



**PATIENT**

Quinn Dehoff-Bond

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Neutered Male

**AGE**

9.5

**WEIGHT**

34.6 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Laura de Cordon

**HOSPITAL NAME**

Mson Dixon AEH

**REFERRING VET**

Dr. Nancy Petro

**INVOICE**

18920

**DATE**

12/1/22

**PRESENTING CLINICAL SIGNS**

History: O has not seen a BM since last night but O has seen some blood since he left the hospital (1:30-2am -concerned about anal prolapse - seems more swollen than when last here -on metronidazole, pro-pectalin and diageal

**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 were noted.

No overt pathology in the area of the residual prostate.

No evidence of medial iliac or sublumbar lymphadenopathy/masses.

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 minor loss of corticomodullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.4 cm in length. The right kidney measured 6.6 cm in length.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.62 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 0.69 cm width at the caudal pole.

**Spleen**

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

**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**

The stomach presented intact wall layering with a normal wall layer ratio. Minor retained nonshadowing ingesta/chyme was noted.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.



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Normal visible colon wall layers were sonographically unremarkable with formed to semi-formed fecal matter present in the transverse and upper descending colon, while the visualized distal descending colon at the level of the urinary bladder appeared to be empty. No evidence of distal colon or colorectal mural pathology.

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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 omental masses or peritoneal free fluid was present.

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Focal, caudoventral mildly prominent to nonhomogenous mesenteric lymph node was present, exhibiting symmetrical to spherical contour without evidence of peripheral inflammation. The lymph node measured 2.9 cm in diameter. No other evidence of intraabdominal lymphadenopathy noted.

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**ULTRASONOGRAPHIC FINDINGS**

- Sonographically unremarkable gastrointestinal tract/colon with minor retained gastric ingesta/chyme and segmental formed to semi-formed fecal matter.
- Focal mildly prominent yet symmetrical nonhomogenous subjective benign/reactive mesenteric lymph node
- Minor to early age-related kidneys

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Overall, no overt evidence of significant visceral pathology, specifically colonic mural pathology. The focal mesenteric lymph node is not consistent with inflammatory or neoplastic criteria, potentially indicative of minor reactive hyperplasia, possibly secondary to colitis or enterocolitis. Given the presence of hematochezia, continued empirical therapy for colitis with as needed gastrointestinal support is recommended. Sonographic monitoring of the solitary mesenteric lymph node for evidence of progression +/- screening FNA cytology may be considered.

