



**PATIENT**

Shasha Weedman

**SPECIES**

Canine

**BREED**

Shepard

**SEX**

Spayed Female

**AGE**

12 years

**WEIGHT**

91 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenna Walsh

**HOSPITAL NAME**

Ark AH

**REFERRING VET**

Dr. Jackson

**INVOICE**

12242

**DATE**

9/14/21

**PRESENTING CLINICAL SIGNS**

Lost 10 lbs since July, vomiting since that time as well. Oily stools found at rDVM. Generalized enlarged lymph nodes, abdomen is tense and discomfort with palpation, no palpable mass, thoracic and lumbar pain with palpation. Decreased proprioceptive reflexes in hind limbs bilaterally. Current Medications cerenia, methocarbamol, gabapentin,  
Abnormal PE/Chem/CBC/JA Results: Lymph node aspirates prescapular and popliteal (left for both), found reactive lymph nodes no signs of neoplasia. BW - Chemistry\_hyperkalemia 5.8meq/l - diarrhea, addison's disease low Na/K ratio - addison's disease mild ALKP elevation 218 PSL elevation 157- pancreatitis vs other GI disease\_ Complete Blood Count NSF\_lymphopenia - stress, infection/inflammation\_ Total T4 0.7ug/dl (Low) \_\_likely euthyroid sickness

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

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 was 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 7.7 cm in length. The right kidney measured 7.4 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 0.89 cm width at the caudal pole and 0.94 cm width at the cranial pole. The right adrenal gland was indistinctly visualized, subjectively measuring 0.76 cm width at the caudal pole.

**Spleen**

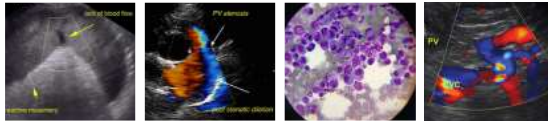
The spleen exhibited generalized enlargement with primarily maintained symmetrical yet swollen contour. Generalized nonhomogeneous to mildly mixed echogenic parenchyma exhibiting subtle echogenic nodular changes were present. Normal splenic vascularity was noted.

**Liver/ Gallbladder**

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of



<b>PATIENT</b>	congestion. The gallbladder was non distended in size with mild gallbladder debris. The cystic duct and common bile ducts were normal without evidence of dilation.
Shasha Weedman	
<b>SPECIES</b>	<b><i>Gastrointestinal</i></b>
Canine	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic, mild, nonshadowing ingesta most consistent with post prandial presentation without signs of ileus, obstruction or foreign material.
<b>BREED</b>	The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with segmental duodenum and jejunum ileus pattern exhibited by a mild luminal fluid accumulation without evidence of mechanical obstruction or foreign material. No evidence of loss of Intestinal wall layering or intestinal masses. The duodenum wall width measured 0.5 cm. The jejunum wall width measured 0.48 cm.
Shepard	Normal visible colon wall layers were present with apparent formed feces in lumen.
<b>SEX</b>	<b><i>Pancreas</i></b>
Spayed Female	The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.
<b>AGE</b>	<b><i>Free Abdomen</i></b>
12 years	Several medial iliac and intermittent mesenteric lymph nodes were present. 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. An example of a medial iliac lymph node size was 3.2 cm x 0.98 cm.
<b>WEIGHT</b>	A focal, probable, enlarged to swollen hepatic lymph node noted dorsal to the pylorus was present. The lymph node exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). The lymph node was bordered by echogenic to reactive mesentery. The lymph node measured 5.0 cm x 4.0 cm.
91 lbs.	A small pocket of scant free fluid was noted lateral to the cranial spleen. No evidence of significant effusion was noted.
<b>INTERPRETED BY</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<b><i>Primary Findings</i></b>
<b>IMAGING PERFORMED BY</b>	<ul style="list-style-type: none"><li>Splenomegaly with nonhomogeneous parenchyma - hyperplasia, hematopoiesis, breed associated hypersplenism, splenitis, neoplasia, or other</li><li>Hepatomegaly with mild gallbladder debris (non-mucocele) - vacuolar or inflammatory hepatopathy, potential for occult neoplasia</li><li>Duodenitis with segmental jejunitis</li></ul>
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- Focal probable hypoechoic to swollen hepatic lymph node with associated intermittent mild mesenteric and medial iliac lymphadenopathy - significant hepatic and mild intermittent mesenteric to medial Iliac lymphoid hyperplasia, lymphadenitis, or neoplastic lymphadenopathy

