



PATIENT PRESENTING CLINICAL SIGNS

Kobi Myers History: had an episode of profuse vomiting for one day, has been eating less since, quieter

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine
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 were noted. Aortic trifurcation was normal.

BREED

Golden Retriever

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 5.9 cm in length. The right kidney measured 6.1 cm in length.

SEX

Spayed Female

AGE

8 Years

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.74 cm width at the caudal pole and 0.60 cm width at the cranial pole.

WEIGHT

55 Lbs.

The right adrenal gland was indistinctly visualized yet without overt pathology, measuring 0.55 cm at the caudal pole.

Spleen

INTERPRETED BY

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

The spleen exhibited 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.

IMAGING PERFORMED BY

Kelly Reschny

Liver

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.

HOSPITAL NAME

Beech Mobile Vet

The gallbladder was non distended in size with mild echogenic, nonmineralized biliary sludge. The gallbladder was otherwise normal. The cystic duct and common bile ducts were normal without evidence of dilation.

REFERRING VET

Beech

Gastrointestinal

The stomach presented mild to moderate wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The gastric body wall measured 0.50 cm width. A mild amount of retained anechoic fluid, chyme and luminal gas were present without evidence of overt foreign material.

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The small intestine presented intact wall layering and maintained 1:3 muscularis/mucosa ratio with minor areas of segmental nonobstructive jejunal ileus. No overt evidence of mechanical obstruction, foreign material or loss of intestinal wall layering.



PATIENT

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

Kobi Myers

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 was evident.

SPECIES

Canine

Free Abdomen

BREED

No omental masses, lymphadenopathy or effusion.

Golden Retriever

ULTRASONOGRAPHIC FINDINGS

SEX

Spayed Female

- Mild gastroenteritis pattern
- Mild gallbladder debris- incidental, potentially owing to fasting

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

8 Years

Overall, the appearance of the gastrointestinal tract was suggestive of mild, likely acute gastroenteritis. Dietary indiscretion/ food intolerance, occult parasitism, gastroenterotoxin insult, emerging structurally insignificant inflammatory bowel all possible. No overt evidence of concurrent pancreatitis yet potential for low-grade pancreatitis could be present and sonographically normal. Conservative therapy should prove beneficial in this case. If persistent or recurring gastrointestinal signs, GI panel to include PLI, TLI, cobalamin and folate, as well as resting cortisol to assess for or rule out occult Addison's disease could be considered.

WEIGHT

55 Lbs.

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DABVP (Canine and
Feline)

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HOSPITAL NAME

Beech Mobile Vet

REFERRING VET

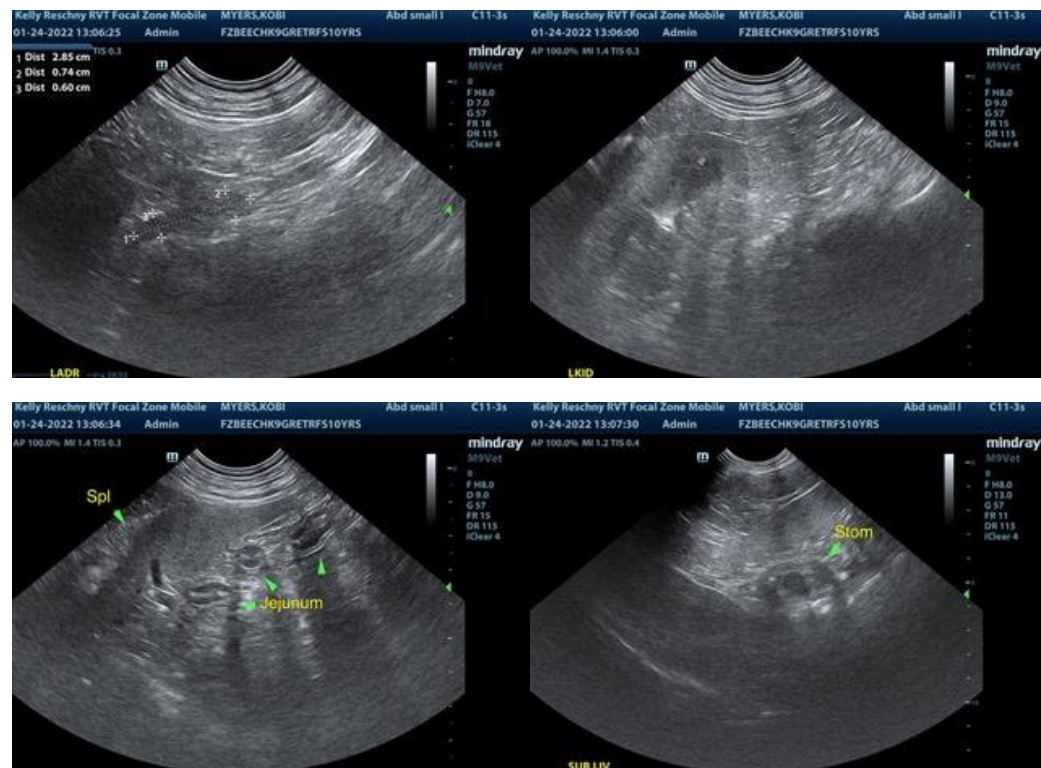
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PATIENT

