



PATIENT

Sundancer Ferrara

SPECIES

Canine

BREED

Samoyed

SEX

MN

AGE

7yr

WEIGHT

63lb

PRESENTING CLINICAL SIGNS

Chronic severe colitis, previous normal ultrasound. Only responsive to sulfasalazine, but now relapsing and also having regenerative anemia and hypoalbuminemia.

Abnormal PE/Chem/CBC/UA Results: ABNORMAL Laboratory Findings Elevated ALT/AST, low albumin/globulin, regenerative anemia

Current Medications Cerenia injection yesterday; was on sulfasalazine 500 mg bid but discontinued two weeks ago Radiographic Findings Will send films via email

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was subnormal in size owing to lack of urine distension which prohibited full evaluation of the urinary bladder walls. The trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with minor particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

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 6.2 cm in length. The right kidney measured 7.1 cm in length.

The residual prostate was not definitively visualized.

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 0.77 cm width at the caudal pole and 0.59 cm width at the cranial pole. The right adrenal gland was indistinctly visualized subjectively measuring 0.68 cm in caudal pole width.

IMAGING PERFORMED BY

Sara Hansen

Spleen

The spleen exhibited overall normal size with areas of capsule asymmetry. Generalized mild parenchyma heterogeneity was present. Several to multiple mildly expansive hypoechoic splenic nodules were present, an example measured 1.5cm in diameter. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

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Liver/Gallbladder

The liver was enlarged with swollen symmetrical capsule contour. Non-homogenous hyperechoic subtly nodular parenchyma was present. Normal vascular volume. 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.

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Gastrointestinal

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The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild retained gastric fluid was present.

DATE

08/24/2023



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The small intestine presented intact variably thickened wall layering with indistinct wall layer detail and decreased mural echogenicity. Segmental to generalized mild ileus was present to the level of the colon.

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The colon walls presented intact yet mildly prominent wall layering with mild thickened to echogenic submucosa. Soft to semi formed fecal matter was present in the colon lumen with lumen dilation.

Pancreas

BREED

Samoyed

The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

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Free Abdomen

Generalized hyperechoic omentum with scant to mild volume peritoneal effusion was present.

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Multifocal variably enlarged hypoechoic swollen mesenteric lymph nodes were present, an example measured 5.0 cm x 2.0 cm.

Rapid view of the heart revealed concurrent pleural effusion.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

63lb

- Several to multiple mildly expansive splenic nodules.
- Enlarged non-homogenous hyperechoic subtly nodular liver.
- Non-specific gastroenteropathy exhibiting gastric and segmental intestinal ileus.
- Concurrent pancreatitis.
- Multifocal hypoechoic to swollen mesenteric lymphadenopathy with potential peritonitis.
- Concurrent pleural effusion.

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(Canine and Feline)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

General considerations may include multicentric inflammatory disease i.e., non-specific hepatitis, splenitis, acute on chronic gastroenterocolitis with mesenteric lymphoid hyperplasia secondary lymphadenitis.

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However, given the presence of pleural effusion with the hepatosplenic and lymph node presentation, primary concern for multicentric neoplastic criteria involving the spleen, liver, GI tract and mesenteric lymph nodes is warranted.

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Assuming normal clotting status and using a 25g needle, a hepatosplenic and accessible mesenteric lymph node FNA for screening cytology is warranted for further assessment. Effusion analysis +/- C/S is recommended. An extremely guarded prognosis is indicated pending recommended sampling and effusion analysis which is required for further assessment.

