



PATIENT

Bear Dunlop

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

9 Years

WEIGHT

119.6 Lbs.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Patricia Guteirrez, LVT

HOSPITAL NAME

Brunswick VH

REFERRING VET

Dr. Nicole LaMora

INVOICE

13710

DATE

2/1/22

PRESENTING CLINICAL SIGNS

History: Presented for lethargy/inappetence; seen prev at local ER in 11/2021 for same symptoms. Rads at that time showed poss pancreatic mass. BW was nsf, other than neutrophilia.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is moderately distended with anechoic contents. It has normal uniform wall thickness (< 0.2 cm). No masses or cystoliths are observed.

The area of the prostate was evaluated without evident pathology in these images.

Left kidney is normal is size (7.3 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

Right kidney is normal is size (7.8 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

Adrenal Glands

Left adrenal gland is normal in size (0.51 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable. The cranial pole was not well visualized.

Right adrenal gland is normal in size (3.0 cm in length X 0.63 cm at cranial pole and 0.75 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

Spleen

Spleen is subjectively normal in size with normal smooth margins. Parenchyma is normal in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

Liver is subjectively normal in size. Margins are sharp and smooth. It has normal homogenous echotexture and normal echogenicity. No focal lesions are observed. Visible vasculature appears normal. Gallbladder is mildly distended with anechoic contents. The wall is smooth without visible thickening. There is no evidence of common bile duct dilation.

Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent. No appreciable lymphadenopathy.

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

Colon is normal in wall thickness (< 0.2 cm) and layering.



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Pancreas

Bear Dunlop

The area of the pancreas visible in these images was evaluated without evident pathology. No evidence of a pancreatic mass in these images.

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Free Abdomen

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Lymph nodes are normal with no observed enlargement.

BREED

ULTRASONOGRAPHIC FINDINGS

Golden Retriever

- Unremarkable abdomen

SEX

Recommendations include recheck lab work in the form of a complete blood cell count, serum chemistry panel, electrolytes and urinalysis, if not recently performed. A gastrointestinal malabsorption panel could also be performed to include a TLI, PLI, folate and cobalamin (to Texas A & M GI laboratory) for further assessment of the GI tract and pancreas.

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Given the decreased appetite and lethargy, baseline cortisol is also recommended to rule out unlikely, but possible, any time there are gastrointestinal signs, hypoadrenocorticism. If not already performed, three-view thoracic radiographs are recommended to further assess cardiopulmonary status and rule out any other cause of this patients clinical signs.

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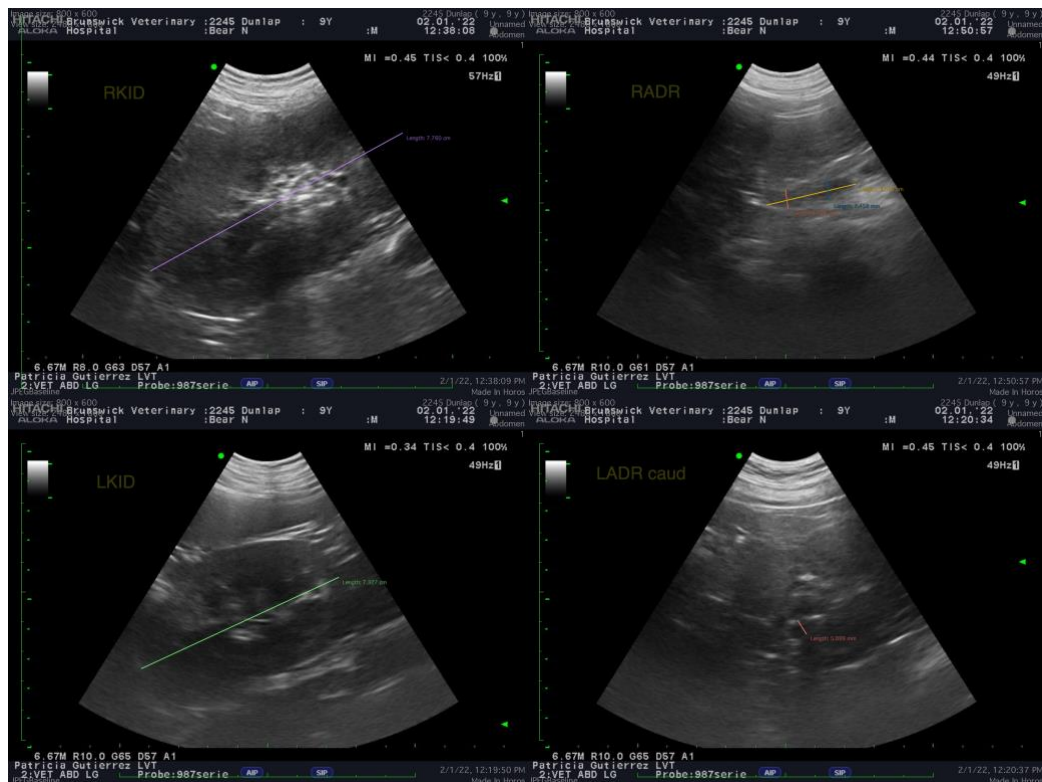
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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