



PATIENT

Tucker Sidari

SPECIES

Canine

BREED

Golden Retriever

SEX

MN

AGE

10.5 years

WEIGHT

54 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Westwood Regional
VH

REFERRING VET

Dr. Hartwick

INVOICE

13120

DATE

1/20/22

PRESENTING CLINICAL SIGNS

Weight loss - now cachexic, acting lethargic (normally a very active and happy dog), eating, but taking longer to eat. Weighed 58.76 lbs in May 2021, now weighs 54 lbs. No lip smacking, burping, or vomiting, is still passing stools (last bowel movement was 1/19 am). History of gastric foreign body in 2018 removed via scope. History of burping, lip smacking and similar radiographic presentation as in 2018. Trial of Hydrolyzed diet (ZD), did well, but no longer on that food for a while now. No known FB ingestion recently. Radiographs from yesterday and today show severe gas, dilates G.I. tract. R/O ileus, GI disease, FB, etc. Current meds: ondansetron, famotadine, IVF, NPO.
Abnormal PE/Chem/CBC/UA Results: CBC: WNL, Chem: WNL.

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 was noted.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 0.92 cm in diameter.

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 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 7.0 cm in length. The right kidney measured 6.4 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 2.8 cm length x 0.47 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.6 cm length x 0.58 cm width 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. 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.



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Liver/ Gallbladder

Tucker Sidari

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 mild, nondependent, mildly congealed yet nonorganized gallbladder debris. The cystic and common bile ducts were normal.

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The stomach presented mild wall thickening secondary to mild echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The stomach appeared to be mild to moderately distended with gas and retained fluid with areas of nonspecific shadowing ingesta to echoes. An example of a shadowing echo measured 1.0-2.0 cm in diameter. Ingesta, gas, and fluid appeared to extend into the level of the pylorus and gastric outflow.

AGE

10.5 years

The small intestine presented intact wall layering with primarily and subjectively maintained 1:3 muscularis/mucosa ratio. Areas of intermittent duodenojejunal mucosal speckling were present, along with mild duodenal and segmental jejunal ileus. Areas of empty jejunum were also present. Definitive evidence of small intestinal obstructive pattern or overt foreign material was not definitively present.

WEIGHT

54 lbs.

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

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Pancreas

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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.

IMAGING PERFORMED BY

Free Abdomen

Kelly Vazquez

No overt lymphadenopathy or effusion was present. Subtle evidence of minor, primarily peri intestinal reactive mesentery was noted.

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ULTRASONOGRAPHIC FINDINGS

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Primary Findings

- Mild to moderate distended stomach with gas, fluid, and nonspecific focally shadowing ingesta / potential echoes
- Generalized enteritis pattern exhibiting mild segmental duodenojejunal mucosal speckling and segmental mild duodenojejunal ileus
- Mild chronic renal changes
- Mild benign hepatic parenchymal remodeling with mild gallbladder debris (non-mucocele)

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient's weight loss and cachexia, potential for generalized gastroenteropathy such as IBD, neoplastic infiltrative gastroenteropathy, dysbiosis or other, are possible. However, given serial radiographic presentation, as well as areas of nonspecific intraluminal gastric shadowing, the possibility



