



**PATIENT PRESENTING CLINICAL SIGNS**

Ben Donnelly  
 Chronic weight loss (12.6 lb weight loss since January, 2021). PU/PD, lethargy, on and off vomiting and diarrhea. Hind end stiffness. BAR, TPR all normal. Small rectal polyp in region of right anal gland (calcium normal). Elevated WBC / neutrophil count, increased CK, slight increase in AKT,AST, ACTH stim test not supportive of Addison's disease or Cushing's disease. Radiographs: NSF. UA - low SG at 1.016, otherwise NSF.  
 Abnormal PE/Chem/CBC/UA Results: WBC 36.7; neut 29874; CK 1378; SDMA 17; ALT 152

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

MN

**AGE**

8 Years

**WEIGHT**

80.1 lbs

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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 residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.1 cm in diameter.

No evidence of pathology in the area of the aortic trifurcation.

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 7.2 cm in length. The right kidney measured 7.3 cm in length.

**INTERPRETED BY**

*Adrenal Glands*

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

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.67 cm width at the caudal pole and 0.59 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 0.62 cm width at the caudal pole and 0.54 cm width at the cranial pole.

**IMAGING PERFORMED BY**

*Spleen*

Pamela Harrigan, RDCS

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.

**HOSPITAL NAME**

Chase Veterinary  
 Clinic

*Liver*

**REFERRING VET**

Catherine Caffarella,  
 BVSc

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**

*Gastrointestinal*

47064

The stomach presented intact wall layering with a normal wall layer ratio. The stomach exhibited subjective mild to moderate gas distension. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. The gastric body wall width measured 0.51 cm.

**DATE**

8-20-21



**PATIENT**

Ben Donnelly

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. The duodenum wall width measured 0.40 cm and the jejunum wall width measured 0.26-0.29 cm.

**SPECIES**

Canine

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

***Pancreas***

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.

**BREED**

Labrador Retriever

***Free Abdomen***

Several mildly enlarged to hypoechoic medial iliac lymph nodes were present adjacent to the iliac trifurcation. An example of a medial iliac lymph node measured 3.2 x 1.5 cm. The medial iliac lymph nodes exhibited borderline abnormal width to length ratio approximately 0.5. Concurrent focal heterogeneous mesenteric lymph node noted adjacent to the left adrenal gland measuring 1.8 x 1.0 cm was present. No overt evidence of perilymphatic reactive mesentery.

**SEX**

MN

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8 Years

No evidence of peritoneal effusion of intraabdominal masses were present.

**WEIGHT**

80.1 lbs

**ULTRASONOGRAPHIC FINDINGS**

- Normal bilateral kidneys and adrenal glands.
- Sonographically unremarkable gastrointestinal tract with mild to moderate gastric gas distension.
- Mildly prominent to hypoechoic medial iliac lymph nodes with concurrent focal heterogeneous mid abdominal mesenteric lymph node.
- Low grade hepatopathy - subjectively benign.

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The prominent to hypoechoic medial iliac as well as focal mesenteric lymph nodes were nonspecific with considerations including lymphoid hyperplasia, reactive lymphadenitis, with potential for emerging neoplastic lymphadenopathy possible. Given the presence of the rectal polyp, and if accessible, ultrasound guided FNA of the medial iliac lymph node warranted for screening cytology +/- culture and sensitivity. Sonographic monitoring of the medial iliac and focal mesenteric lymph nodes would be a more conservative approach.

**IMAGING PERFORMED BY**

Pamela Harrigan, RDMS

Dietary hypersensitivity / food intolerance or underlying inflammatory gastroenterocolonopathy without evidence of mural changes may be possible. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate. If not done, three view chest radiographs warranted to rule out occult thoracic pathology. Leptospirosis titers / pcr may be considered if potential exposure.