Kobi Myers

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed Female

AGE

8 Years

WEIGHT

55 Lbs.

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**IMAGING
PERFORMED BY**

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HOSPITAL NAME

Beech Mobile Vet

REFERRING VET

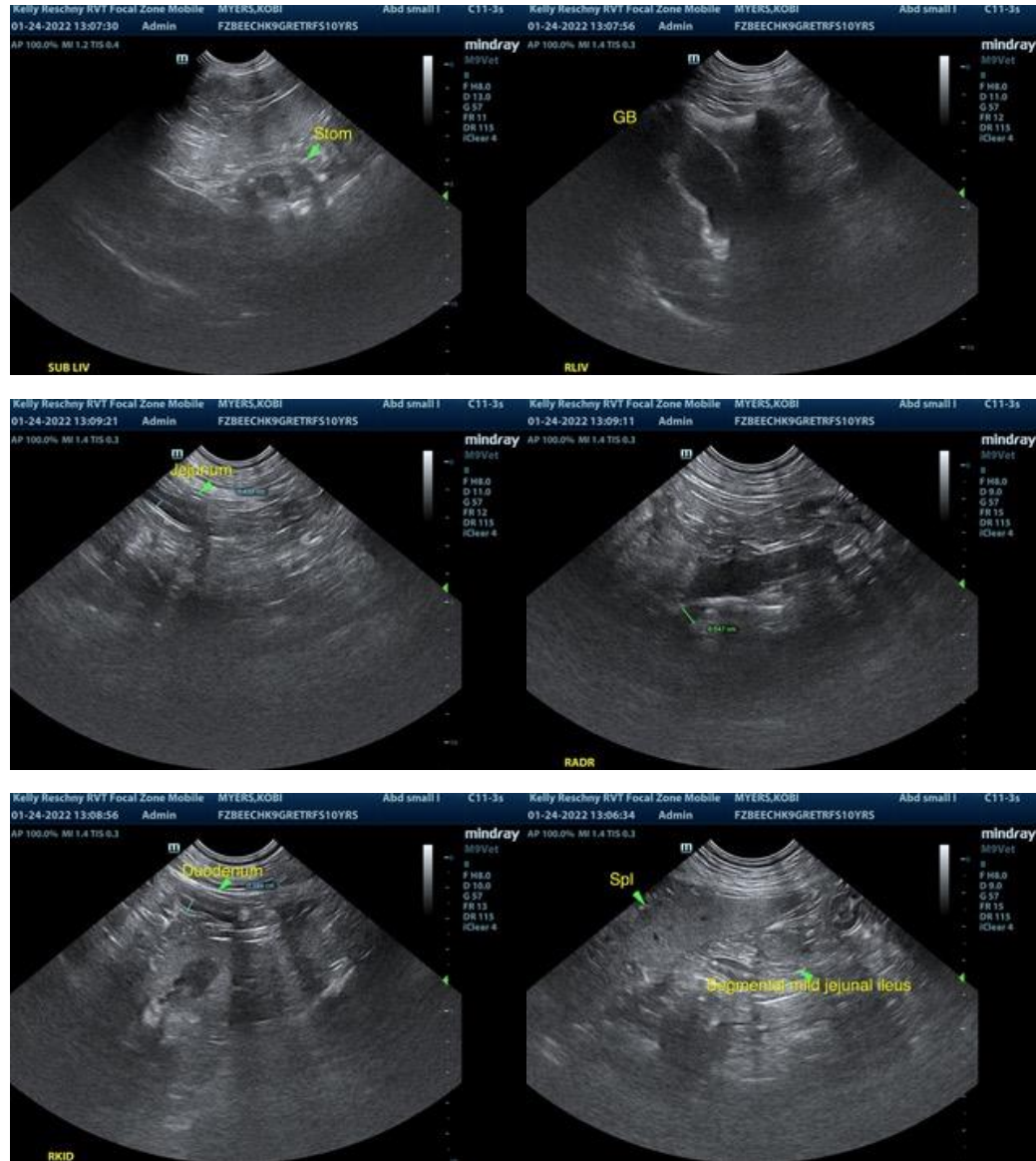
Beech

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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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