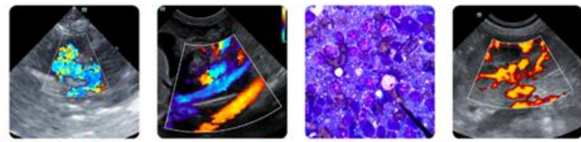


PATIENT

Gus Bell

SPECIES

Canine

BREED

Goldne Retriever

SEX

MN

AGE

1yr

WEIGHT

23.6kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Cassie Jackson

HOSPITAL NAME

Huntsville Animal Hospital

REFERRING VET

Hannah Davies Smith

INVOICE
23681

DATE
01/27/2026

PRESENTING CLINICAL SIGNS

- Presented for a 1 day history of refusing food, lethargic behaviour and drinking less than normal.
- On presentation was BAR with no abnormal examination findings.
- Neutered Jan 5 with some associated swelling that was subsequently treated with 7 days of antibiotics

Abnormal PE/Chem/CBC/UA Results: All results WNL including pancreatic lipase and CRP

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

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 6.2 cm in length. The right kidney measured 7.0 cm in length.

The area of the aortic trifurcation was free of pathology.

The residual prostate appeared normal and free of pathology

Adrenal Glands

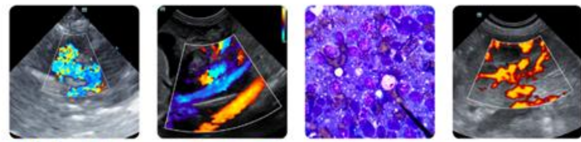
The adrenal glands were mildly subnormal in size given patient breed and body weight. Symmetrical contour and homogenous parenchyma was present. The left adrenal gland measured 0.36 cm width at the caudal pole The right adrenal gland measured 0.39 cm width at the caudal pole.

Spleen

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.

Liver/Gallbladder

The liver presented mildly enlarged in size with symmetrical yet swollen contour. The parenchyma exhibited conserved uniform parenchyma with normal echogenicity isoechoic to the spleen and falciform fat. The hepatic vasculature was prominent to mildly dilated in appearance, mildly prominent to dilated cranial abdomen to peri diaphragmatic caudal vena cava, no evidence of thrombus. The gallbladder was non-distended in size. The gallbladder wall was minor thickened in appearance consisting of an echogenic double rim corresponding to the inner and outer portions of the wall. This is consistent with gallbladder wall edema. Possible causes may include acute inflammation, edema and anaphylaxis.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material.

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

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.

Free Abdomen

Primarily perihepatic to intralobar hepatic effusion was present.

Intermittent mildly prominent to enlarged mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example measured 2.0 cm in diameter.

ULTRASONOGRAPHIC FINDINGS

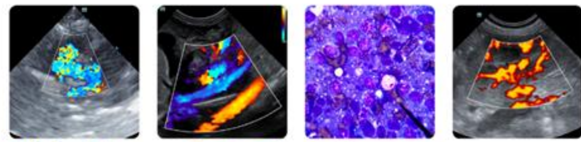
Primary

- Mild congestive hepatomegaly.
- Minor edematous gallbladder.
- Normal empty gastrointestinal tract.
- Subjective mild subnormal bilateral adrenal glands.
- Scant perihepatic effusion.
- Focal mild mesenteric lymphadenopathy-consistent with benign criteria i.e. mild hyperplasia or immunologic immaturity.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mild congested liver and mild dilated visualized caudal vena cava may be secondary to non-reported sedation. However, if patient was not sedated, this finding could indicate potential primary cardiac or thoracic disease. Correlation with clinical history, and if clinically indicated, three view chest radiographs and potential echocardiogram is recommended.

No obvious evidence of gastrointestinal or pancreatic pathology as an obvious contributing factor to the patient's clinical signs. Although less water intake not overtly suggestive of occult Addisons disease, a screening cortisol level +/- ACTH stimulation test if cortisol level is < 2.0 is recommended. Concurrent neurological and musculoskeletal examination, if not done, may be considered. Gastrointestinal support is indicated pending additional diagnostics.



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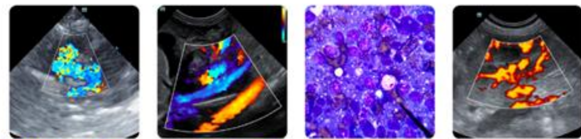

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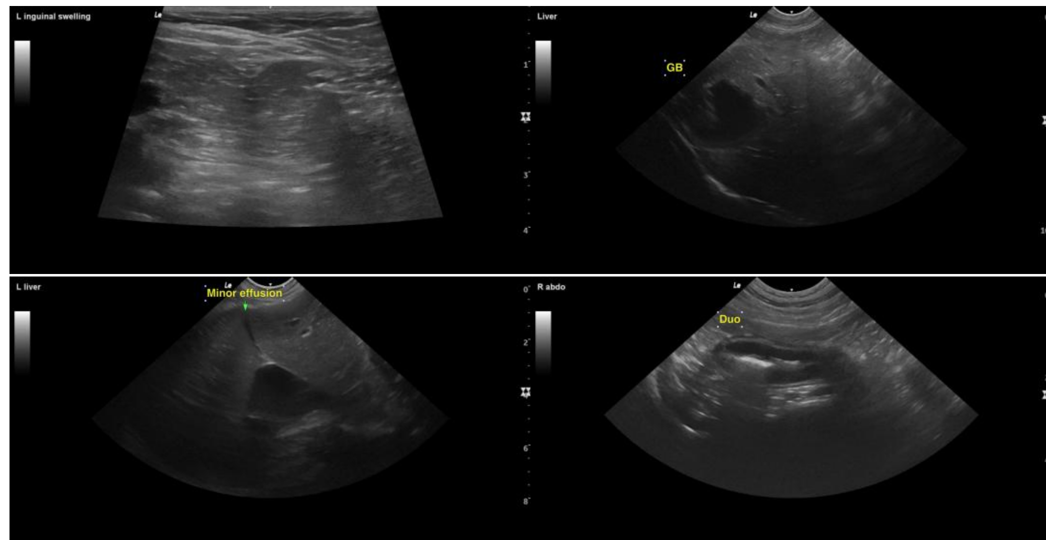

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@sonopath.com