



PATIENT

Josie Heiland

SPECIES

Canine

BREED

Golden Retriever

SEX

F

AGE

1.5 years

WEIGHT

29 lbs.

PRESENTING CLINICAL SIGNS

Vomited twice yesterday. Lethargic. Vomited after eating this am again

Abnormal PE/Chem/CBC/UA Results: Tbili: <.1, WNL otherwise

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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 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 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 5.8 cm in length. The right kidney measured 5.4 cm in length.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland exhibited potential mild subjective subnormal size. The left adrenal gland measured 2.3 cm length x 0.38 cm width at the caudal pole. The right adrenal gland was not definitively visualized.

IMAGING PERFORMED BY

Dr. A. Rodriguez

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.

HOSPITAL NAME

Foxfield VS

Liver/ Gallbladder

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.

REFERRING VET

Dr. A. Rodriguez

INVOICE

15304

DATE

10/28/22

Gastrointestinal

The stomach presented intact yet mildly prominent gastric wall layering. Intact wall layering was maintained and distinct. The stomach was empty without evidence of gastric distention, secondary to retained ingesta, fluid, or overt gastric foreign material. The stomach wall width measured 0.60 cm.

The small intestinal walls demonstrated intact wall layering with primarily maintained 1:3 muscularis / mucosa ratio. The segmental intestinal wall exhibited mildly prominent to indistinct wall layer detail, suggestive of inflammatory criteria. Segmental generally mild intestinal ileus, without overt evidence of



PATIENT	a mechanical obstructive pattern or visualized foreign material, was present. The area of the ileocolic junction was without overt pathology. The small intestinal wall width measured up to 0.52 cm.
Josie Heiland	
SPECIES	The colon presented sonographically unremarkable wall layering. The colon contained generalized semi-formed to soft fecal matter, consistent with potential emerging diarrhea. Focal areas of colonic luminal shadowing or potential gas artifact were present.
Canine	
BREED	<i>Pancreas</i>
Golden Retriever	The pancreas was mildly prominent in size exhibiting mild capsule asymmetry and subtle primarily uniform hypoechoic parenchyma.
SEX	<i>Free Abdomen</i>
F	Intermittent mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic to peri intestinal mild hyperechoic to reactive mesentery was noted. An example of lymph node size was 1.4 cm in diameter. No overt free fluid was noted.
AGE	
1.5 years	
WEIGHT	ULTRASONOGRAPHIC FINDINGS
29 lbs.	<ul style="list-style-type: none"> • Acute gastroenteritis pattern with intermittent suspect associated mesenteric lymphadenitis - dietary indiscretion, enterotoxic insult, infectious disease, IBD, or other inflammatory enteropathy possible • Mildly prominent to hypoechoic pancreas - patient variant or minor secondary reactive pancreatic changes, potential for concurrent low-grade pancreatic inflammation • Subjective mild subnormal left adrenal gland - nonspecific, possible patient variant
INTERPRETED BY	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	No overt evidence of a definitive mechanical gastrointestinal obstructive pattern or visualized foreign material. Technically, the possibility of a small amount of passing intestinal foreign material or passed material now residing in the colon cannot be definitively excluded.
IMAGING PERFORMED BY	
Dr. A. Rodriguez	
HOSPITAL NAME	Spec cPL could be considered to assess for further assessment of possible concurrent pancreatitis. A resting cortisol level to rule out occult Addison's Disease is warranted, especially if persistent or progressive gastrointestinal signs. No overt indication for surgical intervention. Hospitalization with 24-48 hour IV fluid, GI support, broad-spectrum antibiotics, and monitoring of clinical response is recommended. Sonographic reassessment of the gastrointestinal tract would be warranted if continued or progressive GI signs nonresponsive to supportive care are present.
Foxfield VS	
REFERRING VET	
Dr. A. Rodriguez	
INVOICE	
15304	
DATE	
10/28/22	



