

PATIENT PRESENTING CLINICAL SIGNS

Lucy Sabatello Vomiting, increased respiratory rate.

Medication: Amoxicillin, Metronidazole, Denamarin, Cerenia, Pepcid

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: CREAT 2.1 SDMA 20, Ca 14.4 ALT 340 TBIL 1.6 WBC 30.5

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Australian Cattle Dog
Mix

Urinary System

The urinary bladder was mildly distended in size with normal tone. The trigone, cystourethral junction, and visible pelvic urethra 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

MN

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 6.5 cm in length. The right kidney measured - cm in length

AGE

2011

The area of the aortic trifurcation was free of pathology.

WEIGHT

56.5

The area of the residual prostate appeared normal and free of pathology.

A marked solitary irregular non-homogeneous to hypoechoic medial iliac lymph node in the area of the iliac trifurcation was present measuring 3.8 cm x 3.4 cm.

INTERPRETED BY

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

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 3.0 cm length and 1.0 cm width in the caudal pole. The right adrenal gland measured 1.1 cm width in the caudal pole.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

Spleen

The spleen exhibited mildly subnormal size suggestive of volume contraction with 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.

HOSPITAL NAME

Barton Heights VH

Liver

The liver exhibited moderate 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 mildly distended in size with primarily anechoic luminal content and mild focally congealed non-organized luminal debris. The cystic and common bile ducts were normal.

REFERRING VET

Dr. Dicker

INVOICE

12341ag

Gastrointestinal

DATE

12/01/2022



PATIENT

Lucy Sabatello

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with primarily anechoic fluid was present.

SPECIES

Canine

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental to diffuse ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material.

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

BREED

Australian Cattle Dog
 Mix

Pancreas

The right limb of the pancreas was indistinctly visualized yet exhibited mild prominent size with normal curvilinear capsule contour. Subtle non-homogeneous hypoechoic parenchyma was present.

SEX

MN

Free Abdomen

Generalized hyperechoic mesentery and intermittent small pocket of scant free fluid was present.

AGE

2011

ULTRASONOGRAPHIC FINDINGS

WEIGHT

56.5

- Solitary marked non-homogenous to hypoechoic medial iliac lymphadenopathy
- Hepatomegaly exhibiting parenchyma hypoechoic-acute hepatitis (viral, bacterial, leptospirosis, toxin, etc.) or occult neoplasia possible
- Mild non-dependent mildly congealed gallbladder debris (non-mucocele)
- Gastroenteritis pattern
- Mildly prominent to heterogeneous right pancreas-potential for inflammation vs patient/age related variant
- Generalized primarily perihepatic hyperechoic mesentery

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING

PERFORMED BY
 Rebekah Jakum, CVT
 ARDMS/RVT

Primary concern for hepatic and medial iliac lymphatic neoplastic criteria. Assuming normal clotting status, a hepatic and enlarged medial iliac LN FNA for screening cytology is warranted for further assessment.

HOSPITAL NAME

Barton Heights VH

A spec cPL could be considered for further assessment of the pancreas although the degree of pancreatitis if present was sonographically suggestive of pancreatitis as a primary clinical factor. A leptospirosis titer/PCR may be considered if clinically indicated or if potential exposure/endemic to the area.

REFERRING VET

Dr. Dicker

Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

Empirically as needed GI and hepatic support pending additional diagnostics would be reasonable. A guarded prognosis is indicated.

