



**PATIENT**

Tucker Sutliff

**SPECIES**

Canine

**BREED**

Mini Goldendoodle

**SEX**

Neutered Male

**AGE**

1 Year 3 Months

**WEIGHT**

23 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

A. Rodriguez

**HOSPITAL NAME**

Foxfield VS

**REFERRING VET**

A. Rodriguez

**INVOICE**

17825

**DATE**

10/19/22

**PRESENTING CLINICAL SIGNS**

History: Ate candy and plastic 5 days ago. Vomited 2 days later. O believe he as been a bit lethargic since and ADR. PE WNL

Abnormal PE/Chem/CBC/UA Results: WNL. No signs of pancreatitis

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of – 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.

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 4.7 cm in length. The right kidney measured 4.7 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 1.7 cm in length x 0.31 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 1.7 cm in length x 0.31 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**

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. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**Gastrointestinal**

The stomach presented intact wall layering exhibiting subjective propensity for mildly prominent gastric. Mucosa. The lumen of the stomach was empty without evidence of retained ingesta, fluid or foreign material. The gastric body wall measured 0.55 cm.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. No evidence of small intestinal mechanical/metabolic ileus or foreign material. The duodenal wall measured 0.34 cm. The jejunum wall measured 0.28 cm.

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



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**Pancreas**

Tucker Sutliff

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.

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**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

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Mini Goldendoodle

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Neutered Male

- Mild gastritis pattern- no evidence of gastric hypomotility or foreign material
- Sonographically unremarkable small bowel- no evidence of mechanical/metabolic ileus
- Sonographically normal pancreas

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

1 Year 3 Months

Aside from sonographic evidence of mild gastritis, no evidence of visceral, specifically enteropancreatic pathology. Supportive care for gastritis and as needed gastrointestinal support should prove beneficial. Resting cortisol level to rule out occult Addisons disease could be considered if clinical signs persist.