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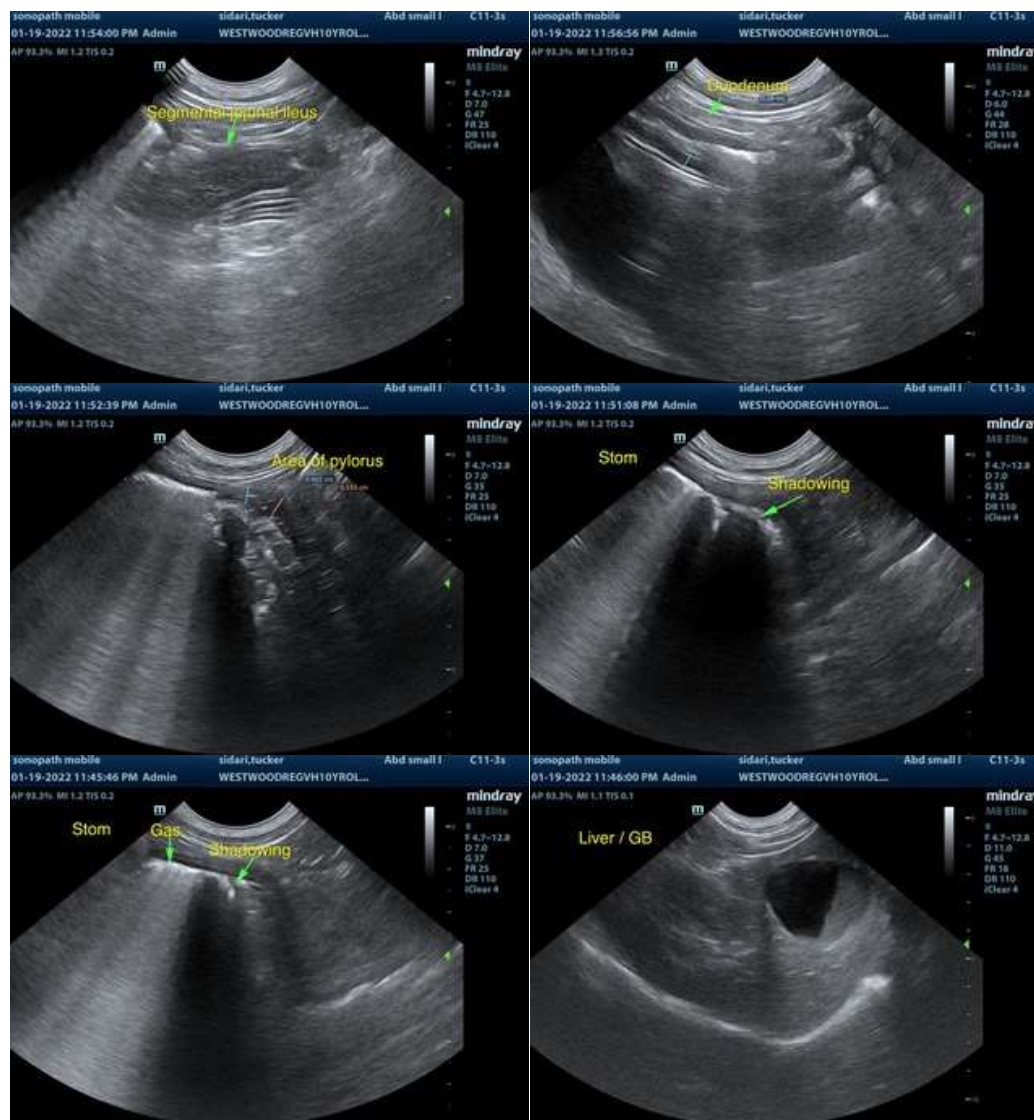
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of gastric foreign material or potential non-visualized non to partially obstructive small intestinal foreign material is of concern. Further assessment may include endoscopy if available. Assuming no evidence of thoracic pathology on three view chest radiographs, gastrointestinal biopsies are likely ideal in this patient and In conjunction with gastric presentation, laparotomy for gross Inspection of the gastrointestinal tract, potential for gastrotomy, and gastrointestinal biopsies despite exploratory findings would be warranted.





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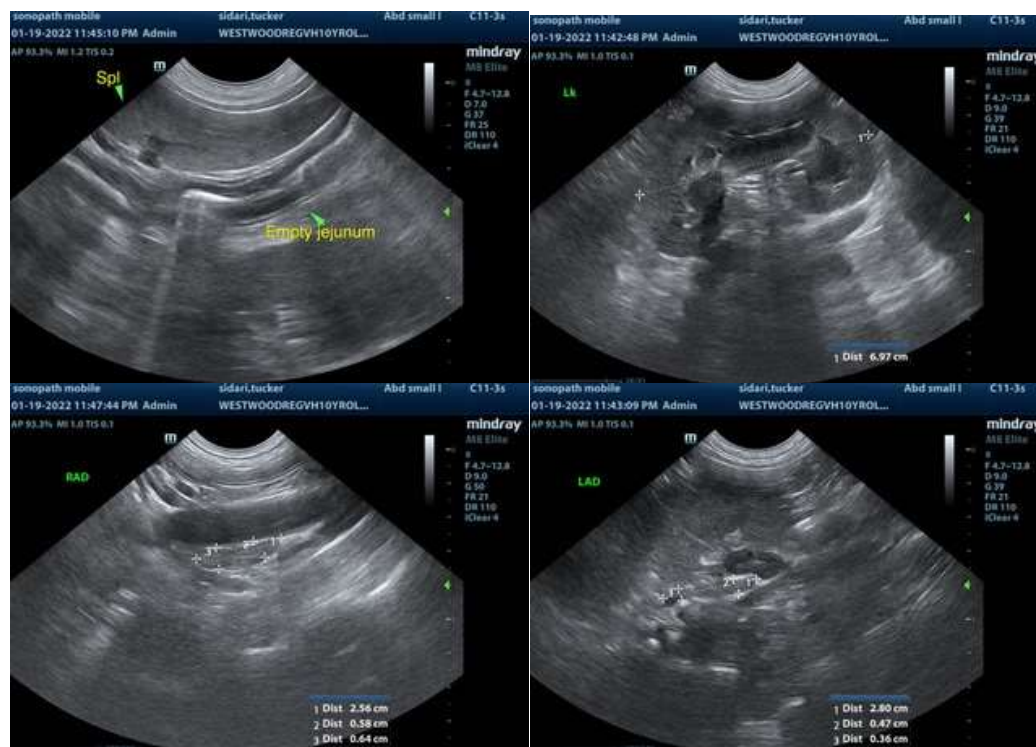
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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