



PATIENT

Santos Jordan

SPECIES

Canine

BREED

Rough Collie

SEX

M/N

AGE

11 yrs

WEIGHT

36 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dave Stasiuk RDMS,
RDMS

HOSPITAL NAME

Resolution Vet
Ultrasound LTD

REFERRING VET

Dr. Rix

INVOICE

14516

DATE

8/4/22

PRESENTING CLINICAL SIGNS

Irregular pylorus. Small liver on AXR. N/V for 2 weeks.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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 was noted.

The area of the residual prostate was free of overt pathology.

Suspect solitary nonspecific mildly enlarged medial iliac lymph node in the area of the iliac trifurcation, measuring 2.6 cm in diameter. The suspected medial iliac lymph node exhibited homogenous echogenicity and without evidence of peripheral inflammation.

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 6.7 cm in length. The right kidney measured 6.3 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.54 cm width at the caudal pole and 0.49 cm width at the cranial pole. The right adrenal gland was not definitively visualized with no overt pathology in the area of the right adrenal gland.

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/ Gallbladder

The liver exhibited potential for borderline to mild subnormal size with normal 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. A solitary, well-demarcated uniform mildly hyperechoic nodule was present in the subjective caudate liver lobe measuring 2.1 cm in diameter. Mild nondependent, mildly hyperechoic gallbladder debris was present with the gallbladder otherwise normal. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Mild nonshadowing ingesta / chyme was present. No overt evidence of pyloric mural pathology. The pylorus wall width measured 0.46 cm.

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 small intestinal wall width measured 0.32 cm.

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 were evident.

Free Abdomen

No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.

ULTRASONOGRAPHIC FINDINGS

- Subjective borderline to mild subnormal liver size with solitary subjectively benign intraparenchymal nodule - overall liver presentation likely normal patient variant and without evidence of portosystemic vascular anomaly, nodule likely consistent with benign lipogranuloma or focal nodular hyperplasia.
- Overtly normal gastrointestinal tract with mild gastric ingesta / chyme
- Mild age-related kidneys
- Suspect focal nonspecific mildly enlarged medial iliac lymph node

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of structural gastrointestinal pathology as an obvious cause of the patient's GI signs. Dietary intolerance / food allergy, occult parasitism, dysbiosis, IBD, low-grade to chronic pancreatitis, both of which may present as sonographically normal, could be possible. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate +/- , resting cortisol level to rule out occult Addison's Disease.

Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Proviale or Visbiome), antibiotic trial and as needed gastrointestinal support with assessment of clinical response may prove beneficial. Sonographic monitoring of the gastrointestinal tract for evidence of progressive intestinal changes, if persistent GI signs and pending additional diagnostics, may be indicated.



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Assuming normal clotting status screening FNA of the suspected medial iliac lymph node for cytology vs. sonographic monitoring could be considered.

