metastatic lymphadenopathy given the presence of a hard intra-rectal mass in the area of the right anal sac. Other considerations may include lymphatic necrosis, cystic benign lymphadenopathy (i.e., hyperplasia, lymphadenitis or other). Correlation with pending lab work (i.e., assessment of calcium levels), sampling of the mass in the area of the right anal sac, as well as ultrasound guided FNA of the enlarged sublumbar lymph node (if accessible).

HOSPITAL NAME

Hillview VC

REFERRING VET

Dr. Stevenson

No overt evidence of structural gastrointestinal abnormalities, mechanical obstructive pattern or overt gastrointestinal foreign material. Conservative gastrointestinal support would be reasonable.

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Pending sampling of the mass in the area of the right anal sac, as well as sublumbar lymph node FNA, a GI panel to include PLI/TLI/Cobalamin/Folate, thorough musculoskeletal and neurological examination, as well as three-view chest radiographs (if not done) to rule out occult pathology as a contributing factor to the patients gastrointestinal signs and weight loss, could be considered.

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**IMAGING
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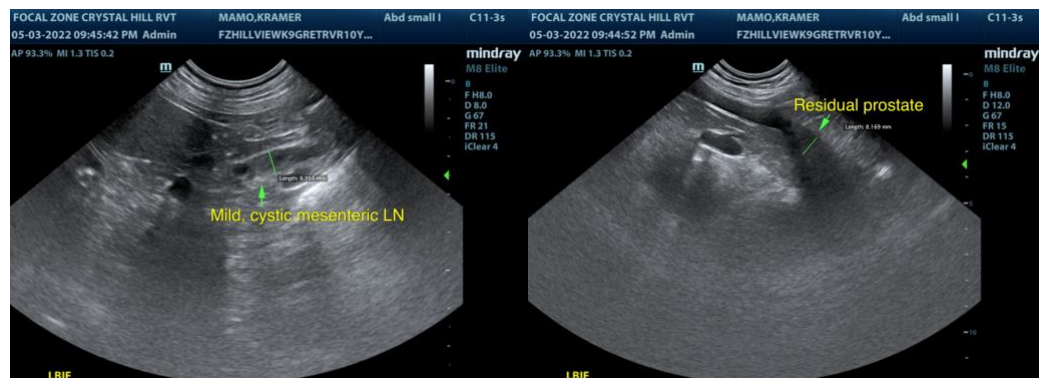
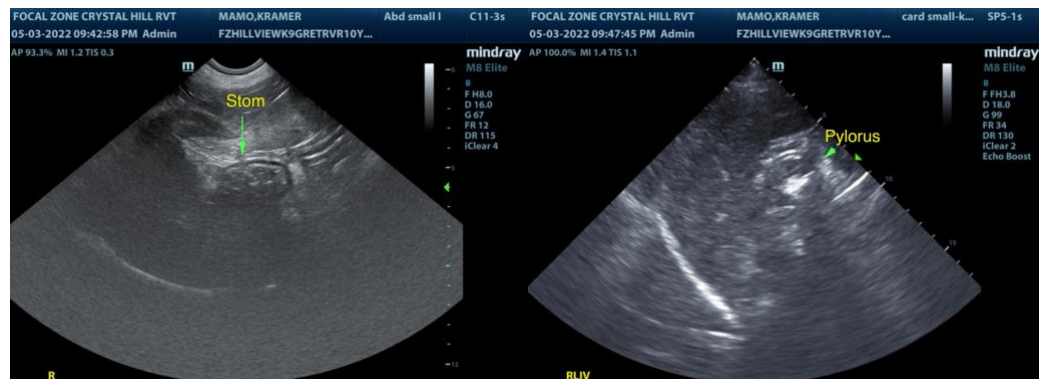
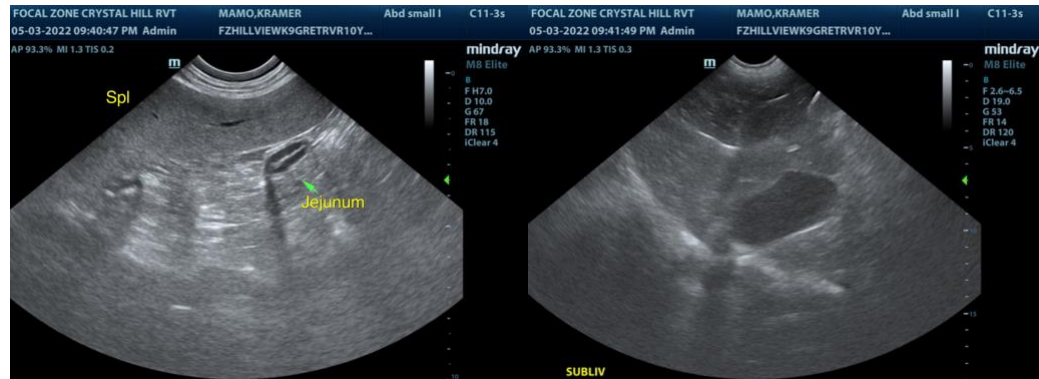
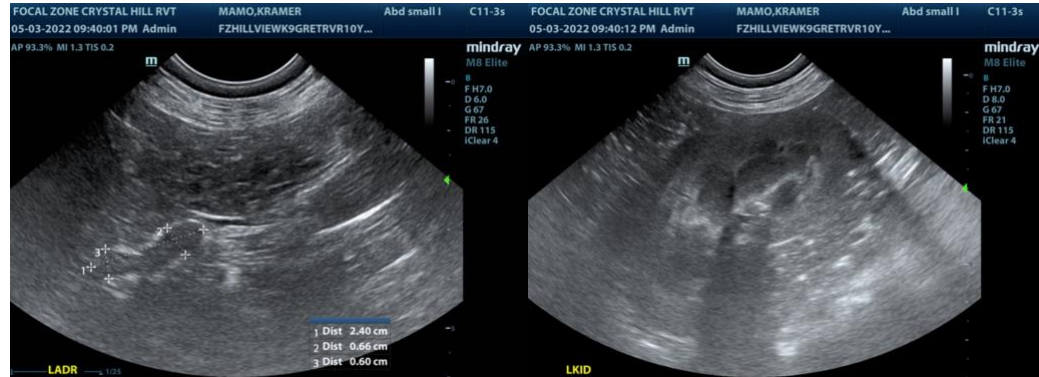
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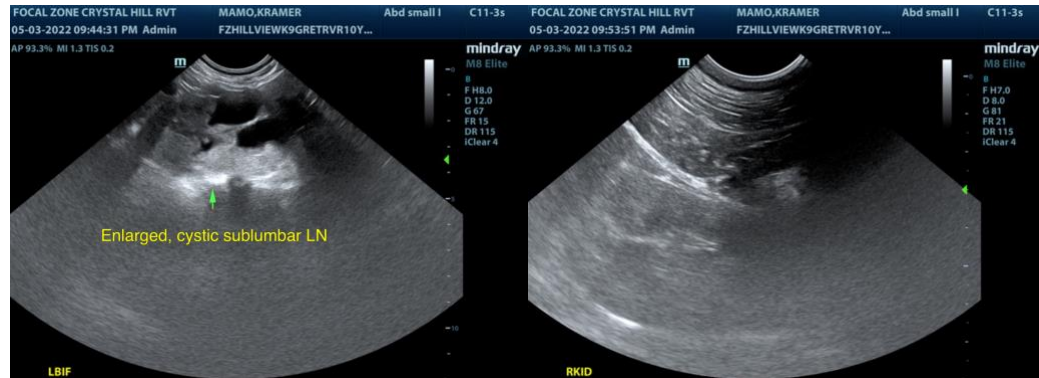
Dr. Stevenson

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The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

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