**PATIENT**

Elvis Prabhakar

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

MN

**AGE**

7 years

**WEIGHT**

139 lbs.

**INTERPRETED BY**R. McKenzie Daniel,  
DVM, DABVP (Canine  
and Feline)**IMAGING  
PERFORMED BY**

Amy Mayhew LVT

**HOSPITAL NAME**

SVS Imaging MI

**REFERRING VET**Wixom Family Pet  
Practice**INVOICE**

13084

**DATE**

1/14/22

**PRESENTING CLINICAL SIGNS**

Recent onset diarrhea. No other clinical signs.

Abnormal PE/Chem/CBC/UA Results: Lymphocytes 5.66 (0.83-4.91) Mildly low neutrophils and monocytes T4 0.8 (1.2-4.3)

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder, trigone, and cystourethral junction 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.

The area of the residual prostate was free of pathology.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 7.7 cm in length. The right kidney measured 7.8 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 0.51 cm width at the caudal pole and 0.55 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.58 cm width at the caudal pole and 0.57 cm width at the cranial pole.

**Spleen**

The spleen exhibited normal size and contour. A maintained finely textured homogeneous parenchyma was primarily present with a solitary, non-expansive, well-demarcated, uniformly mild hyperechoic nodule was present in the medial parenchyma. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

**Liver/ Gallbladder**

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. Solitary to intermittent, discreet, hypoechoic, intraparenchymal nodule was noted. An example of a liver nodule measured 1.6 cm in diameter. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**PATIENT**

Elvis Prabhakar

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

MN

**AGE**

7 years

**WEIGHT**

139 lbs.

**INTERPRETED BY**R. McKenzie Daniel,  
DVM, DABVP (Canine  
and Feline)**IMAGING  
PERFORMED BY**

Amy Mayhew LVT

**HOSPITAL NAME**

SVS Imaging MI

**REFERRING VET**Wixom Family Pet  
Practice**INVOICE**

13084

**DATE**

1/14/22

***Gastrointestinal***

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was primarily empty containing mild luminal gas. The gastric body wall width measured 0.43 cm.

The small intestine presented intact wall layering and maintained a 1:3 muscularis/mucosa ratio. Mild duodenal retained fluid, which may indicate the potential for mild duodenal ileus, was present. No evidence of an obstructive pattern, loss of intestinal wall layering, or other mural pathology was noted. The duodenum wall width measured 0.51 cm. The jejunum wall width measured 0.36 cm.

The visualized colon walls were sonographically unremarkable with the colon containing subjective formed to semi-formed feces.

***Pancreas***

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 were evident.

***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS*****Primary Findings***

- Overtly normal gastrointestinal tract and colon
- Benign splenic nodule - consistent with probable benign myelolipoma
- Intermittent nonspecific hepatic nodules

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The hepatic nodules are nonspecific with considerations including suspected areas of hematopoiesis or potential nodular to regenerative hyperplasia. Hepatic neoplastic nodules are considered a less likely differential diagnosis, yet ideally, sonographic monitoring for evidence of progressive nodular changes is recommended.

Dietary indiscretion / food intolerance, occult parasitism, structurally insignificant inflammatory arteriopathy are possible. Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Proviale or Visbiome), antibiotic trial and as needed gastrointestinal support with assessment of clinical response may prove beneficial. If continued gastrointestinal signs, a GI panel to include PLI/TLI/Cobalamin/Folate, as well as resting cortisol level to rule out occult Addison's Disease, given the lymphocytosis, may be considered.

IMAGING PERFORMED BY

SVS Mobile Imaging MI 734-637-7711  
svsimagingmi@gmail.com



Clinical Sonography & Telectology

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4268 info@sonopath.com SonoPath.com