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**IMAGING  
 PERFORMED BY**

Pamela Harrigan, RDCS

**HOSPITAL NAME**

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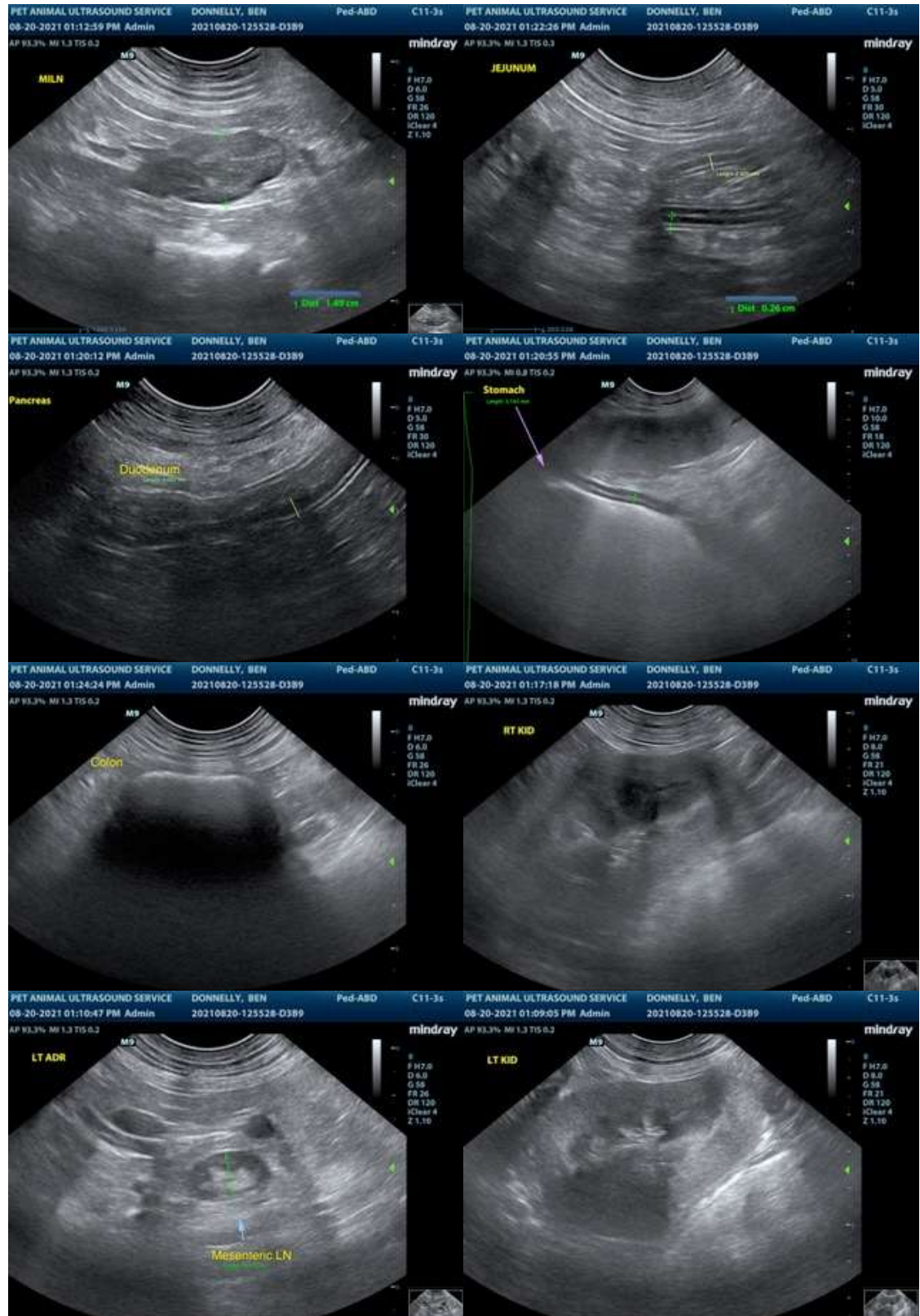
Catherine Caffarella,  
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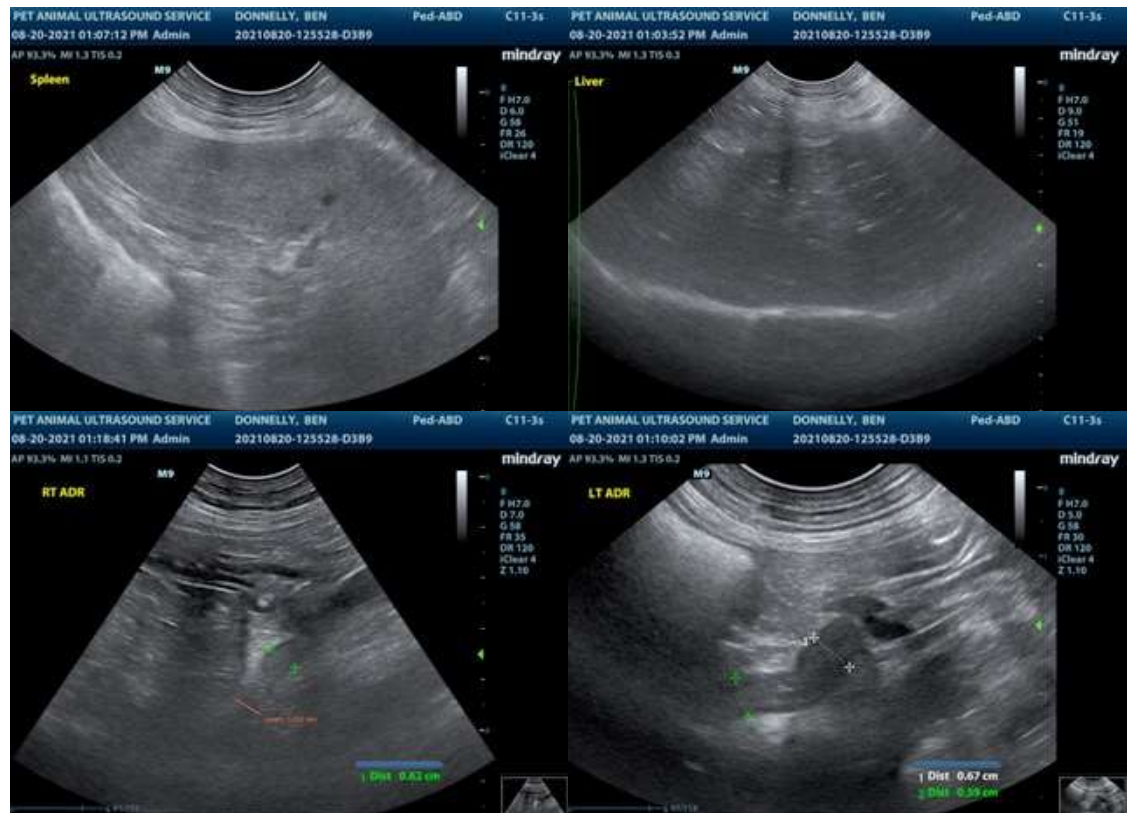
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**IMAGING PERFORMED BY**

Pamela Harrigan, RDCS

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.

**HOSPITAL NAME**

Chase Veterinary  
 Clinic

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)  
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