



PATIENT

Mojo Buchholz

SPECIES

Canine

BREED

Mix

SEX

Neutered Male

AGE

11 Years

WEIGHT

31 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Callihan

HOSPITAL NAME

Animal Emergency
Care

REFERRING VET

Dr. Bailey

INVOICE

41234

DATE

9/12/22

PRESENTING CLINICAL SIGNS

Presented to ER for profound diarrhea past several days. Has history of fb ingestion and surgical resection portion of duodenum 2 yr ago

Abnormal PE/Chem/CBC/UA Results: Full CBC/Chem normal other than lymphopenia

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.

No overt pathology in the area of the residual prostate.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The right kidney measured 6.9 cm. The left kidney measured 7.0 cm.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.59 cm at the cranial pole and 0.63 cm at the caudal pole.

The right adrenal gland was borderline to mildly prominent in size. Subtle asymmetrical capsule contour noted with mild heterogeneous to non-mineralized parenchyma. The right adrenal gland measured 0.81 cm at the cranial pole and 0.84 cm at the caudal pole.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. Intermittent, discrete, hyperechoic nodules were present, consistent with benign myelolipomas. 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. 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.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. 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.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild pyloric/antrum gas pattern. No overt evidence of gastric foreign material, retained fluid, or retained ingesta. Pylorus wall measured 0.46 cm.



PATIENT	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental propensity for subtly prominent to echogenic small intestinal submucosal layer. No evidence of loss of intestinal wall layering, mechanical/metabolic ileus pattern, or intestinal foreign material to the level of the ileum. Duodenum wall measured 0.28 cm. Jejunum wall measured 0.33 cm. Subjective mildly prominent ileum and ileocolic junction walls. Ileum wall measured 0.37 cm.
Mojo Buchholz	
SPECIES	Normal visible colon wall layers were present with apparent formed feces in lumen.
Canine	
	<i>Pancreas</i>
BREED	The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.
Mix	
	<i>Free Abdomen</i>
SEX	Intermittent mid to cranial abdominal mesenteric lymph nodes were present. Example measured 3.5 cm x 1.1 cm. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident.
Neutered Male	
AGE	A solitary medial iliac lymph node was present adjacent to the iliac trifurcation, measuring 2.7 cm x 0.92 cm. This lymph node was homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident.
11 Years	
WEIGHT	No evidence of peritoneal free fluid.
31 kg	
	PRIMARY FINDINGS
	<ul style="list-style-type: none"> • Suspect mild ileitis with generalized intact small bowel walls • Intermittent, non-specific mesenteric and focal medial iliac lymphadenopathy – suspect reactive hyperplasia or lymphadenitis potentially owing to inflammatory bowel.
INTERPRETED BY	SECONDARY FINDINGS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> • Mild hepatic parenchymal remodeling • Mild chronic renal changes • Borderline to mild prominent right adrenal gland – non-specific, yet not overtly consistent with adrenal pathology. Probable patient/age related variant.
IMAGING PERFORMED BY	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
Dr. Callihan	GI panel to include PLI, TLI, cobalamin and folate suggested, given suspected ileitis and to rule out occult pancreatic inflammation as a contributing factor to the diarrhea. Dietary indiscretion/food intolerance, dysbiosis, occult parasitism, inflammatory bowel or low-grade to chronic pancreatitis (both of which may present sonographically normal), or less likely early infiltrative intestinal neoplasia possible.
HOSPITAL NAME	
Animal Emergency Care	
REFERRING VET	Ultrasound guided FNA of an enlarged mesenteric lymph node could be considered, if accessible, for screening cytology. Empirically, novel protein or hydrolyzed diet trial, broad spectrum deworming (even if fecal testing is negative) i.e., Panacur 50 mg/kg PO SID for at least 5 consecutive days with potential repeat protocol in 3 weeks, high colony count probiotic such as Proviabio, +/- empirical antibiotic therapy (if clinically indicated), and as needed gastrointestinal support with assessment of clinical response would be reasonable.
Dr. Bailey	
INVOICE	
41234	
DATE	
9/12/22	