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Assuming normal clotting status, splenic or ideally hepatosplenic FNA using a 25-gauge needle is warranted for screening cytology. FNA of the probable enlarged hepatic lymph node would also be ideal yet not likely assessable given its depth.

Fresh fecal analysis to assess for ova / Giardia, assessment of serum cobalamin / folate levels, as well as resting cortisol to rule out unlikely occult Addison's disease may be considered.

Given the presentation of the spleen and intraabdominal lymph nodes, neoplasia may still be considered a top differential diagnosis, although potential for infectious etiology is also possible. Pending additional diagnostics, hospitalization with as-needed gastrointestinal support +/- Salmon Poisoning protocol if clinically indicated, would be appropriate.

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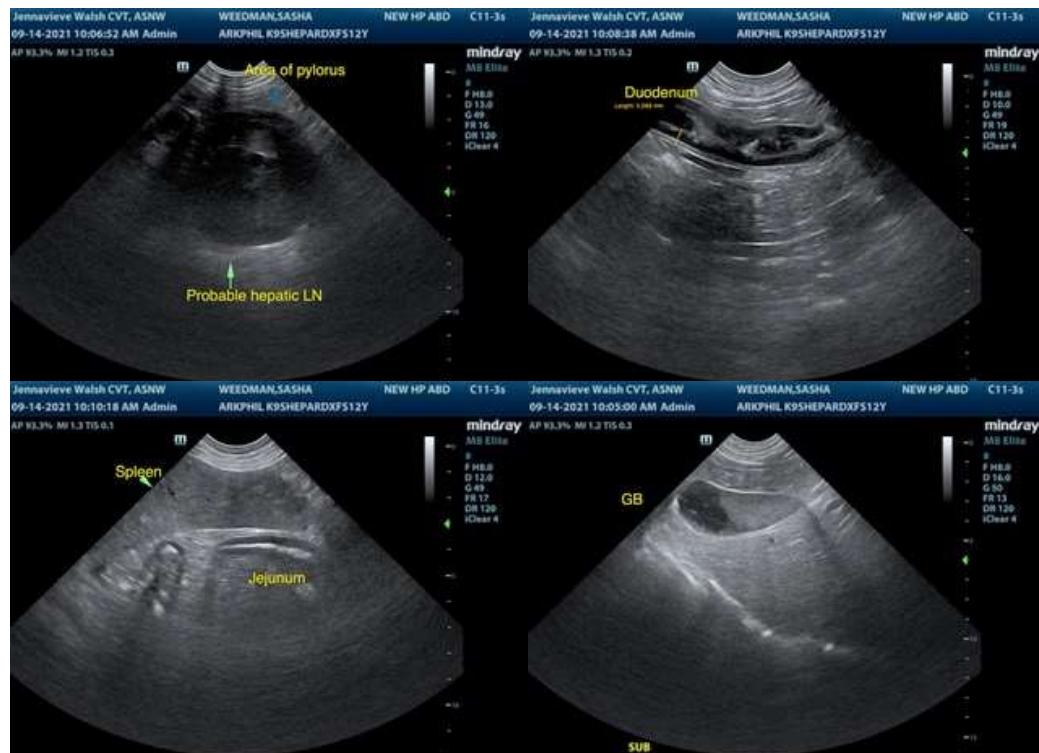
Dr. Jackson