**PATIENT**

Elvis Prabhakar

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

MN

**AGE**

7 years

**WEIGHT**

139 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Amy Mayhew LVT

**HOSPITAL NAME**

SVS Imaging MI

**REFERRING VET**

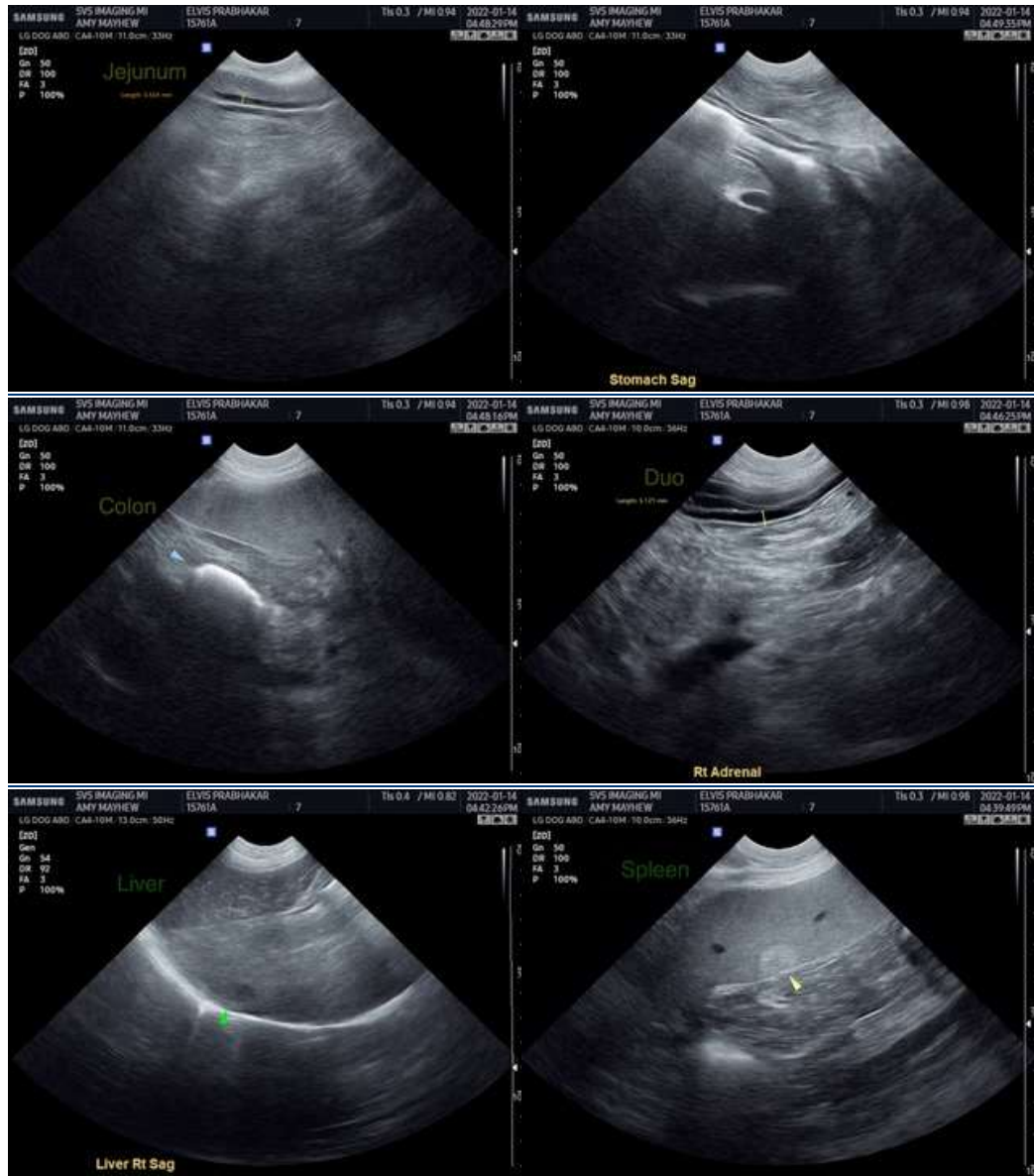
Wixom Family Pet  
Practice

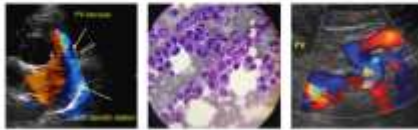
**INVOICE**

13084

**DATE**

1/14/22





**PATIENT**

Elvis Prabhakar

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

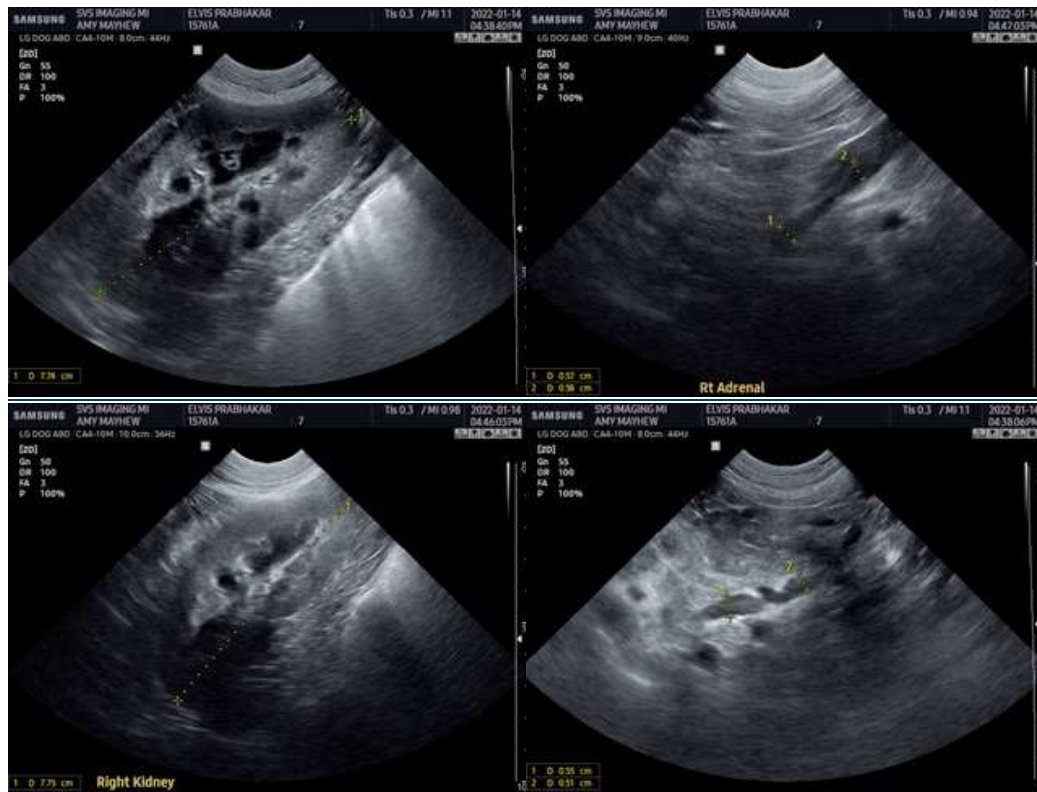
MN

**AGE**

7 years

**WEIGHT**

139 lbs.



**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Amy Mayhew LVT

**HOSPITAL NAME**

SVS Imaging MI

**REFERRING VET**

Wixom Family Pet  
Practice

**INVOICE**

13084

**DATE**

1/14/22

**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**