

PATIENT PRESENTING CLINICAL SIGNS

Starlight Driscoll

SPECIES

Canine

BREED

German Shepherd

SEX

Spayed Female

AGE

2 Years

WEIGHT

82 Pounds

Enlarged submandibular lymph nodes. FNA was preformed waiting in pathologist leptovaccine was given in may and year prior. Started on Doxycycline 100mg: 2 tab PO BID yesterday Primary Question/Differential to Be Answered in This Exam r/o leptovaccine assess liver damage. Abnormal PE/Chem/CBC/UA Results: SDMA 33, BUN low at 5, creatinine WNL. Mild increased ALT and AST. Lepto snap test positive but vaccine was given recently

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

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 kidneys measured 9.0 cm each.

Adrenal Glands

No overt pathology in the area of the left and right adrenal glands, although not definitively visualized owing to periadrenal increased omental artifact and lymphadenopathy.

Spleen

The spleen presented generalized enlargement with maintained symmetrical capsule contour. Multifocal, small to discrete, hypoechoic nodules were present diffusely throughout the parenchyma without associated capsule impingement or distortion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The appearance of the spleen is highly suggestive of infiltrative neoplasia such as lymphoma but may also represent benign changes such as nodular or lymphoid hyperplasia. No evidence of a splenic mass.

Liver

The liver exhibited potential borderline to mild enlargement. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Increased portal vein prominence was evident. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

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.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Mild segmental non-obstructive ileus pattern noted.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

The Ark Vet Clinic

REFERRING VET

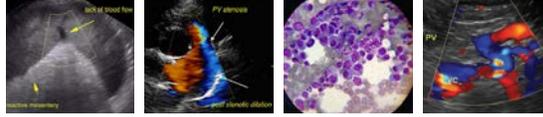
Dr. Sangl

INVOICE

40821

DATE

8/29/22



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

Starlight Driscoll

Pancreas

SPECIES

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.

Canine

BREED

Free Abdomen

German Shepherd

Multifocal enlarged, variably sized, hypoechoic mesenteric root lymph nodes were present, primarily in the mid abdomen and adjacent to the mesenteric root. Example measured 9.3 cm x 3.1 cm. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5).

SEX

Multifocal enlarged, hypoechoic medial iliac and potential hypogastric lymph nodes were present, adjacent to and mildly caudal to the iliac trifurcation. Example of medial iliac lymph node measured 3.5 cm x 1.5 cm. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5).

Spayed Female

AGE

2 Years

Generalized hyperechoic, primarily perilymphatic mesentery noted.

WEIGHT

Mild volume peritoneal free fluid present.

82 Pounds

ULTRASONOGRAPHIC FINDINGS

- Multifocal variably sized, hypoechoic to swollen mesenteric and medial iliac lymphadenopathy
- Mild splenomegaly exhibiting hypoechoic micronodular parenchyma
- Hepatopathy exhibiting parenchyma hypoechoic
- Generalized, primarily perilymphatic hyperechoic mesentery
- Mild volume peritoneal free fluid

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

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Although cytology is required for further assessment, primary concern for multicentric round cell neoplasia such as lymphoma involving the intraabdominal and medial iliac lymph nodes, spleen, and potentially liver is warranted. Severe non-neoplastic lymphadenopathy such as lymphadenitis, benign micronodular splenic changes such as hyperplasia, hematopoiesis, acute hepatopathy including acute hepatitis (viral, bacterial, Leptospirosis, toxin, etc.) also possible. Salmon poisoning disease could be a consideration in this patient if potential exposure to raw salmon or if clinically indicated.

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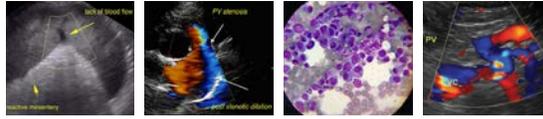
Correlation with pending cytology of enlarged submandibular lymph node as well as ultrasound guided FNA of an enlarged mesenteric lymph node and hepatosplenic cytology using 25-gauge needle and assuming normal clotting status would be advised for further assessment and potential for oncology consult. Very guarded prognosis pending cytology.