INVOICE

12341ag

DATE

12/01/2022



PATIENT

Lucy Sabatello

SPECIES

Canine

BREED

Australian Cattle Dog
Mix

SEX

MN

AGE

2011

WEIGHT

56.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Barton Heights VH

REFERRING VET

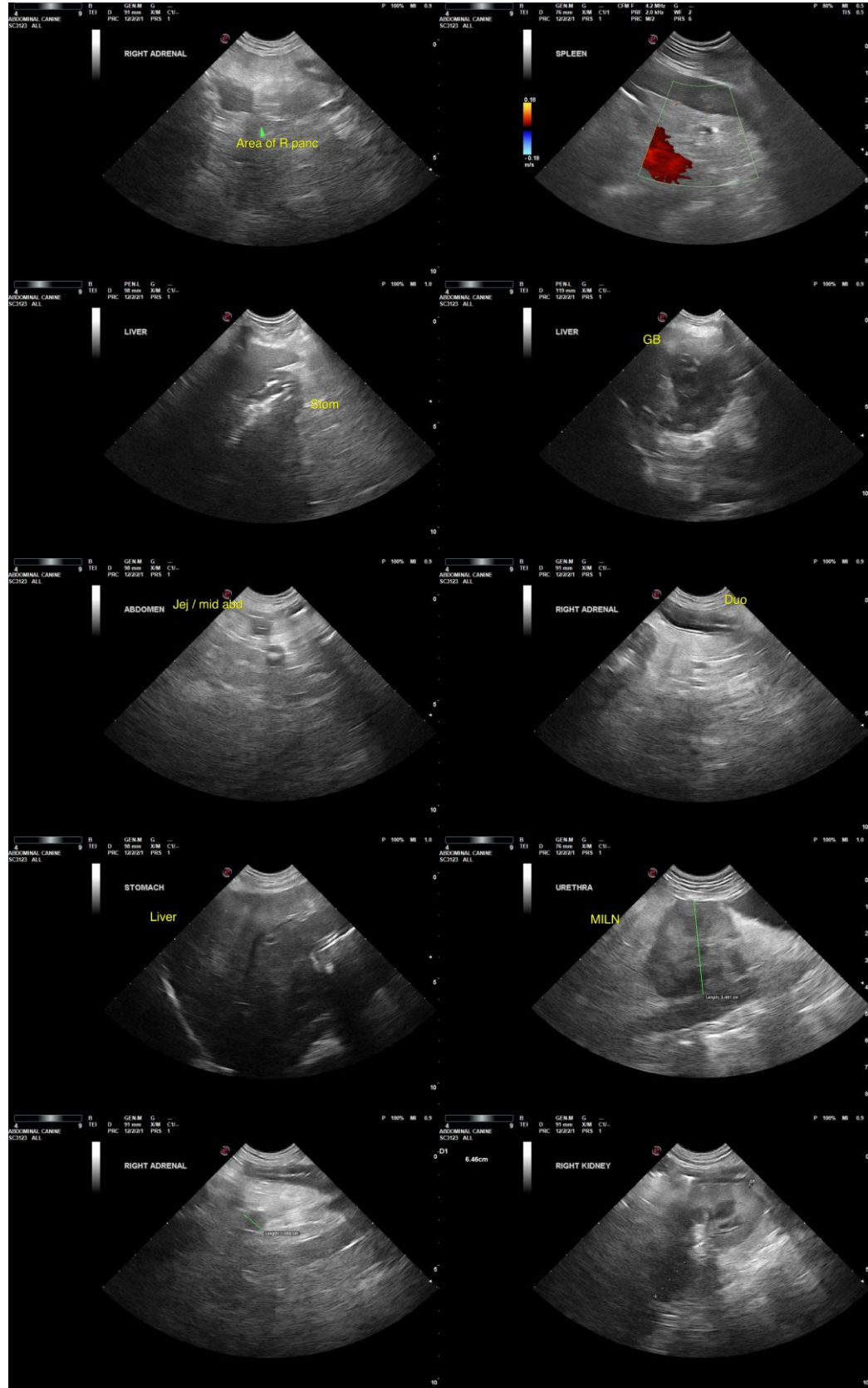
Dr. Dicker

INVOICE

12341ag

DATE

12/01/2022





PATIENT

Lucy Sabatello

SPECIES

Canine

BREED

Australian Cattle Dog
Mix

SEX

MN

AGE

2011

WEIGHT

56.5

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Barton Heights VH

REFERRING VET

Dr. Dicker

INVOICE

12341ag

DATE

12/01/2022



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)
mac.daniel@sonopath.com