PATIENT

Mojo Buchholz

SPECIES

Canine

BREED

Mix

SEX

Neutered Male

AGE

11 Years

WEIGHT

31 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Callihan

HOSPITAL NAME

Animal Emergency
Care

REFERRING VET

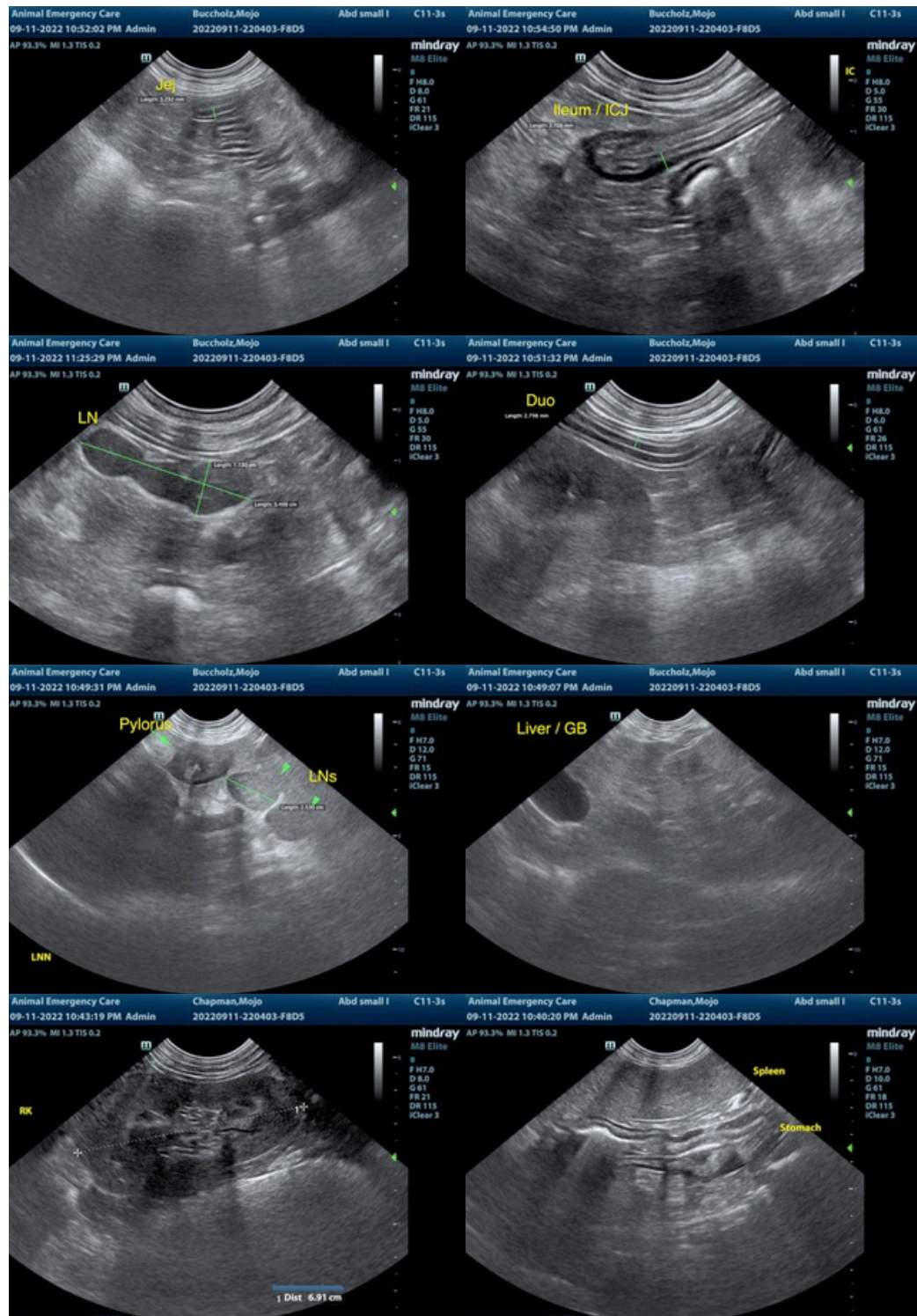
Dr. Bailey

INVOICE

41234

DATE

9/12/22





PATIENT

Mojo Buchholz

SPECIES

Canine

BREED

Mix

SEX

Neutered Male

AGE

11 Years

WEIGHT

31 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Callihan

HOSPITAL NAME

Animal Emergency
Care

REFERRING VET

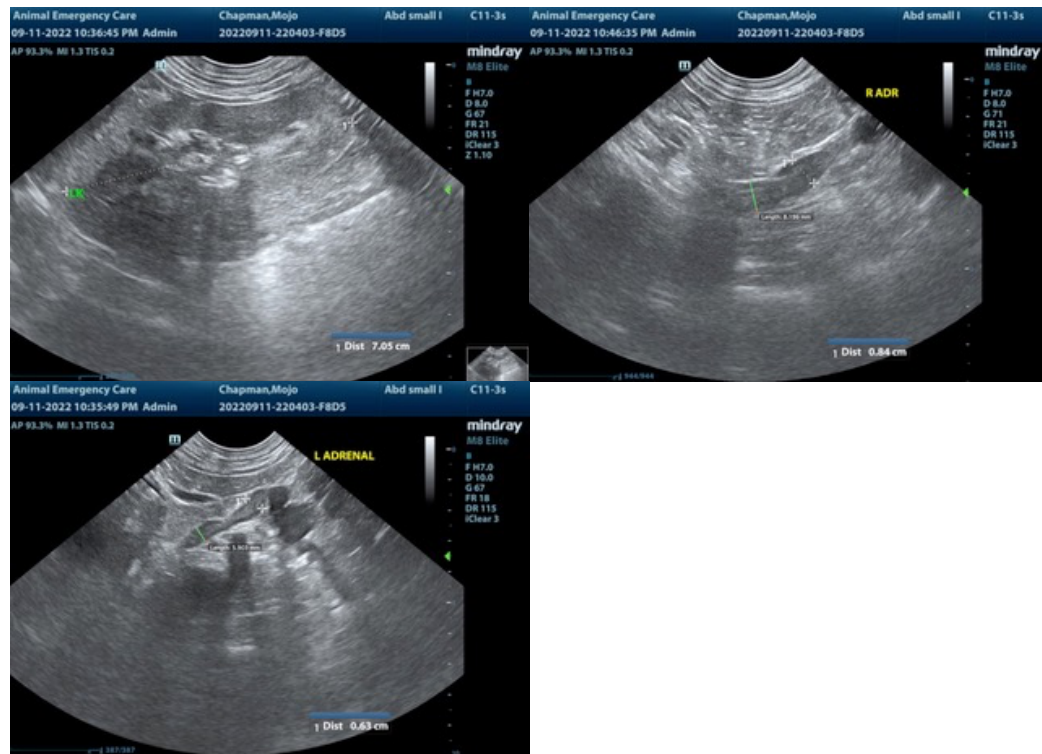
Dr. Bailey

INVOICE

41234

DATE

9/12/22



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