



PATIENT Please submit studies in DICOM format if possible.

Ella Vickers

PRESENTING CLINICAL SIGNS

SPECIES

History: Patient has has some mild weight loss, vomiting chronically over two to three months, getting worse, lethargy, partial anorexia.

Canine

BREED

Abnormal PE/Chem/CBC/UA Results: CBC, chems, UA, T4, spec cpl are wnl except mild increase in alkp. TLI, cobalamin, and folate are pending. PE is generally unremarkable including perianal and rectal digital exam.

Golden Retriever

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Urinary System

FS

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 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

13

Normal size and margination was 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. The left kidney measured 5 cm in length. The right kidney measured 5 cm in length.

WEIGHT

81 pounds

Enlarged to hypoechoic medial iliac lymphadenopathy adjacent to the aortic trifurcation. An example of medial iliac lymph node measured 3 cm x 2 cm exhibiting subjective abnormal width to length ratio >0.5.

INTERPRETED BY

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

No overt pathology in the area of the uterine remnant.

Adrenal Glands

IMAGING

PERFORMED BY

Trae Cutchin

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.47 cm width at the caudal pole and 0.44 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 approximately 0.45 cm width at the caudal pole.

HOSPITAL NAME

Friendship Springs
Veterinary Care

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. Cutchin

Liver

INVOICE

10519ag

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.

DATE

05/04/2022



PATIENT

Gastrointestinal

Ella Vickers

The stomach presented intact yet subjective mild prominent wall layering with a normal wall layer ratio. The stomach initially exhibited moderate potentially retained strongly shadowing ingesta. Subsequent sonographic evaluation of the stomach following documented fast revealed evidence of gastric emptying with potential for minor retained nonspecific ingesta and luminal gas.

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 metabolic/mechanical ileus pattern, intestinal masses, obstruction or foreign material.

BREED

Golden Retriever

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

Pancreas

SEX

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 was evident.

AGE

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Free Abdomen

No evidence of omental masses, mesenteric lymphadenopathy or peritoneal effusion was present.

WEIGHT

81 pounds

ULTRASONOGRAPHIC FINDINGS

- Hypoechoic to swollen medial iliac lymphadenopathy
- Intact yet mildly prominent gastric walls with initial retained shadowing ingesta, gastric reassessment revealed evidence of gastric emptying with potential for mild retained ingesta and luminal gas-no evidence of mechanical pyloric outflow obstruction
- Overtly normal small bowel
- Mild vacuolar hepatopathy pattern-subjectively benign

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

In light of reported fasting prior to the initial ultrasound with strongly shadowing retained ingesta yet with evidence of gastric emptying on subsequent sonographic reevaluation, a functional or metabolic gastric stasis may be a consideration in this patient. Technically the possibility of a small amount of retained ingesta or foreign material in the stomach cannot be definitively excluded. No evidence of small intestinal mechanical/metabolic ileus pattern was present in either study. Structurally insignificant IBD, low grade to chronic pancreatitis both of which may present sonographically normal, could also be considered. Correlation with pending GI panel is recommended. Three view chest radiographs are suggested to rule out occult thoracic or esophageal pathology as contributing factors to the clinical signs. Although considered less likely adrenal screening with resting cortisol could be considered to rule out potential for occult Addison's disease. GI endoscopy may be indicated if persistent vomiting or weight loss and pending additional diagnostics.

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The medial iliac lymphadenopathy although nonspecific is concerning for either inflammatory or potential neoplastic criteria. Assuming normal clotting status an ultrasound guided FNA of the enlarged hypoechoic medial iliac lymph node if accessible is recommended for screening cytology and further clarification.

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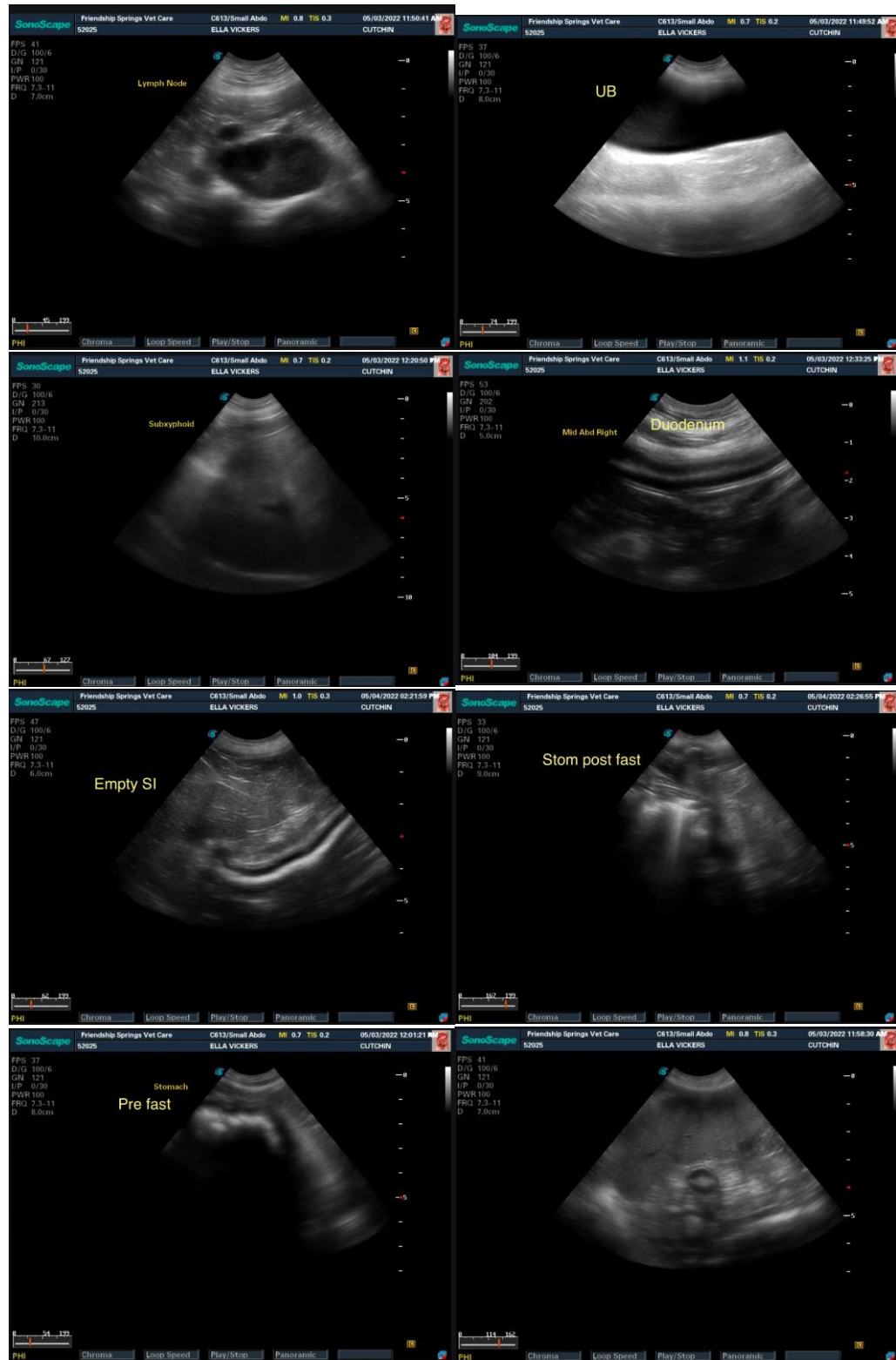
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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