



**PATIENT PRESENTING CLINICAL SIGNS**

Brooke Hopkins Chronic cystitis, NUQ-123+ (Heska). CBC/Chem WNL.  
Current meds: Levothyroxine 0.6 mg SID.

**SPECIES**  
Canine History Sub- aortic stenosis as puppy. No murmur. BP: 148, 151, 155 mmHg. No clinical signs. \*Having bi-cavity ultrasound exams.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**  
*Urinary System*

Golden Retriever The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.

**SEX**  
FS 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.2 cm in length. The right kidney measured 7.7 cm in length

**WEIGHT**  
60lb The area of the aortic trifurcation was free of pathology.

The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy.

**INTERPRETED BY**  
*Adrenal Glands*

R. McKenzie Daniel, DVM, DABVP (Canine and Feline) The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.64 cm width at the caudal pole and 0.54 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.56 cm width at the caudal pole.

**IMAGING PERFORMED BY**  
*Spleen*

Pamela Harrigan, RDMS 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.

**REFERRING VET**  
*Liver*

Dr. Hopkins 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.

**INVOICE**  
*Gastrointestinal*

12297ag The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor retained non-shadowing ingesta/chyme with no signs of ileus, obstruction or foreign material.

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**PATIENT**

Brooke Hopkins

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Minor ileal distention with non-shadowing ingesta/chyme and fluid to the level of the ileocolic junction was present. The ileocolic junction was free of pathology and exhibited intact wall layering.

**SPECIES**

Canine

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

**Pancreas**

**BREED**

Golden Retriever

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.

**Free Abdomen**

**SEX**

FS

No omental masses or peritoneal effusion was present.

Several focally enlarged mid abdominal (likely colic) 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 inflammation was evident. An example of lymph node size was 3.8 cm x 1.3 cm.

**AGE**

10yr

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

60lb

- Sonographically normal urinary bladder and visible proximal urethra
- Mild age-related kidney changes
- Sonographically unremarkable GI tract with mild chyme distended ileum
- Non-specific intermittent mesenteric lymphadenopathy with mild perilymphatic reactive mesentery

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of upper or lower tract pathology i.e. pyelonephritis, significant cystitis, neoplastic criteria or calculi was present. A urine C/S on a sterile urine sample is suggested if not recently done. The noted mesenteric lymphadenopathy is non-specific yet may indicate mild regional mesenteric lymphadenitis if recent history of GI signs or if GI signs are noted. Potential form mild ileitis may be possible if GI signs develop.

**IMAGING PERFORMED BY**

Pamela Harrigan, RDCS

Assuming normal clotting status, a lymph node FNA for screening cytology if accessible may be considered for further assessment although lymphatic neoplastic criteria is thought unlikely.

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Halifax Vet Service

Sonographic monitoring of the lymph nodes for enlargement or changes with initial recheck in 3 weeks is likely ideal.

