



**PATIENT**

Baker Hughes-  
Neumann

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Female

**AGE**

6 Months

**WEIGHT**

39 Pounds

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Scott

**HOSPITAL NAME**

Ho Ho Kus VH

**REFERRING VET**

Dr. Gannon

**INVOICE**

26630

**DATE**

10/25/21

**PRESENTING CLINICAL SIGNS**

chronic diarrhea- no consistent improvement- has been on metro, beef diet, dewormed recently, has had negative fecals in the past started vomiting over the weekend  
Abnormal PE/Chem/CBC/UA Results: CBC/CHem WNL, cobalamin/folate/TLI WNL lost 3 lbs in the last few days

**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 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 area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.52 cm at the cranial pole and 0.38 cm at the caudal pole. The right adrenal gland measured 0.52 cm at the cranial pole and 0.49 cm 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 wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Minor retained anechoic fluid was present in the stomach lumen without evidence of ingesta or foreign material. Gastric body wall measured 0.58 cm.

The small intestine presented intact wall layering with primarily maintained 1:3 muscularis/mucosa ratio with segmental propensity for mildly prominent mucosa. No evidence of loss small intestinal wall layering, mechanical obstruction, foreign material, or overt pathology such as intussusception. Minor segmental non-obstructive jejunal ileus pattern present. Jejunum wall measured 0.35 cm.

The colon walls were sonographically unremarkable. The colon subjectively contained generalized semiformal to soft feces.



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**Pancreas**

Baker Hughes-Neumann

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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Canine

**Free Abdomen**

No evidence of pathology in the area of the uterus or bilateral ovaries.

**BREED**

Golden Retriever

Multiple enlarged, hypoechoic mid abdominal mesenteric to mesenteric root lymph nodes were present. Example measured 4.0 cm x 0.7 cm. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). The enlarged lymph nodes were bordered by echogenic to reactive mesentery.

**SEX**

Female

No evidence of peritoneal effusion.

**AGE**

6 Months

- Enteropathy with segmental non-obstructive jejunal ileus, potential for concurrent gastritis/colitis.
- Moderate to marked mesenteric lymphadenopathy – significant lymphoid hyperplasia, reactive lymphadenitis, with potential for early neoplastic lymphadenopathy possible.

**WEIGHT**

39 Pounds

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Potential considerations in this case may include dietary intolerance/food hypersensitivity, infectious gastroenterocolitis, structurally insignificant inflammatory bowel with occult parasitism or dysbiosis considered less likely based on previous diagnostics. Overt evidence of structural pathology, specifically mechanical obstruction or intussusception was not definitively evident.

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Dietary trial including hydrolyzed or limited antigen diet with potential for long-term dietary therapy, high colony count probiotic such as Provable or Visbiome with as needed antibiotic therapy (specifically Tylosin given the lack of response to Metronidazole) may prove beneficial. Recommend Panacur 50 mg/kg PO SID for 5 consecutive days with potential for repeat protocol in 3 weeks if not already done and if negative fecal testing. Although considered unlikely, resting cortisol to rule out occult Addison's disease suggested based on clinical response to additional therapies. Endoscopic intestinal biopsies may be indicated if persistent diarrhea is noted. FNA of mesenteric lymph node warranted for screening cytology +/- C/S if clinically indicated.

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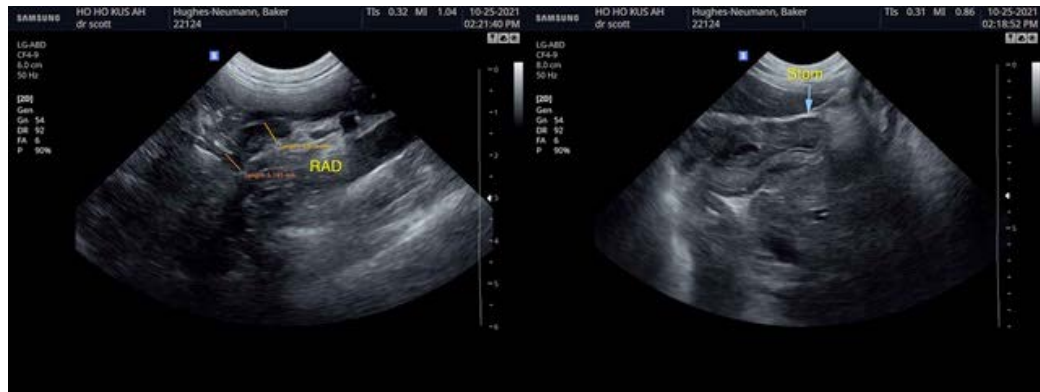
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

Canine

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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Golden Retriever

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**  
info@SonoPath.com

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