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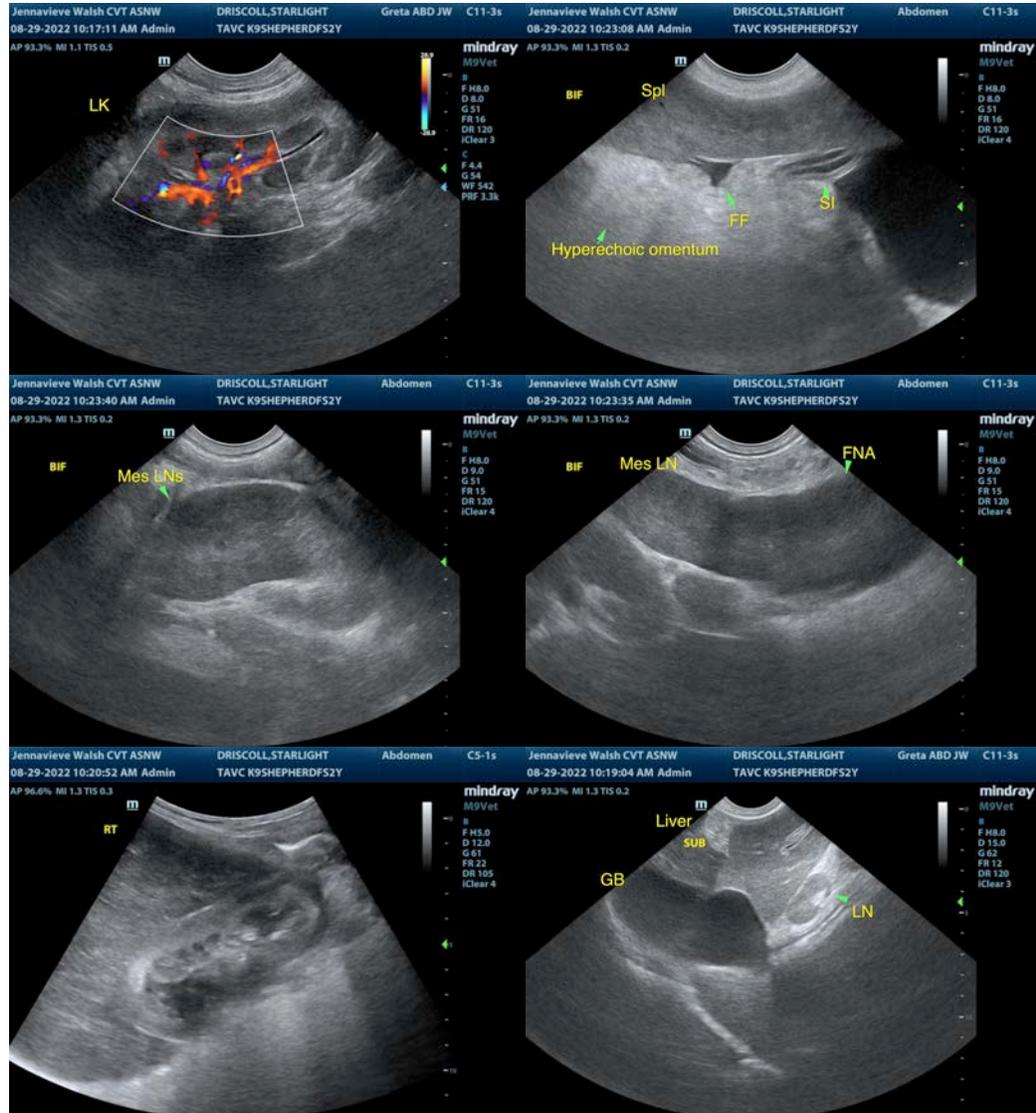
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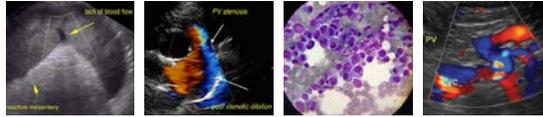
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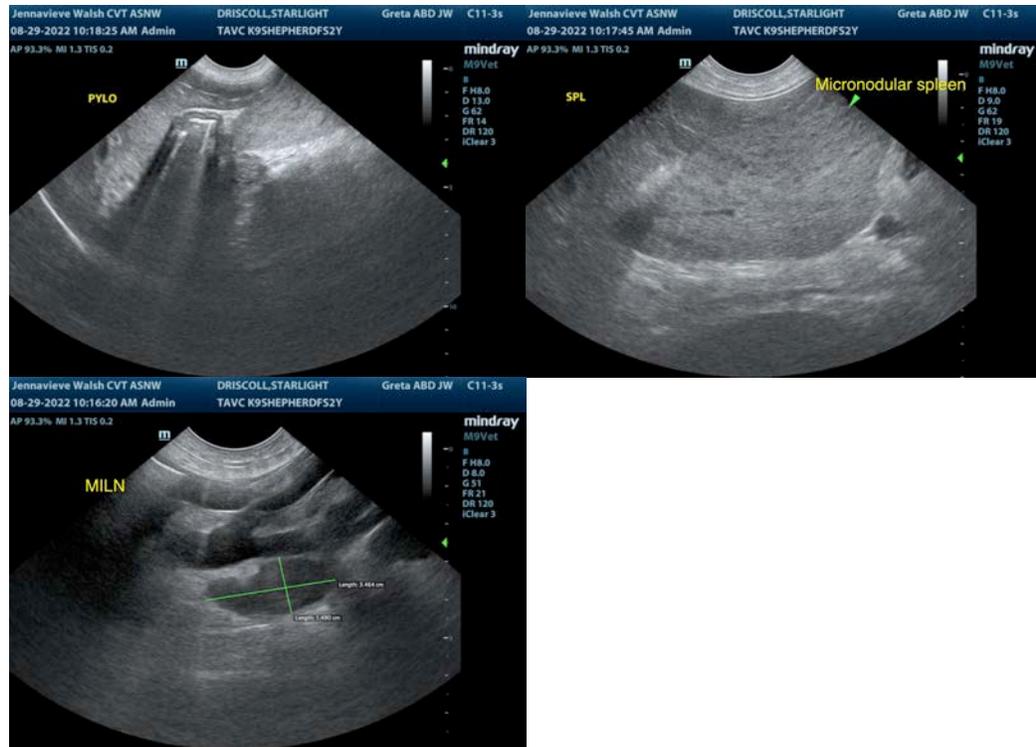
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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