PATIENT

Josie Heiland

SPECIES

Canine

BREED

Golden Retriever

SEX

F

AGE

1.5 years

WEIGHT

29 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. A. Rodriguez

HOSPITAL NAME

Foxfield VS

REFERRING VET

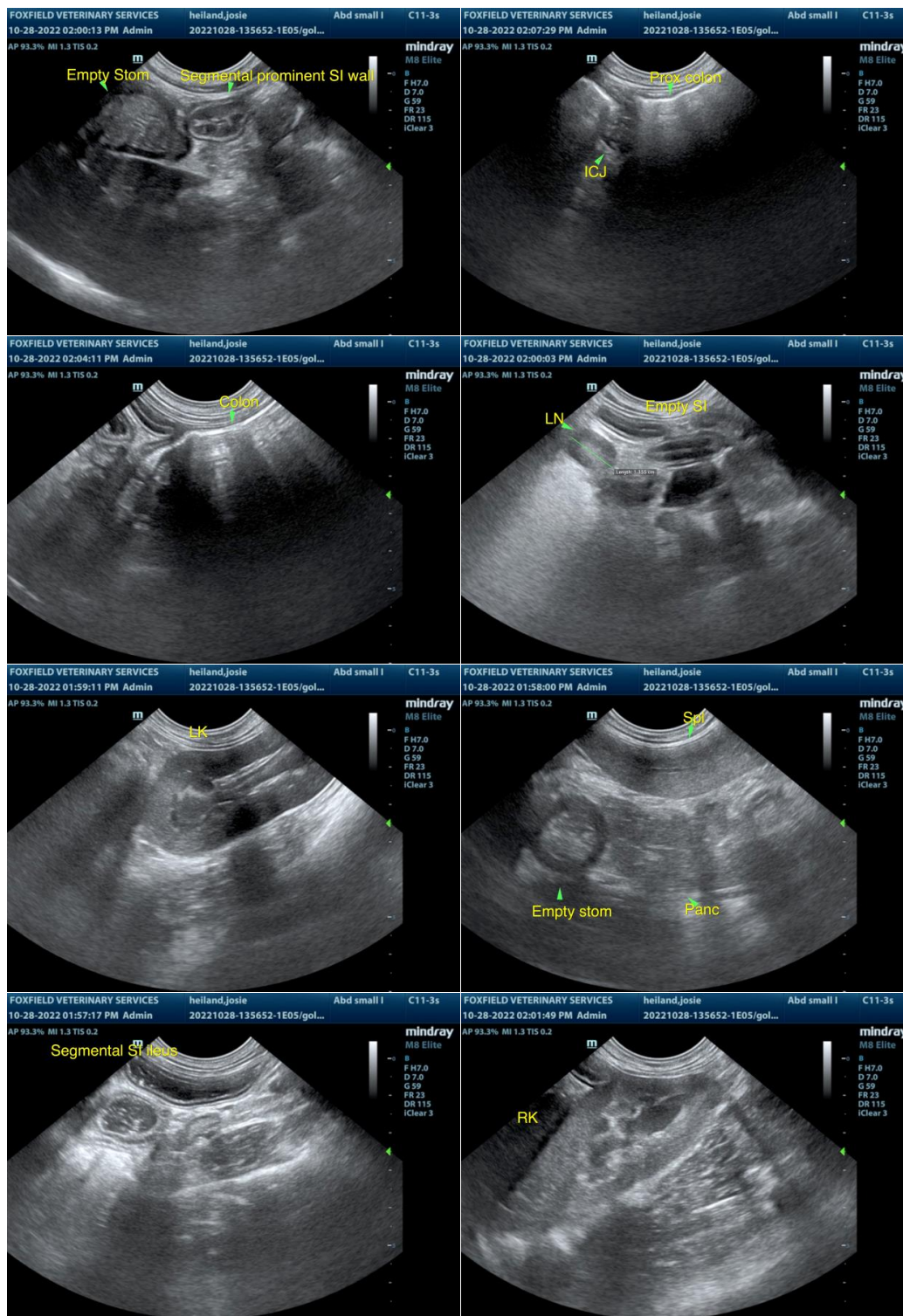
Dr. A. Rodriguez

INVOICE

15304

DATE

10/28/22





PATIENT

Josie Heiland

SPECIES

Canine

BREED

Golden Retriever

SEX

F

AGE

1.5 years

WEIGHT

29 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. A. Rodriguez

HOSPITAL NAME

Foxfield VS

REFERRING VET

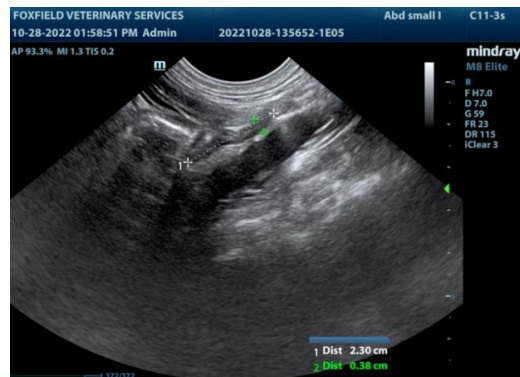
Dr. A. Rodriguez

INVOICE

15304

DATE

10/28/22



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