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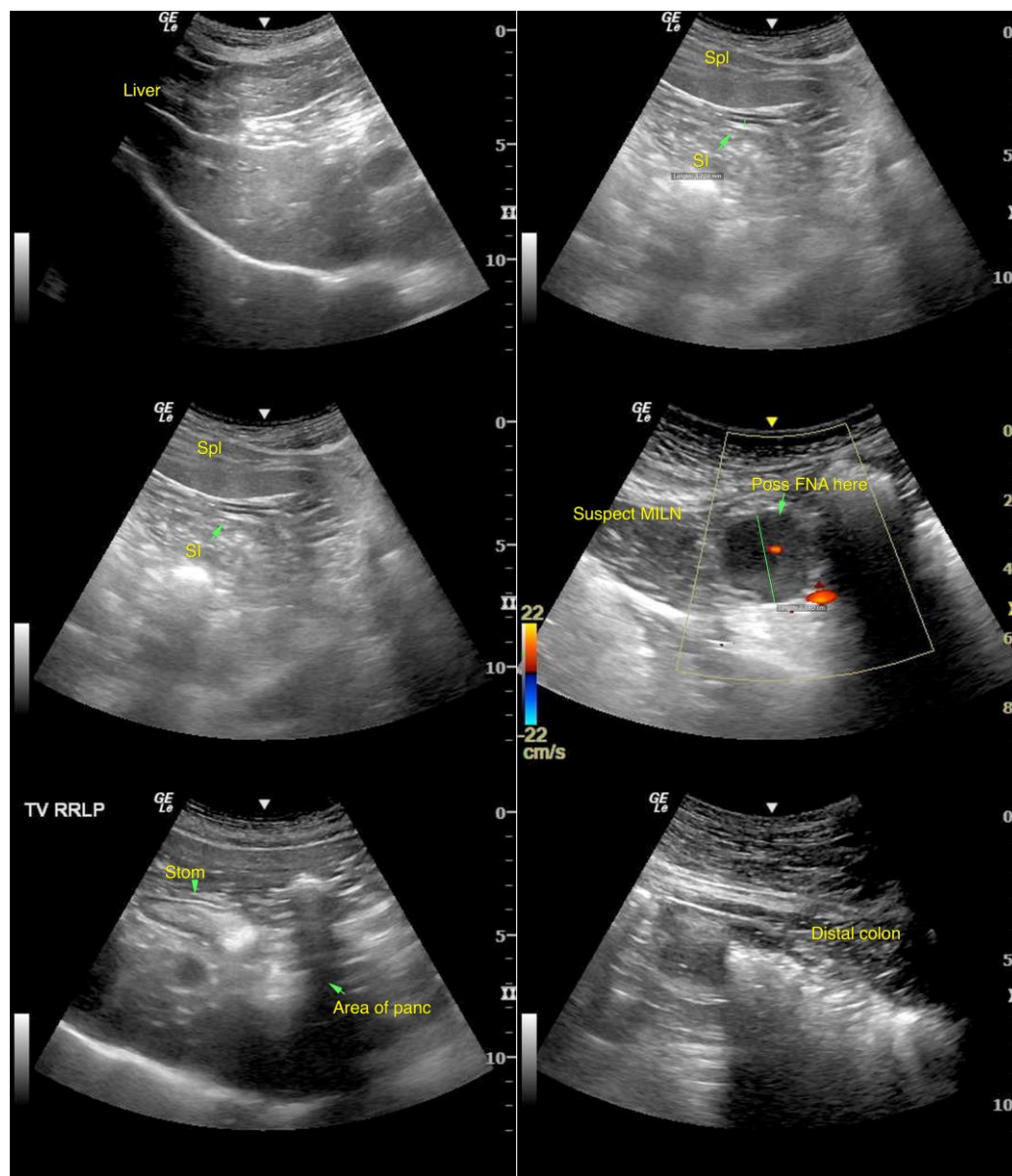
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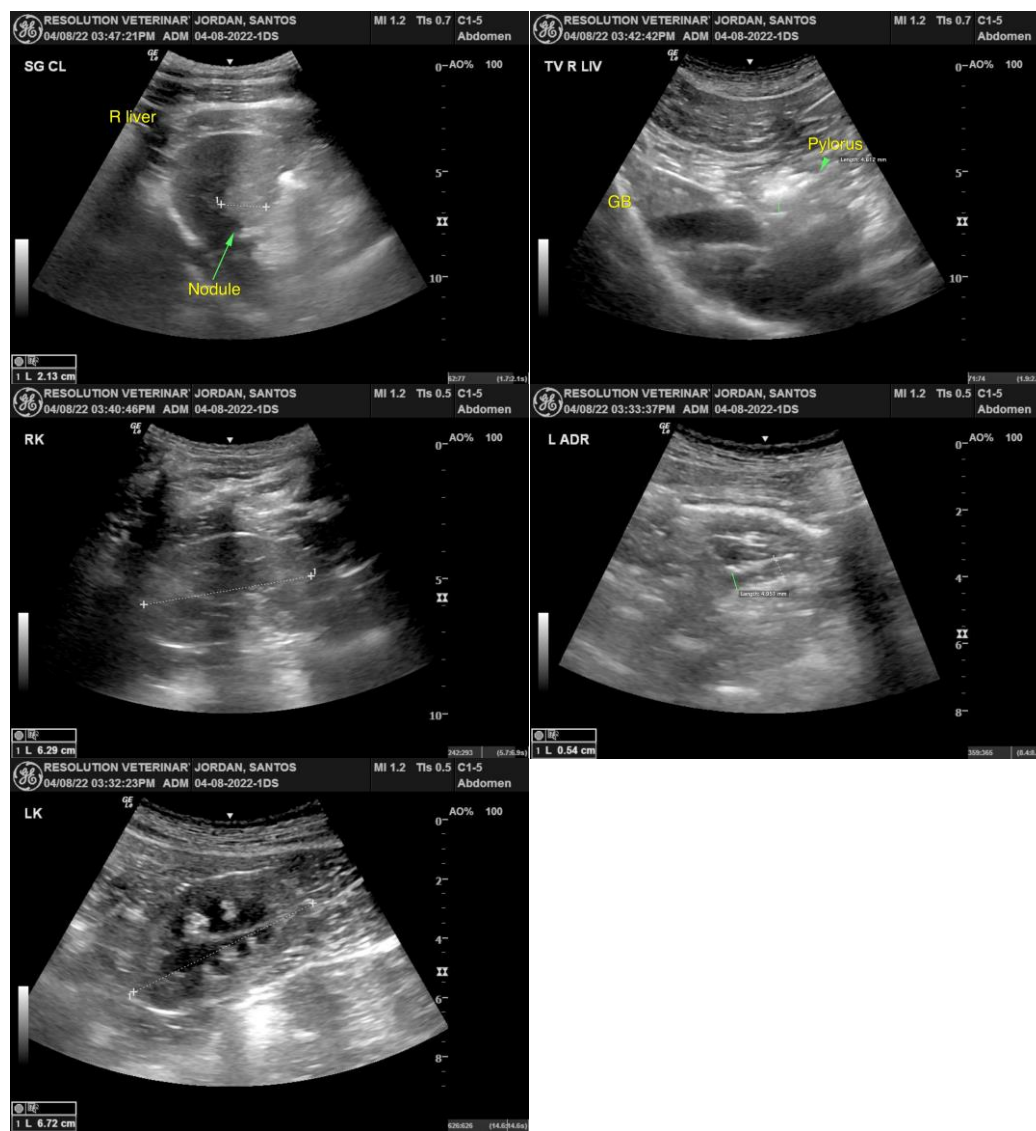
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com