**PATIENT**

Harley Sobieray

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

MI

**AGE**

10mo

**WEIGHT**

78lb

**INTERPRETED BY**R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)**IMAGING  
PERFORMED BY**

Amy Mayhew LVT

**HOSPITAL NAME**SVS Imaging  
Michigan**REFERRING VET**Wixom Family Pet  
Practice**INVOICE**

12118ag

**DATE**

11/08/2022

**PRESENTING CLINICAL SIGNS**

Current Medications: Sucralfate Omeprazole Meloxicam Doxycycline Patient

History: Presented to emergency service on Wednesday (11/2) for inappetence and pyrexia. Abdominal radiographs were inconclusive. Inappetence persisted through Friday. Represented for examination - blood work is unremarkable, no obvious signs of foreign material, pyrexia improved as he calmed down. Passed large amount of paper towel on Saturday and Sunday. Appetite has improved, but has not returned to normal.

Abnormal PE/Chem/CBC/UA Results: BAR

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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 left kidney measured 7.0 cm in length. The right kidney measured 7.8 cm in length.

The area of the aortic trifurcation was free of pathology.

The prostate was of expected size and presentation for a young intact male canine with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 3.0 cm in diameter.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.39 cm width at the caudal pole and 0.33 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 0.55 cm width at the caudal pole and 0.38 cm width at the cranial 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.

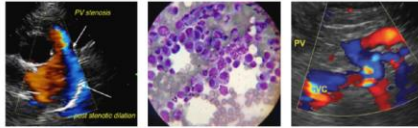
**Liver**

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**

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach exhibited mild to moderate gas distention with no signs of ileus, obstruction or overt foreign material.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Minor segmental duodenojejunal ileus with focal to segmental intestinal luminal gas was present. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed focally hypochoic feces exhibiting progressive distal acoustic shadowing.

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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 was evident.

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***Free Abdomen***

No peritoneal effusion was present.

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Focally enlarged mid abdominal mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypochoic 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 1.4 cm.

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**ULTRASONOGRAPHIC FINDINGS**

- Mild gastroenteritis pattern with mild to moderate gastric and segmental intestinal luminal gas
- Potential mesenteric lymphadenitis possibly owing to inflammatory bowel-lymphoid hyperplasia or immunologic immaturity possible

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No overt evidence of overt gastrointestinal foreign material or gastrointestinal obstructive pattern was present on this scan. Given the patient's history small amounts of passing non-obstructive GI foreign material and/or a mild amount of retained gastric foreign material obscured by luminal gas could be present. Without GI obstructive pattern, continued supportive care and monitoring of fecal output is recommended. Recheck sonogram suggested if recurrent or progressive GI signs are noted. Deworming protocol is suggested even if fecal testing is negative.

