



PATIENT	PRESENTING CLINICAL SIGNS
Winter Blodgett	Winter has a history of recurrent diarrhea and gastroesophageal reflux since puppyhood. Repeated dewormings and fecal negative. The chronic diarrhea has resolved on Royal Canin HP but the esophageal reflux has persisted despite being on omeprazole twice daily, 30 minutes prior to eating. Sucralfate in short bouts has been helpful.
SPECIES	
Canine	Abnormal PE/Chem/CBC/UA Results: Bloodwork + T4 unremarkable outside of mildly elevated cholesterol (443 mg/dL)
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Golden Retriever	Urinary System
SEX	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.
FS	
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 6.1 cm in length. The right kidney measured 5.8 cm in length.
10mo	
WEIGHT	The area of the aortic trifurcation was free of pathology.
65lb	Adrenal Glands
INTERPRETED BY	The left adrenal gland was not definitively visualized. The right adrenal gland was indistinctly visualized subjectively measuring 0.42 cm caudal pole width.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Spleen
IMAGING PERFORMED BY	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.
Dr. Puthoff	Liver/Gallbladder
HOSPITAL NAME	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 with mild mobile echogenic luminal debris. The debris is likely incidental secondary to NPO/fasting. The cystic and common bile ducts were normal.
Kings Veterinary Hospital	Gastrointestinal
REFERRING VET	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. Mild luminal gas was present. The visualized ventral gastric body wall measured 0.40 cm in width. Possible intact yet mildly prominent pylorus walls with the pylorus wall potentially measuring 0.75 cm in width.
Dr. Puthoff	
INVOICE	
12578ag	
DATE	
12/30/2022	



PATIENT

Winter Blodgett

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.

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

SPECIES

Canine

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.

BREED

Golden Retriever

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

SEX

FS

ULTRASONOGRAPHIC FINDINGS

- Overtly normal GI tract, possible yet not definitive mildly prominent intact pylorus walls

AGE

10mo

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no overt evidence of significant abdominal visceral specifically gastrointestinal pathology as a definitive cause of the patient's previous or current clinical signs. Potential for persistent esophagitis/low grade gastritis possible. Continued gastric protectant protocol and hydrolyzed diet trial with possible smaller more frequent feedings or slurry diet trial progressing to canned diet may prove beneficial. Empirical coverage for helicobacter could be considered. Although considered unlikely, a resting cortisol level to rule out occult Addison's disease is recommended. A GI panel to include PLI/TLI/Cobalamin/Folate especially if there is recurrent diarrhea is recommended. Upper GI endoscopy may be indicated if continued evidence of reflux or current GI signs.

WEIGHT

65lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Puthoff

HOSPITAL NAME

Kings Veterinary
Hospital

REFERRING VET

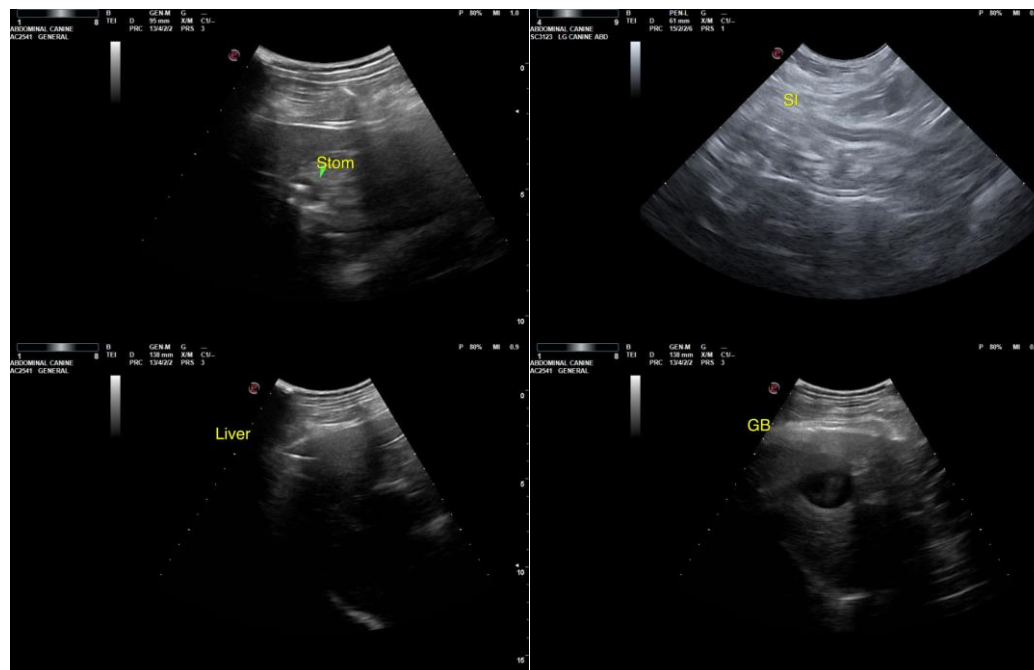
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Winter Blodgett

