



PATIENT

Royce Kennedy

PRESENTING CLINICAL SIGNS

History: ADR, anemic, anorexia

Medication: Entyce

SPECIES

Canine

CBC- HCT 34%, mild monocytosis

Chemistry Panel- Albumin 2.1, Globulin 4.3, Glucose 27, Calcium 8.8, Na/K ratio 39, Cholesterol 82,

BREED

Golden Retriever Mix

T4 1.2, Free T4 7.6, 4DX negative

SEX

Neutered Male

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.

AGE

10 years

The area of the residual prostate was free of overt pathology.

WEIGHT

62 Pounds

The area of the aortic trifurcation was free of pathology.

INTERPRETED BY

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

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.8 cm in length. The right kidney measured 6.8 cm in length.

IMAGING

PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

Adrenal Glands

The left adrenal gland was small in size with flattened contour and a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.30 cm width at the caudal pole and 0.36 cm width at the cranial pole. The right adrenal gland was small in size with flattened contour and a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.27 cm width at the caudal pole and 0.33 cm width at the cranial pole.

HOSPITAL NAME

Mill Pond VC

Spleen

REFERRING VET

Dr. Thayer

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.

INVOICE

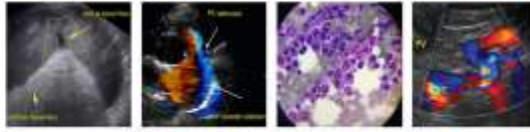
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Liver/ Gallbladder

DATE

10.29.2021

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to



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benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Possible mild lobar swelling was noted in the area of the caudate liver. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

SPECIES

Canine

Gastrointestinal

The stomach presented mild to moderate wall thickening with subjective intact wall layering and mild retained anechoic fluid. No overt evidence of retained ingesta or gastric foreign material was present. The gastric body wall width measured up to 1.0 cm width.

BREED

Golden Retriever Mix

The visualized small intestine presented intact wall layering and subjective maintained a 1:3 muscularis/mucosa ratio with a generalized, subjectively nonobstructive gas pattern.

SEX

Neutered Male

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

AGE

10 years

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 were evident.

WEIGHT

62 Pounds

Free Abdomen

Mild caudal peritoneal free fluid was noted around the urinary bladder. No overt evidence of peritoneal or retroperitoneal lymphadenopathy was noted. The omentum was of uniform echogenicity.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bilateral subnormal adrenal glands
- Sonographically unremarkable spleen
- Possible caudate liver mild lobar swelling - nonspecific
- Gastritis with mild retained anechoic fluid, likely gastritis
- Generalized subjectively nonobstructive small bowel gas pattern
- Mild caudal peritoneal free fluid

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ARDMS/RVT

HOSPITAL NAME

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Even though the sodium: potassium ratio is elevated, resting cortisol level +/- ACTH stimulation test if resting cortisol is <2.0 may be considered given the hypoalbuminemia, mild anemia, and patient's clinical signs.

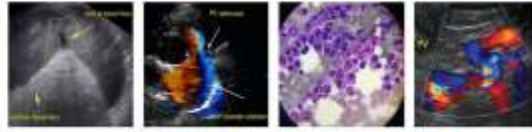
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The subjective potential for mild caudate lobe swelling in the liver, if present, was nonspecific and not overtly consistent with neoplastic criteria in conjunction with non-elevated hepatic enzymes.

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Potential for intestinal protein loss may be possible in this patient, although thought less likely, given the lack of reported diarrhea and subjective formed feces in the colon. Correlation with a urinalysis to assess for proteinuria is suggested.

SPECIES

Canine

Minor potential for early infiltrative gastric mural disease cannot be definitively excluded. Some or all of the following protocol may be considered with as-needed gastrointestinal support. Pending additional diagnostics, upper GI endoscopy with potential for biopsies may be Indicated for further clarification.

BREED

Golden Retriever Mix

A clinical trial of **Zithromax (Dogs: 5-10 mg/kg p.o. q24h. May increase dosing interval to q48h after 3-5 days of treatment), Metronidazole (10-20 mg/kg p.o. b.i.d.), Pepcid (0.5-1 mg/kg s.i.d.) and Sucralfate (0.5-2 g/dog PO) or Omeprazole (1 mg/kg p.o. s.i.d.)** over the next 3 weeks along with a **novel-protein or hydrolyzed diet** with slurry feeding b.i.d./t.i.d. over the next 2-4 days and then increase to canned diet bid. Dry food should be avoided over the next 4 weeks. A recheck sonogram to assess GI improvement or progression would be ideal in 4 weeks.

