



PATIENT PRESENTING CLINICAL SIGNS

Auggie Molchany History of seizures, foreign body ingestion, flatulence, hemorrhagic colitis.

SPECIES Medication: SQF, Metronidazole, Cerenia, Amoxicillin

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 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 was noted.

Golden Retriever Mix

SEX No overt pathology was noted in the area of the residual prostate.

MN The area of the aortic trifurcation was free of pathology.

AGE 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 7.6 cm in length. The right kidney measured 6.8 cm in length.

2019

WEIGHT

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Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.7 cm length x 0.44 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 2.7 cm length x 0.59 cm width at the caudal pole.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY
 Rebekah Jakum, CVT
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HOSPITAL NAME

Cherryville AH

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.

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Gastrointestinal

The visualized gastric wall layering exhibited intact and sonographically normal wall layering. The stomach appeared to be mild to moderately distended with luminal gas. No overt evidence of

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PATIENT

retained gastric ingesta, fluid, or foreign material or evidence of mechanical pyloric outflow obstruction was noted.

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The duodenum exhibited intact yet variably prominent wall layering with mild duodenal luminal gas. The duodenum wall measured 0.64 cm width. The jejunum and ileum exhibited intact wall layering and maintained a 1:3 muscularis / mucosa ratio without evidence of small intestinal mechanical obstructive pathology or foreign material. The jejunum wall measured 0.31 cm width.

Canine

BREED

The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. Nonformed to liquid fecal matter was present in the colon lumen with lumen dilation. The colon wall measured 0.42 cm width.

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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 were evident.

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AGE

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Intact yet subjective variably thickened duodenum - likely consistent with duodenitis
- Colitis
- Sonographically unremarkable pancreas

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

Potential for low-grade or chronic pancreatitis may be present yet sonographically normal. Likewise, potential secondary abnormal cPL owing to upper intestinal inflammation is possible. No evidence of gastrointestinal foreign material or mechanical obstruction. Dietary intolerance / food allergy, IBD, low-grade to chronic pancreatitis, colitis, or less likely infiltrative enterocolic neoplasia are all potentials.

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Medical therapy for hemorrhagic colitis, which may include hydrolyzed diet trial with potential long-term dietary therapy, high colony count probiotic, broad spectrum deworming even if fecal testing is negative, +/- antibiotic therapy if clinically indicated may prove beneficial. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

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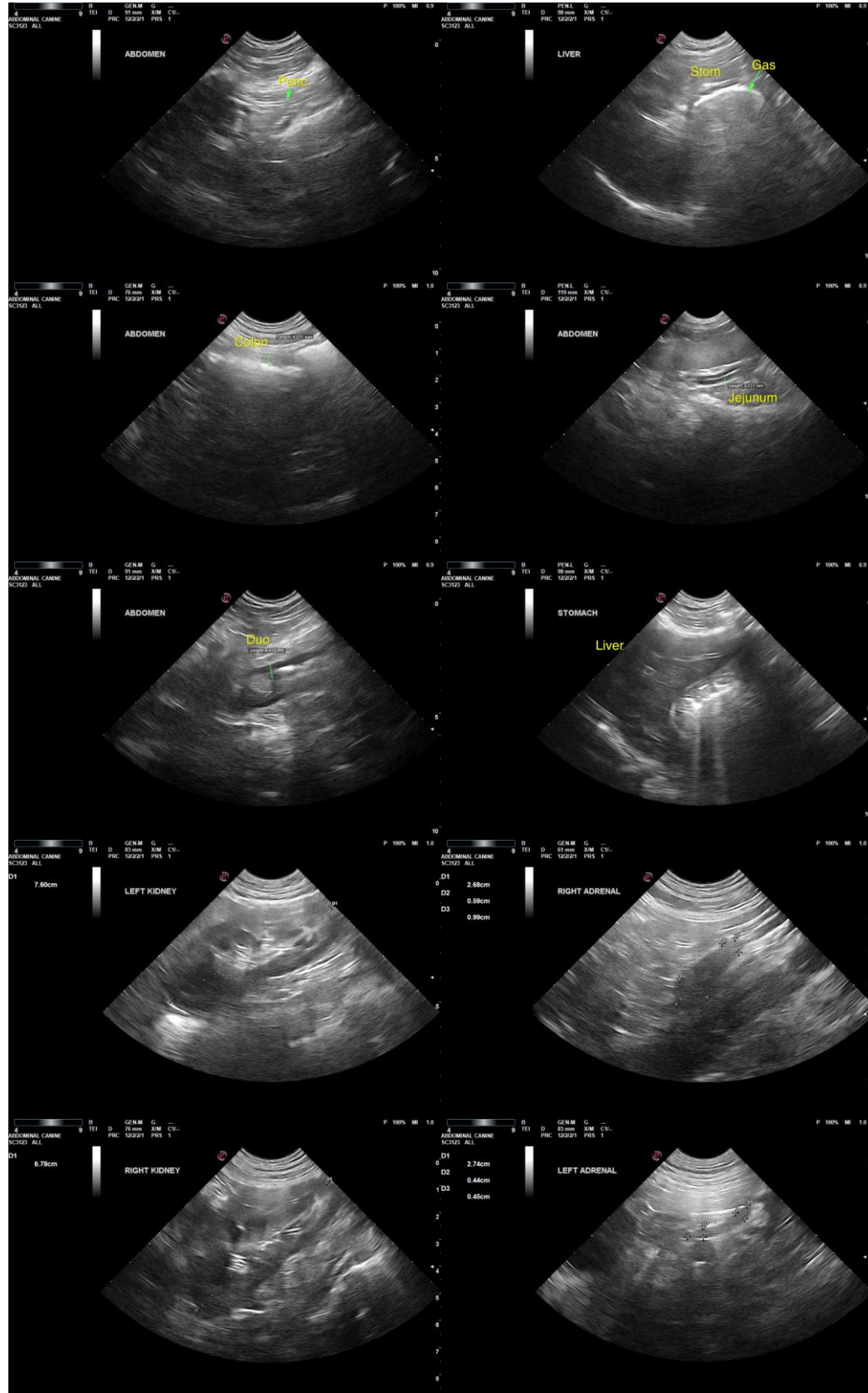
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Canine

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.

BREED

Golden Retriever Mix

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.

SEX

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