SPECIES

Canine

BREED

Golden Retriever

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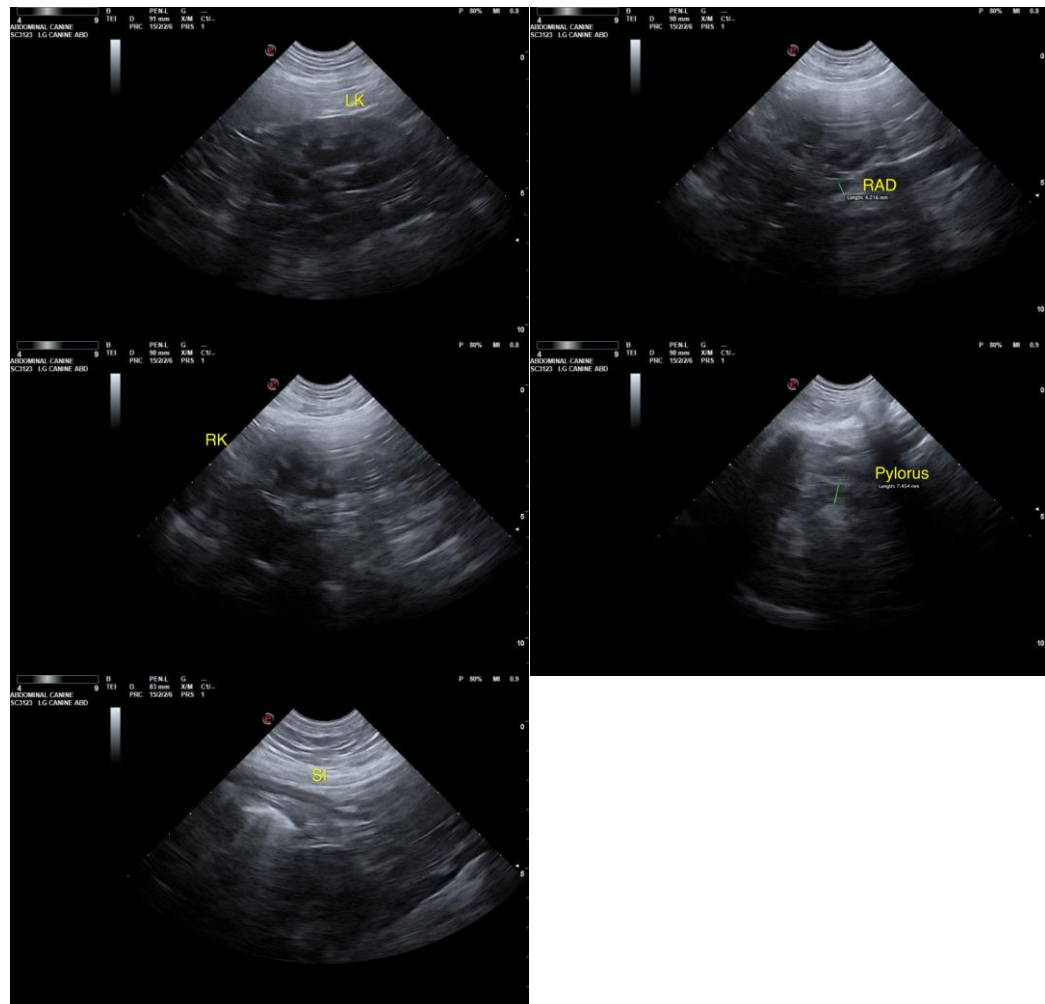
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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