



**PATIENT**

Carley Weiss

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

FS

**AGE**

5 years

**WEIGHT**

50 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Gromalak

**HOSPITAL NAME**

SVS Imaging

**REFERRING VET**

Dr. Calhoun

**INVOICE**

12836

**DATE**

12/17/21

**PRESENTING CLINICAL SIGNS**

Excessive swallowing, found gas filled small intestine in cranial right abdomen on X-ray. improvement in radiographic changes 12 hours later (mild bunching of intestines in r cranial quadrant but no dilation). abdomen tense.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.

The area of the aortic trifurcation was free of pathology.

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 5.8 cm in length. The right kidney measured 6.5 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 2.2 cm length x 0.56 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 1.8 cm length x 0.62 cm width at the caudal 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/ 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.

**Gastrointestinal**

The stomach exhibited intact yet subjective prominent wall layering noted in the fundus, body and pylorus. The pylorus wall width measured 0.68 cm. A mild to moderate amount of retained anechoic to mildly echogenic fluid and luminal gas were present in the gastric body, as well as in the pylorus. No evidence of mechanical pyloric outflow obstruction or definitive gastric foreign material was noted.



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The small intestine exhibited intact wall layering and maintained a 1:3 muscularis / mucosa ratio with primarily empty lumen, yet with a segmental jejunum exhibiting subjective mild gas pattern. Overt evidence of small intestinal mechanical / metabolic ileus or small intestinal foreign material was not evident.

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

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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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FS

***Free Abdomen***

No omental masses, lymphadenopathy or peritoneal effusion were present.

**AGE**

5 years

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

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***Primary Findings***

- Mildly prominent yet intact gastric walls with mild to moderate retained fluid and luminal gas
- Overtly normal small bowel with minor segmental gas
- Sonographically unremarkable pancreas

**INTERPRETED BY**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**IMAGING PERFORMED BY**

Dr. Gromalak

The appearance of the stomach is suggestive of gastritis and secondary mild metabolic gastric hypomotility. Overt evidence of gastric or gastrointestinal foreign material or mechanical obstruction was not definitively evident. Technically, the possibility of nonobstructive gastric foreign body may be possible and non-visualized owing to gastric luminal gas artifact. Correlation with radiographic monitoring of the stomach for evidence of persistent retained gastric distention with fluid is suggested. Gastroesophageal reflux disease / esophagitis may also be possible. Omeprazole, Sucralfate, canned limited antigen to hydrolyzed diet with potential smaller, more frequent feedings +/- helicobacter protocol may be considered.

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Potential for low-grade to chronic pancreatitis may be possible, yet sonographically normal. Correlation with a Spec cPL could be considered. Recheck sonogram to assess for potential progressive gastric mural changes or persistent to progressive gastric hypomotility is recommended if clinical signs continue.

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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