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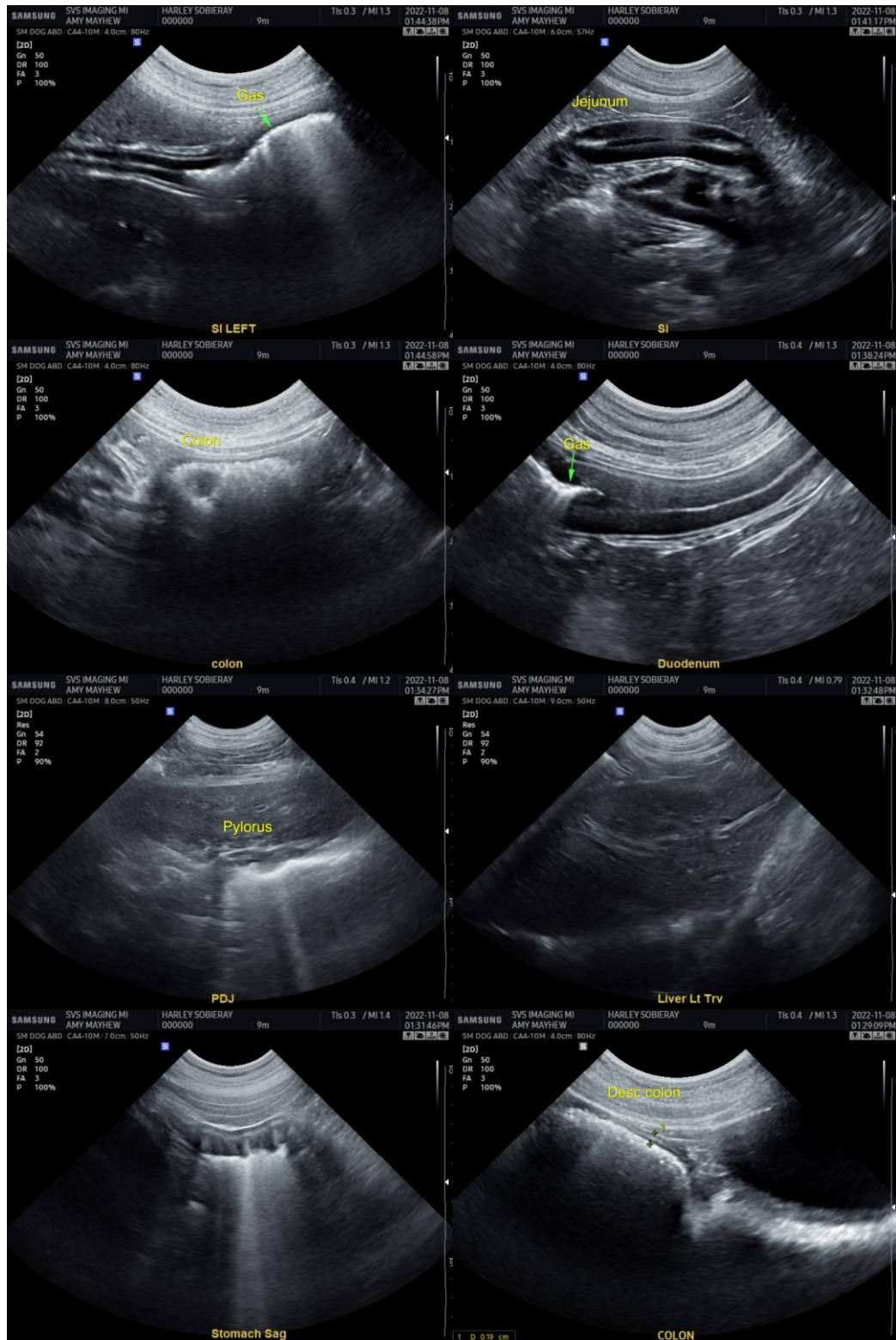
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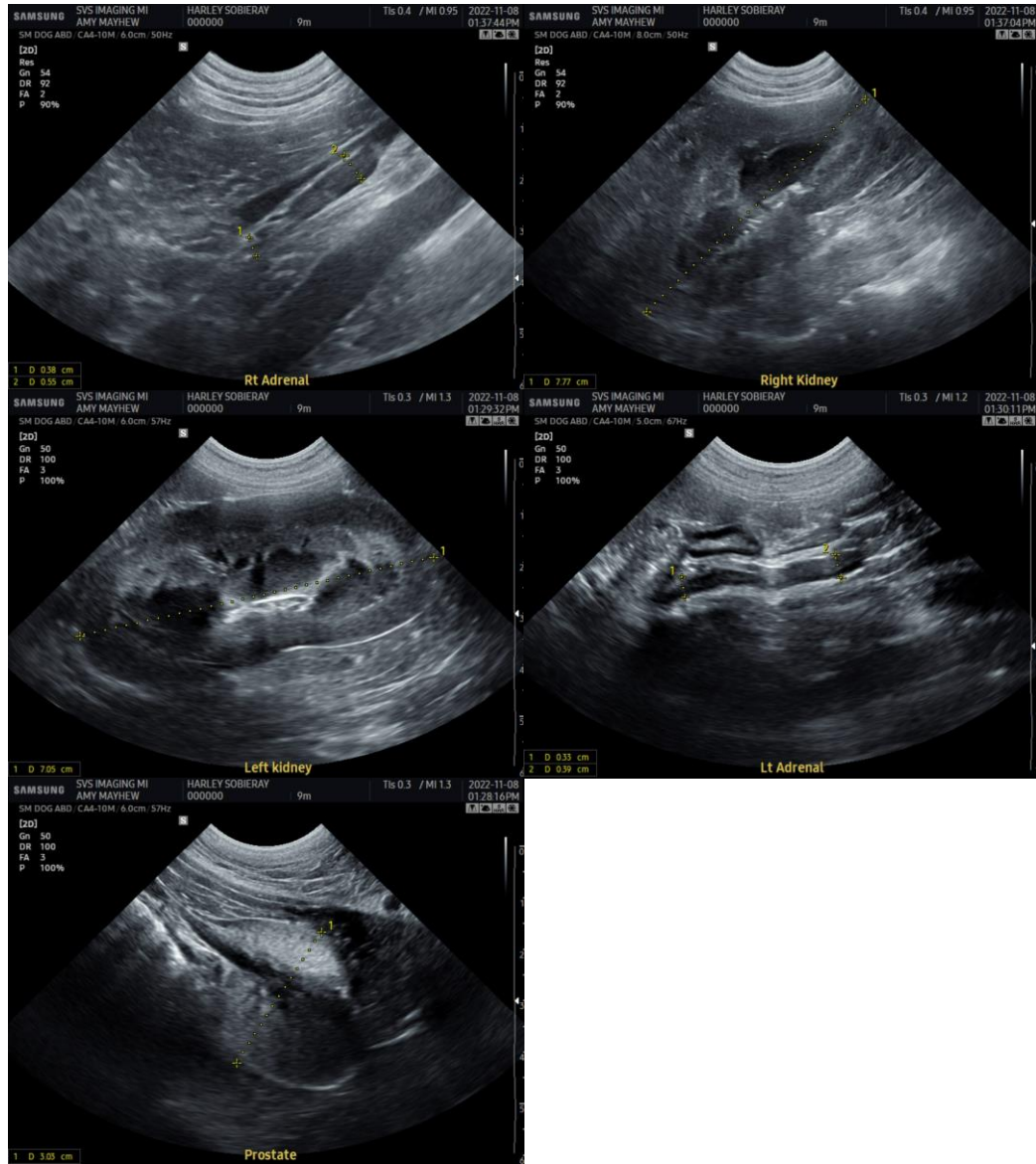
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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