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WEIGHT

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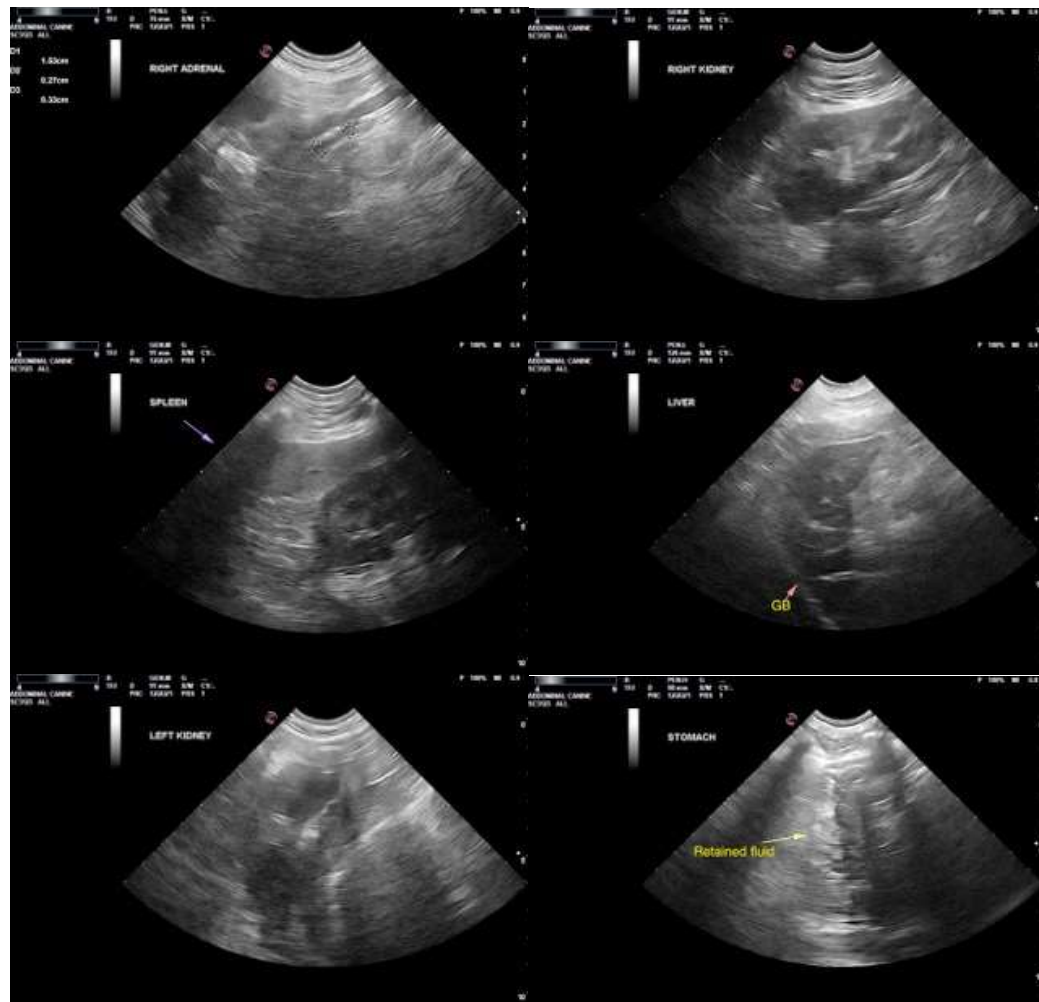
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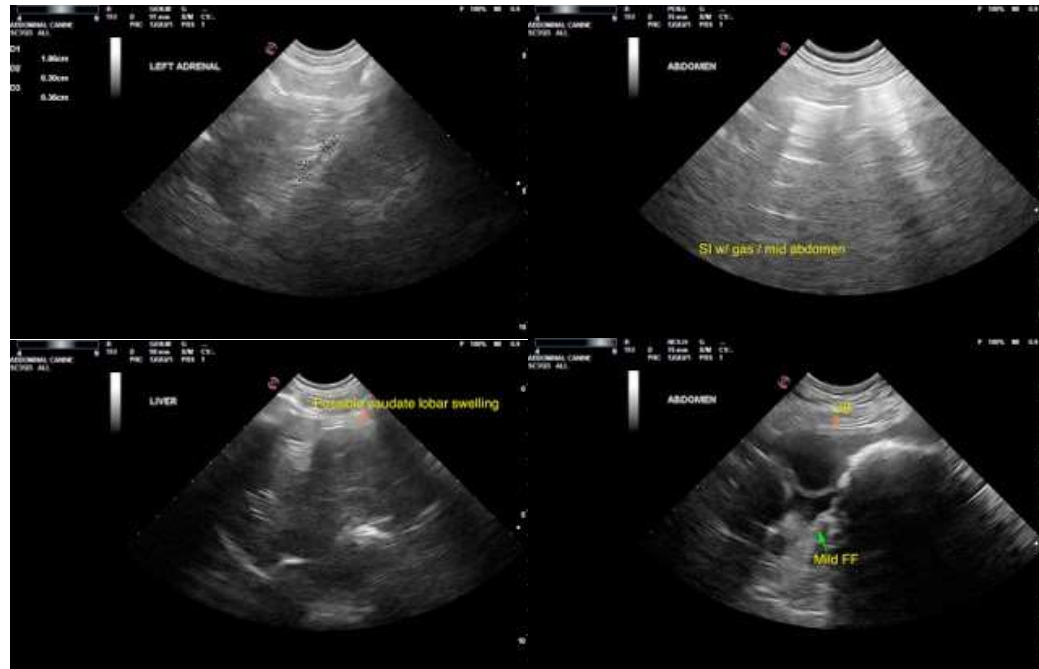
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)

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