



PATIENT

Ellie Leppla

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed Female

AGE

12 Years

WEIGHT

78.1 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Kim Liedberg

HOSPITAL NAME

SVS Imaging WI

REFERRING VET

Dr. Sherrod,
Mukwonago AH

INVOICE

16064

DATE

6/13/22

PRESENTING CLINICAL SIGNS

History: 6/2/22 presented for labored breathing and temp 102.1 and significant swelling ventral cervical area. Unable to palpate submandibular or prescapular LN's. Presented today for a recheck of swelling ventral cervical area extending from submandibular are to thoracic inlet Increased respiratory rate and effort. Swelling of edema now extends into forelimbs and face. Looking for source of lymphatic obstruction.

ULTRASONOGRAPHIC EXAMINATION OF THE NECK & ABDOMEN W/ LIMITED CARDIAC

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.

The area of the iliac trifurcation was free of pathology without evidence of medial iliac or sublumbal lymphadenopathy.

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. The left kidney measured 6.1 cm in length. The right kidney measured 6.4 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 3.0 cm in length x 0.76 cm width in the caudal pole. The right adrenal gland measured 3.0 cm in length x 0.55 cm width in the caudal 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

The liver exhibited potential for mild generalized enlargement. No evidence of hepatic vascular congestion. Uniform, mildly increased hepatic parenchyma echogenicity noted. A solitary subtly hypoechoic nondisruptive nodule was present in the right lateral to caudate liver lobe, measuring 2.1 cm in diameter. No other hepatic nodules or masses noted.

The gallbladder was non distended in size with moderate nondependent yet nonorganized mildly hyperechoic gallbladder debris. The gallbladder was otherwise normal. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal



PATIENT	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.
Ellie Leppla	
SPECIES	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.
Canine	Normal visible colon wall layers were present with apparent formed feces in lumen.
BREED	Pancreas
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	Free Abdomen
Spayed Female	No omental masses, lymphadenopathy or peritoneal free fluid was present.
AGE	Neck
12 Years	Sonographic assessment of the neck revealed generalized subcutaneous edema and cellulitis pattern, exhibited by hyperechoic subcutaneous tissue with concurrent hypoechoic areas, suggestive of mild subcutaneous fluid accumulation. Intermittent to multiple lymph nodes associated with the generalized ventral neck were noted. The lymph nodes appeared to exhibit primarily maintained normal width to length ratio <0.5 with primarily uniform to variably isoechoic to hypoechoic echogenicity. An example of lymph node size measured 2.1 cm x 0.66 cm. Undifferentiated mildly nonhomogeneous mass was located in the labeled right neck, measuring approximately 5-6 cm in diameter was present. Subjectively, the probable mandibular salivary glands appeared to be overtly normal.
WEIGHT	Heart
78.1 Pounds	A brief sonographic assessment of the heart revealed overtly normal cardiac structure and function. No evidence of left or right heart chamber enlargement. No overt evidence of cardiac or pericardial masses in the visible window. Subjective moderate volume pleural effusion was present.
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> • Undifferentiated mass in the right ventral neck with associated generalized subcutaneous edema/cellulitis and nonspecific lymphadenopathy • Mild chronic renal changes • Focal subtle hepatic intraparenchymal nodule- nonspecific, focal nodular hyperplasia, hematopoiesis, vacuolar hepatic changes or similar. Potential for emerging neoplasia is not overtly evident yet cannot be definitively excluded. • Moderate gallbladder debris (non-mucocele) • Overtly normal cardiac structure and function- noncardiogenic pleural effusion
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INVOICE	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
16064	The cause of the neck and facial edema is suspected to be secondary to the undifferentiated mass visualized in the labeled ventral right neck. Potential for concurrent intrathoracic pathology could also
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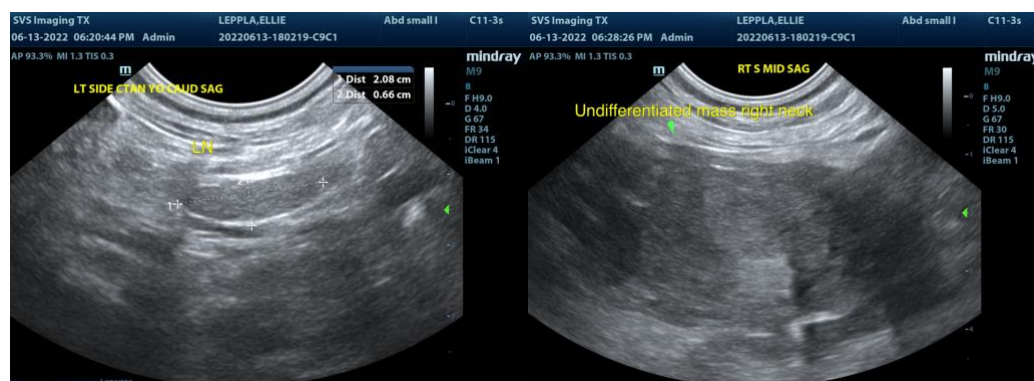
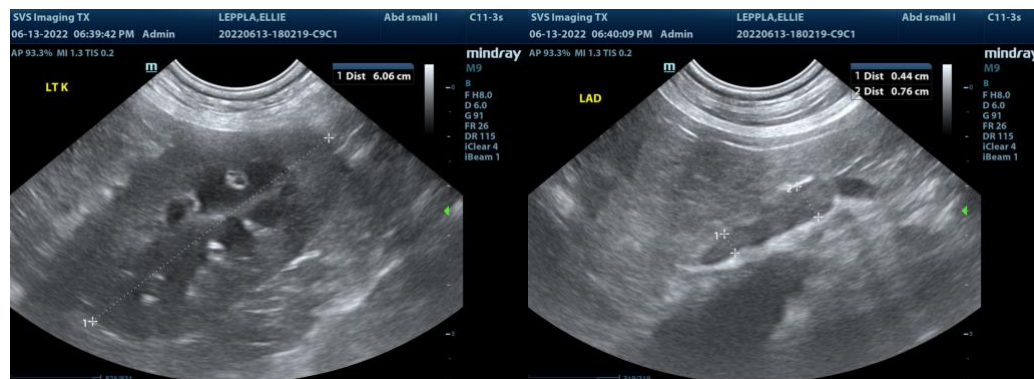
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be possible. No obvious evidence of primary intraabdominal pathology as a potential cause of intrathoracic pathology or neck metastatic disease.