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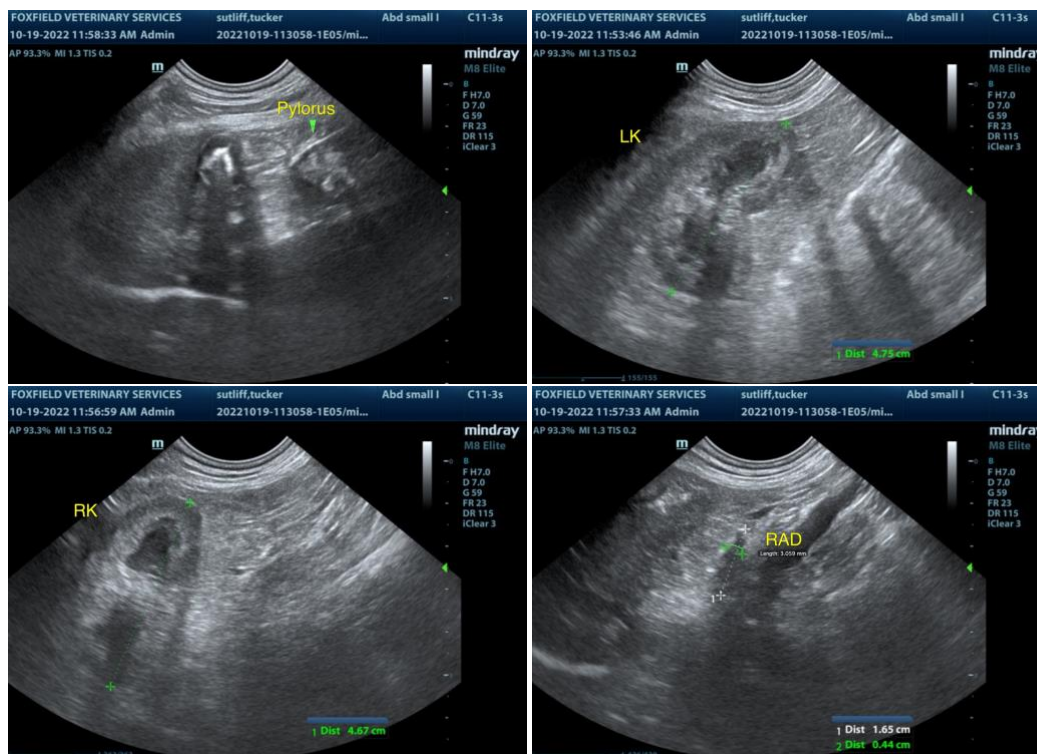
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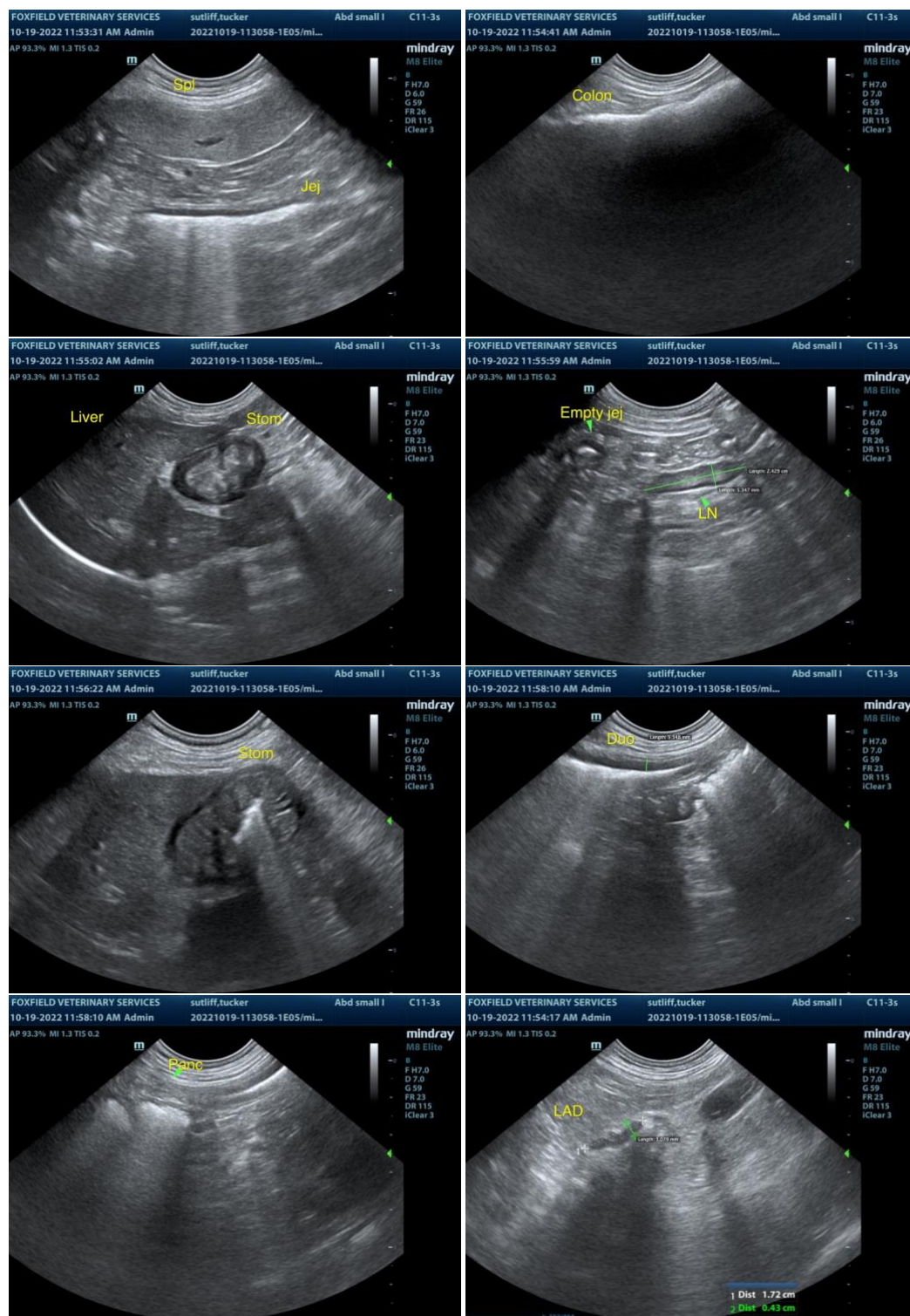
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance please contact me.

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**info@SonoPath.com**

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