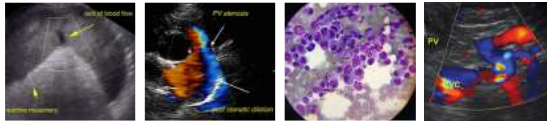
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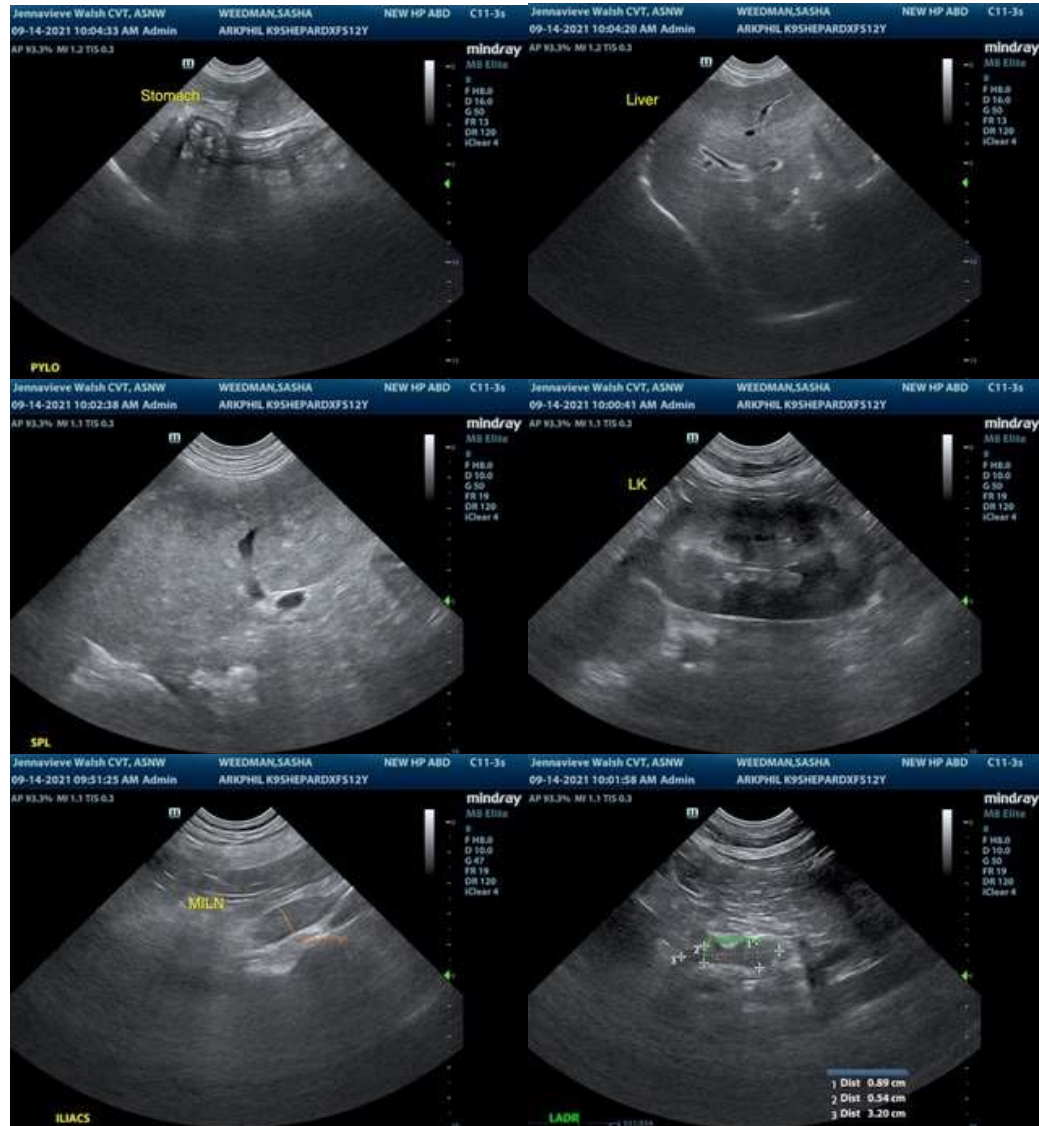
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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