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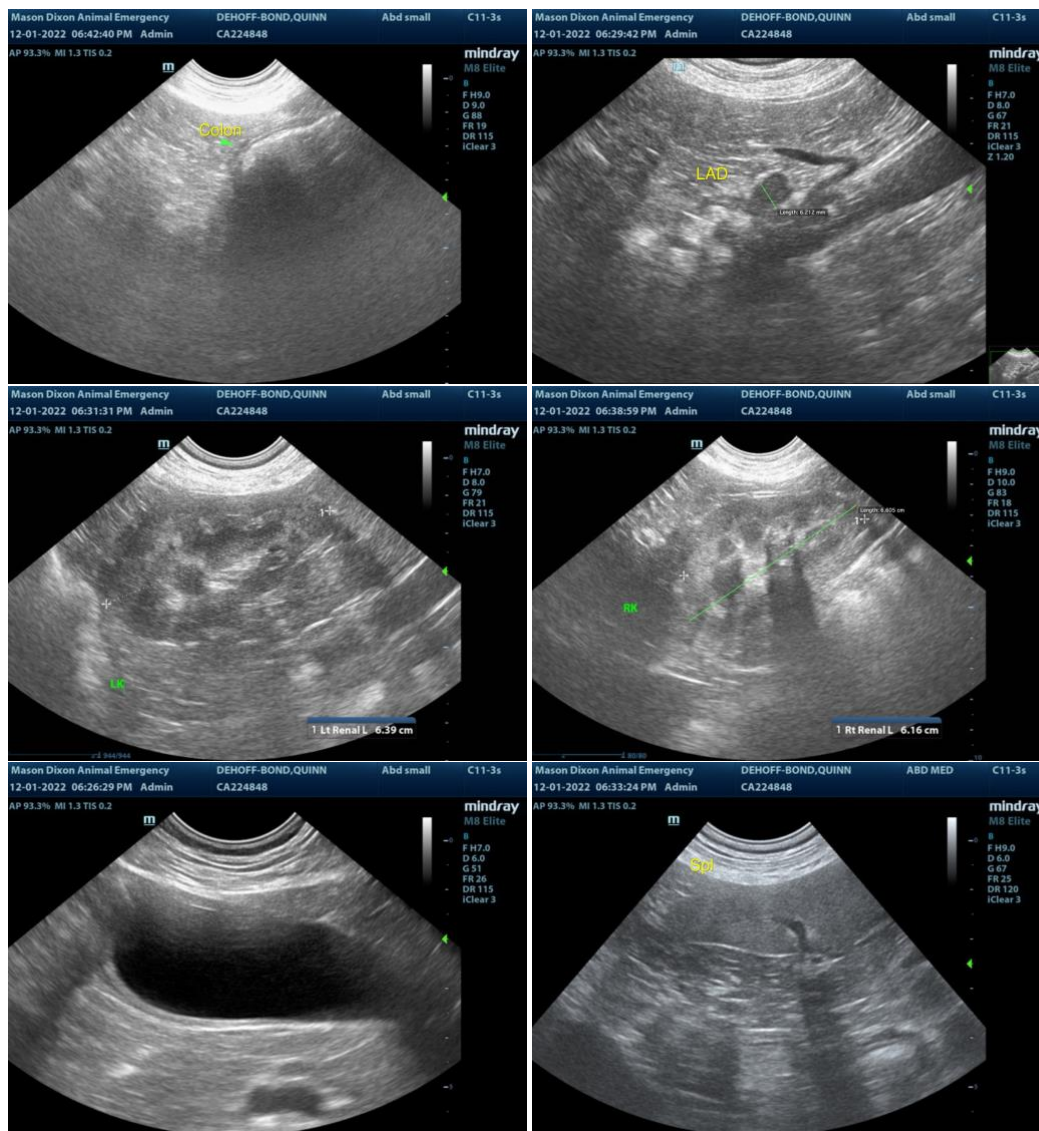
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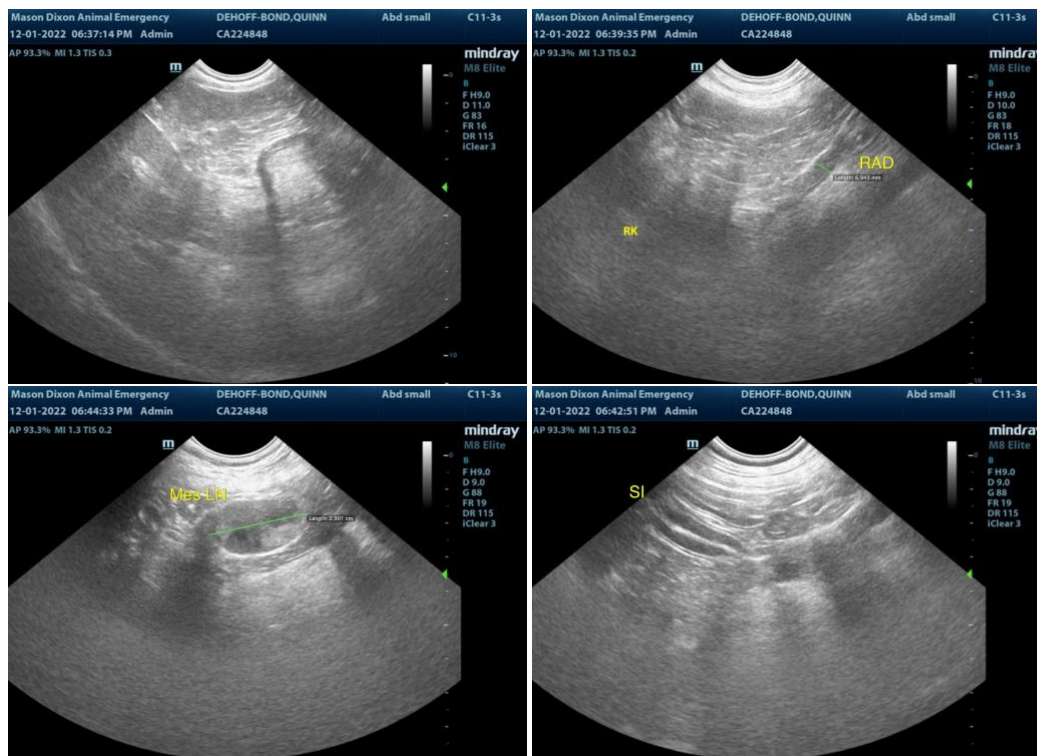
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)**  
info@SonoPath.com