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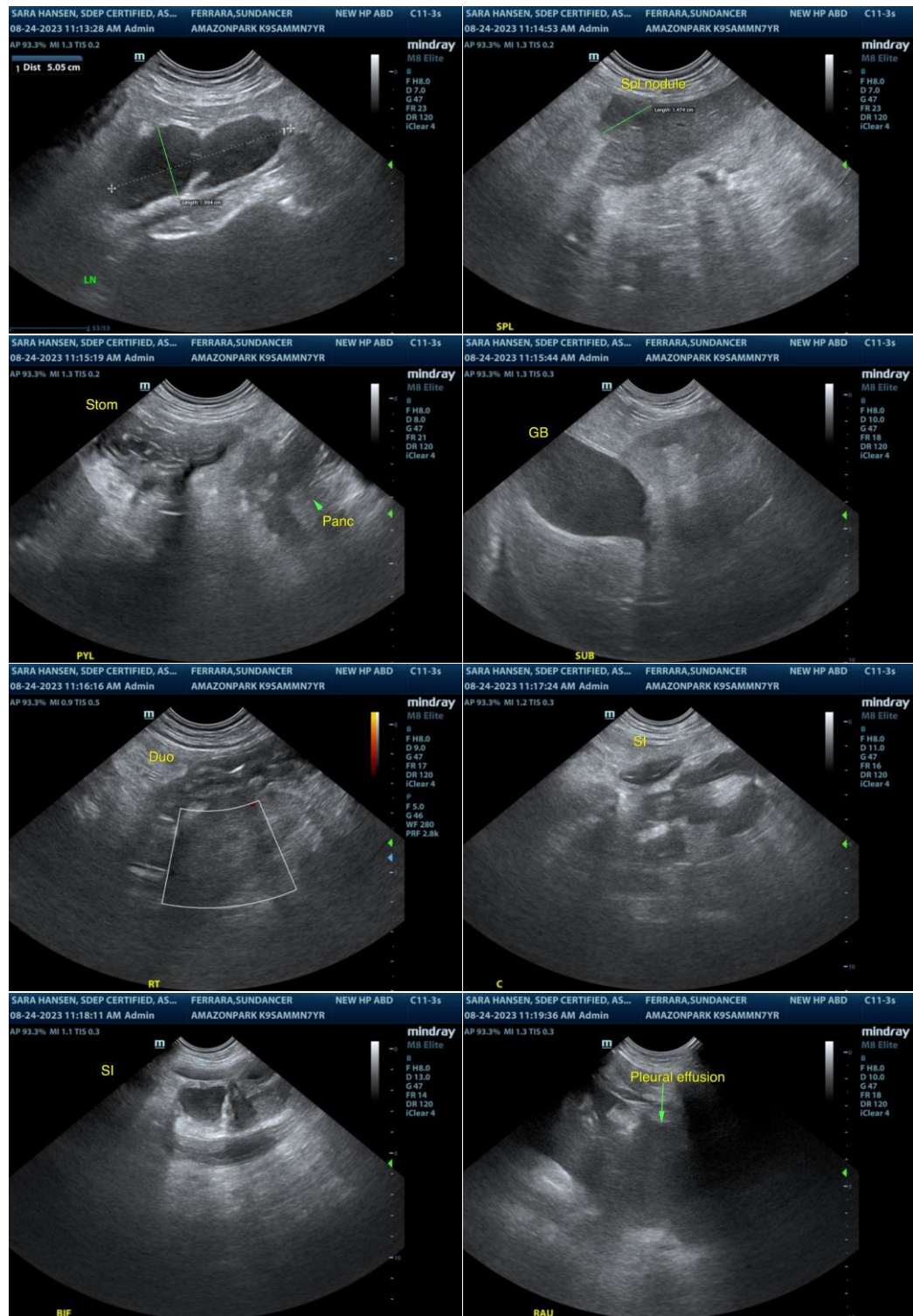
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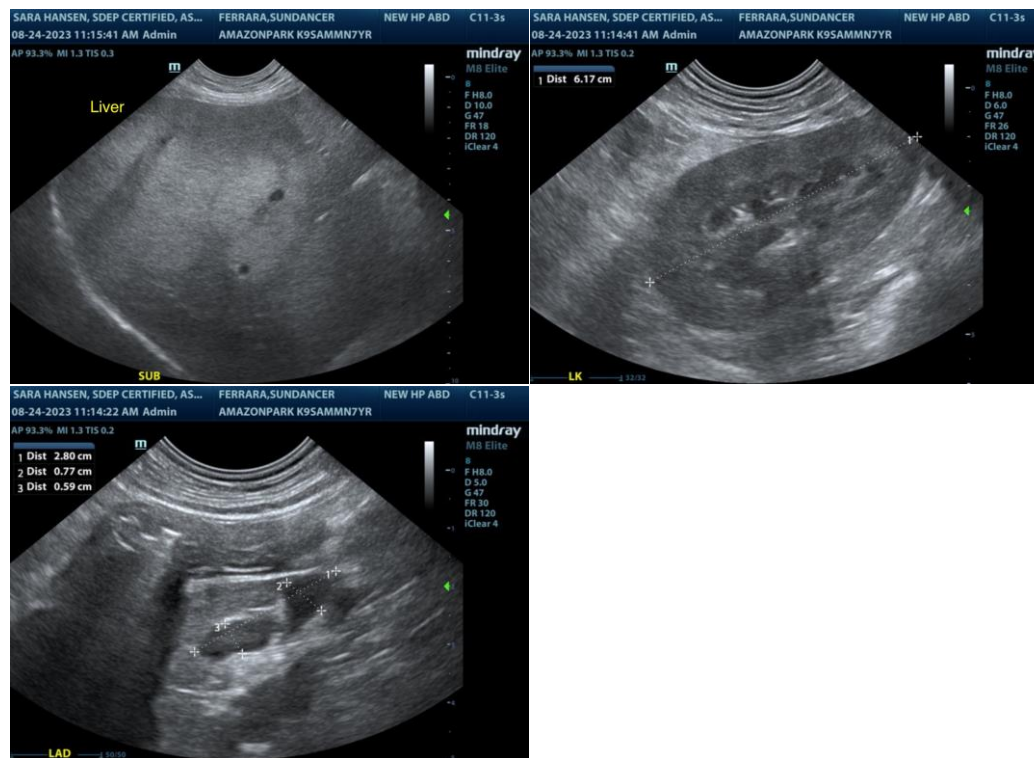
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

IMAGING PERFORMED BY

Sara Hansen

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com

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