Assuming normal clotting status, ultrasound guided FNA of the right ventral neck mass +/- lymphatic FNA, if accessible, as well as pleural effusion analysis, cytology, +/- culture and sensitivity, if clinically indicated, is recommended.

Given this presentation, cervical and thoracic CT is likely ideal for further assessment. However, strong concern for neoplastic criteria with very guarded to potentially unfavorable prognosis indicated.





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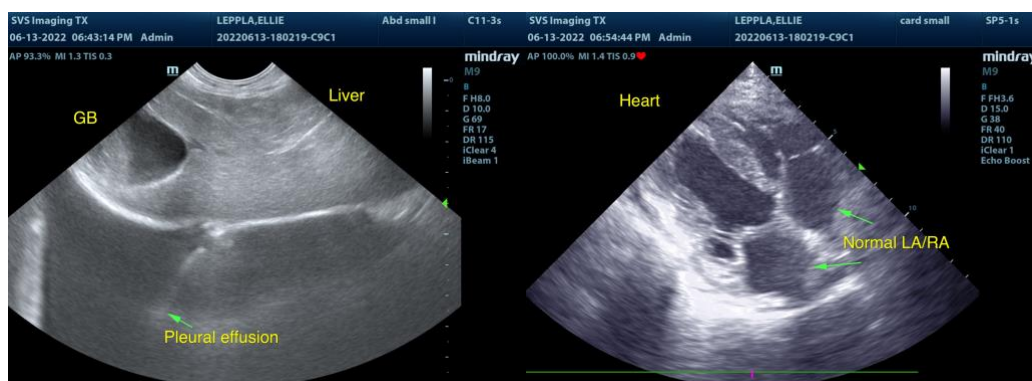
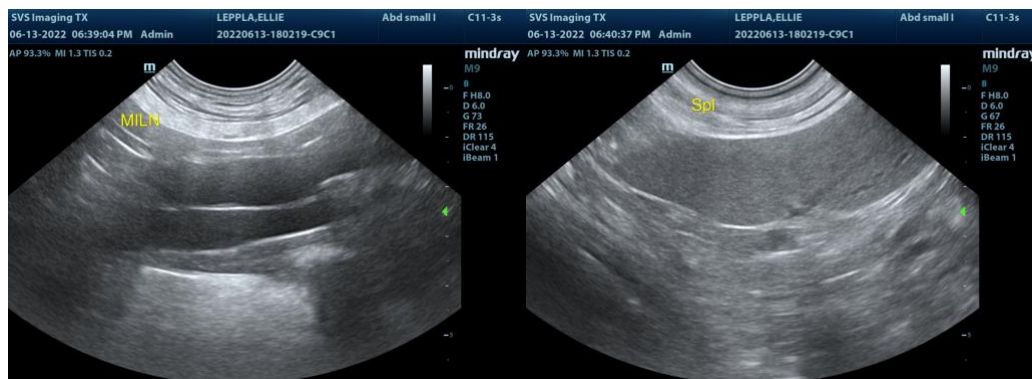
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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