



PATIENT PRESENTING CLINICAL SIGNS

Molly Ondrey History: Several week duration diarrhea, enlarged submandibular lymph nodes, history of indolent lymphoma

SPECIES Medication: Rimadyl, Amantadine, Tylosin, B12

Canine CBC – Hct 32.7, WBC 8.8 w/mild lymphopenia. Chem – ALP 763, ALT 296, GGT 12, Potassium 6.3.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Lab Mix 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.

SEX
 Neutered Male

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 7.0 cm.

AGE

13 years

Adrenal Glands

WEIGHT

73.6 Pounds

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 3.1 cm length x 0.72 cm in width. The left adrenal gland measured 3.2 cm length x 0.76 cm at the caudal pole.

Spleen

INTERPRETED BY

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

The spleen exhibited generalized moderate enlargement with primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present. Intermittent, subtly expansive, non-homogeneous parenchymal nodules were present. Example measured 1.3 cm diameter. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

Liver

HOSPITAL NAME

White Haven VH

The liver exhibited generalized enlargement with asymmetrical caudal contour. Diffuse non-uniform hepatic parenchyma noted with moderate coarse echotexture and intermittent, subtle hypoechoic parenchymal nodular changes. Example of nodule measured 1.6 cm diameter. The gallbladder was non distended in size with echogenic, nonmineralized, non dependent biliary sludge. The biliary sludge was non organized with a hypoechoic to anechoic, irregular to interrupted rim visible between the nondependent sludge and inner wall. No signs of peripheral inflammation.

REFERRING VET

Dr. Dengler

Gastrointestinal

INVOICE

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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. Gastric body wall measured 0.40 cm.

DATE

9.1.2021

The small intestine presented generalized intact wall layering with segmental propensity for mildly prominent mucosa layer. No evidence of loss of intestinal wall layering or intestinal masses. Subtle duodenal ileus pattern was present, yet no overt evidence of mechanical obstruction. Duodenum wall measured 0.56 cm. Jejunum wall measured 0.34 cm.



PATIENT

Molly Ondrey

The visualized colon was sonographically unremarkable, yet contained generalized semiformed to soft feces.

Pancreas

SPECIES

Canine

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

Lab Mix

Free Abdomen

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

SEX

Neutered Male

- Splenomegaly with non-specific intermittent nodules
- Non-uniform to intermittently nodular hepatomegaly
- Segmental enteropathy
- Sonographically unremarkable visible colon with semiformed/soft feces
- Early gallbladder mucocele – subjectively non-inflamed
- No intraabdominal lymphadenopathy

AGE

13 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

73.6 Pounds

The hepatic parenchymal and splenic nodular changes with splenomegaly may be benign. However, given the history of indolent lymphoma, hepatosplenic FNA (assuming normal clotting status and using 25-gauge needle) is recommended. Inflammatory enteropathy is possible, although the potential for early neoplastic infiltrative enteropathy cannot be definitively excluded. In addition to current antibiotic therapy and cobalamin supplementation, a hydrolyzed diet trial, high colony count probiotic, +/- broad-spectrum deworming may prove beneficial.

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HOSPITAL NAME

White Haven VH

REFERRING VET

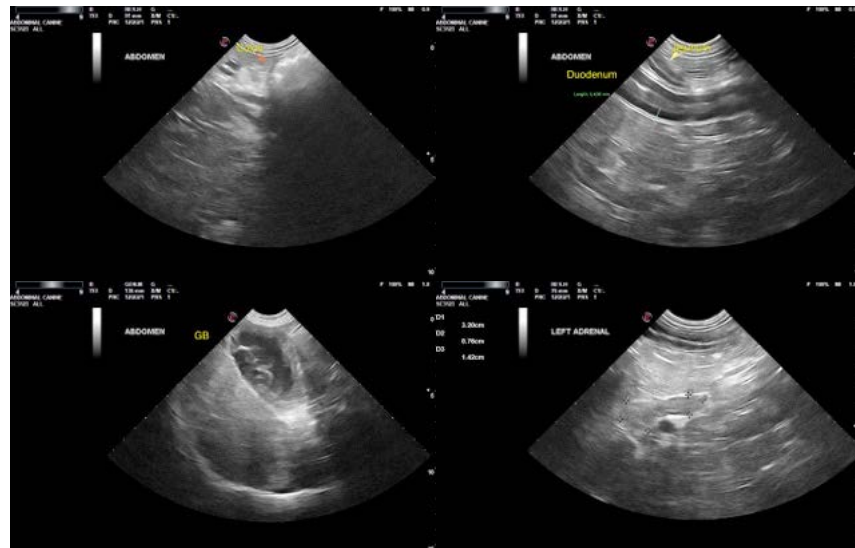
Dr. Dengler

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PATIENT

Molly Ondrey

SPECIES

Canine

BREED

Lab Mix

SEX

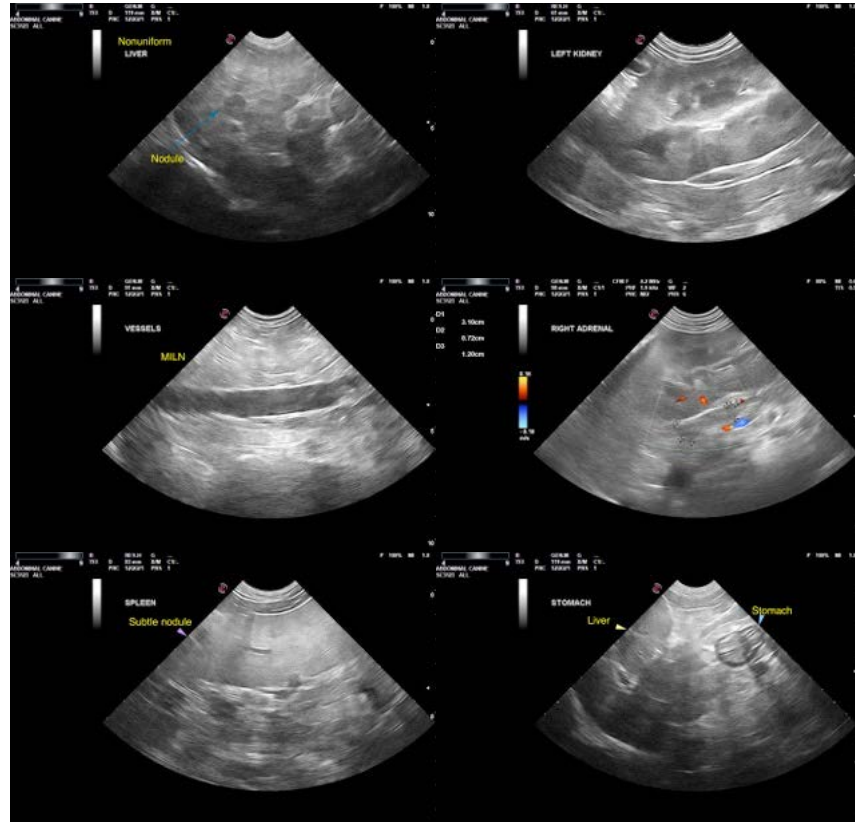
Neutered Male

AGE

13 years

WEIGHT

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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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