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**IMAGING PERFORMED BY**

Pamela Harrigan, RDCS

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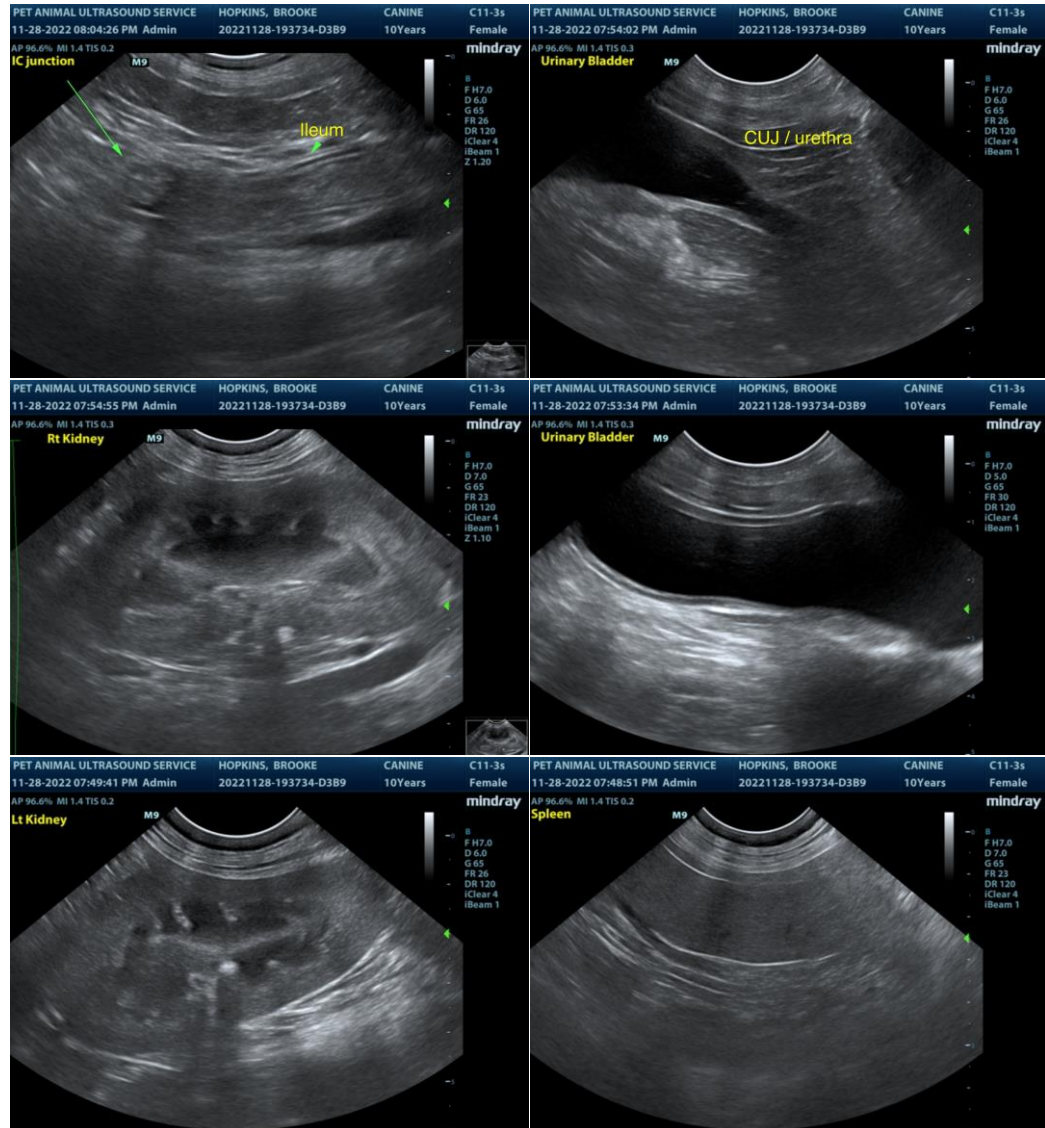
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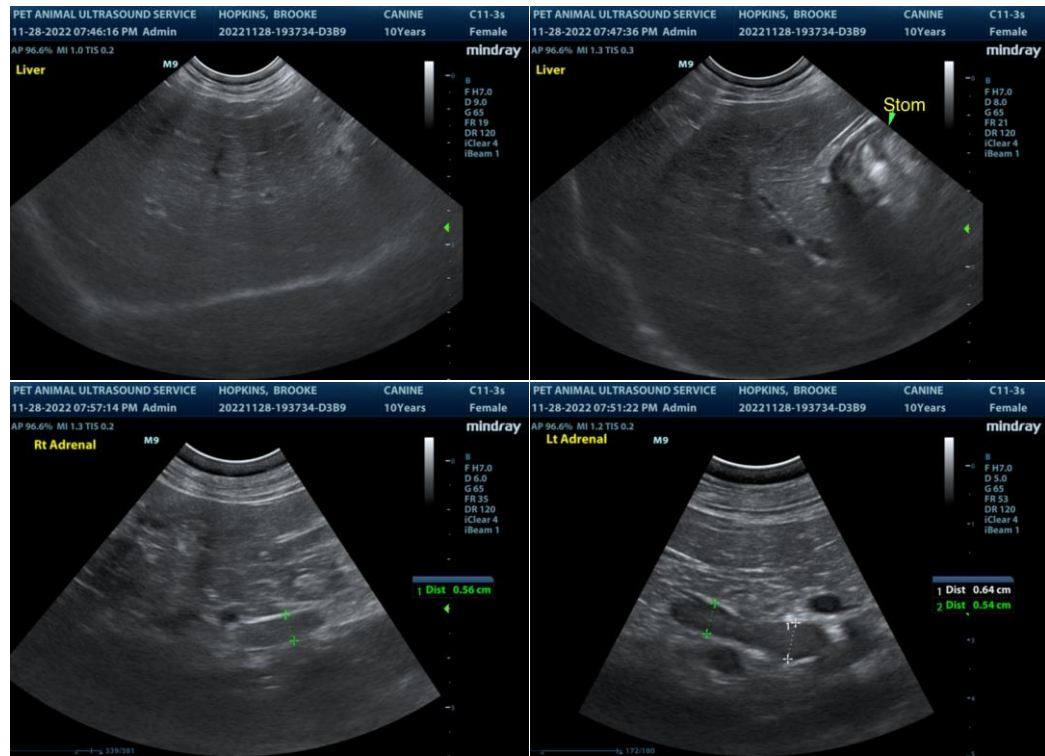
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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