



PATIENT

Winston Joyce

PRESENTING CLINICAL SIGNS

History: bloody diarrhea

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

BREED

Golden Retriever

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 5.9 cm in length. The right kidney measured 5.7 cm in length.

SEX

Male

AGE

10 Weeks

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.9 cm in length x 0.41 cm width at the caudal pole.

WEIGHT

16 Lbs.

No overt pathology in the area of the right adrenal gland.

Spleen

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Jenn

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.

HOSPITAL NAME

Rockaway AH

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate exhibiting focal progressive distal acoustic shadowing ingesta. No overt evidence of mechanical pyloric outflow obstruction. The pylorus wall measured 0.32 cm.

REFERRING VET

Dr. Maniar

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. The jejunum wall measured 0.30 cm.

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The colon exhibited intact yet mild prominent wall layering with semi-formed to soft feces present in the colon lumen.

DATE

2/1/22

Pancreas



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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.

SPECIES

Canine

Free Abdomen

Intermittent, mildly prominent to enlarged jejunocolic lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). These lymph nodes may indicate immunologic immaturity, minor lymphoid hyperplasia or reactive lymphadenitis. An example of a lymph node measured 0.56 cm width.

BREED

Golden Retriever

Small pockets of scant periintestinal free fluid were present which were nonspecific and not overtly indicative of underlying pathology given the patient age.

SEX

Male

ULTRASONOGRAPHIC FINDINGS

- Moderate gastric ingesta
- Overtly normal small bowel with probable mild colitis
- Intermittent, subjectively benign/reactive jejunocolic lymph nodes

AGE

10 Weeks

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

16 Lbs.

No overt evidence of gastroenterocolic pathology, such as intussusception foreign body or mechanical obstruction. The presence of gastric ingesta may correlate with recent meal ingestion with potential for some degree of mild metabolic stasis or delayed gastric emptying, if documented NPO. Dietary indiscretion/food intolerance, occult parasitism, colitis to hemorrhagic gastroenteritis or other acute inflammatory gastroenterocolonopathy possible. Supportive care for colitis or hemorrhagic gastroenteritis should prove beneficial. Broad spectrum deworming recommended even if fecal testing is negative.

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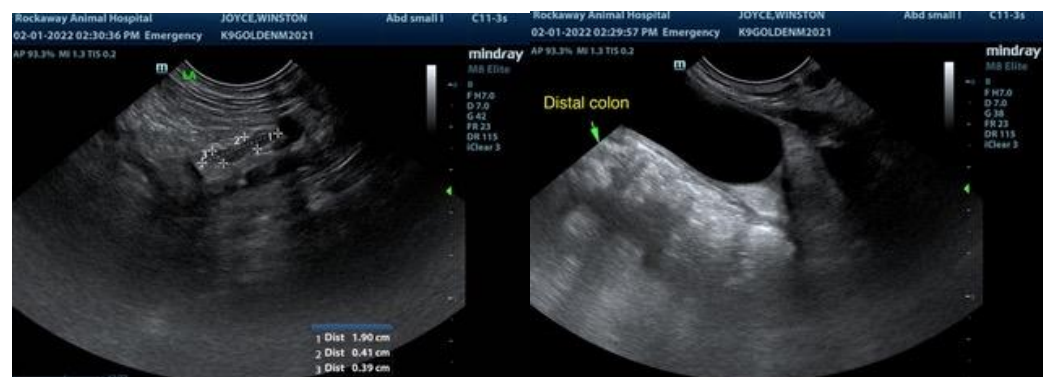
Dr. Maniar

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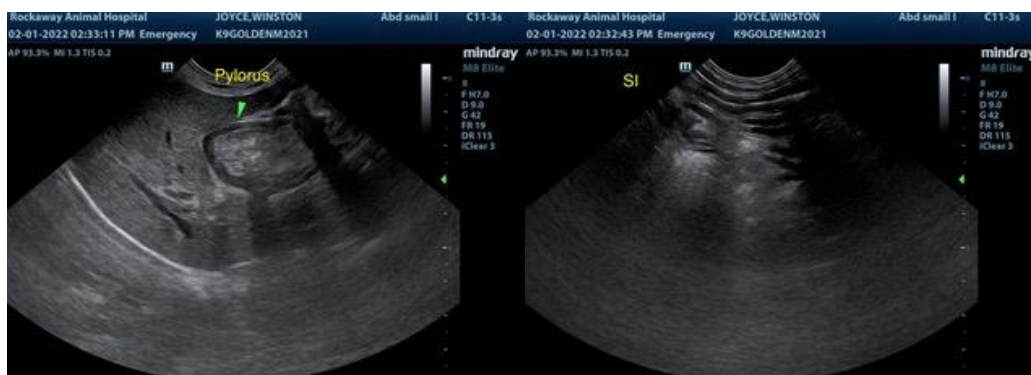
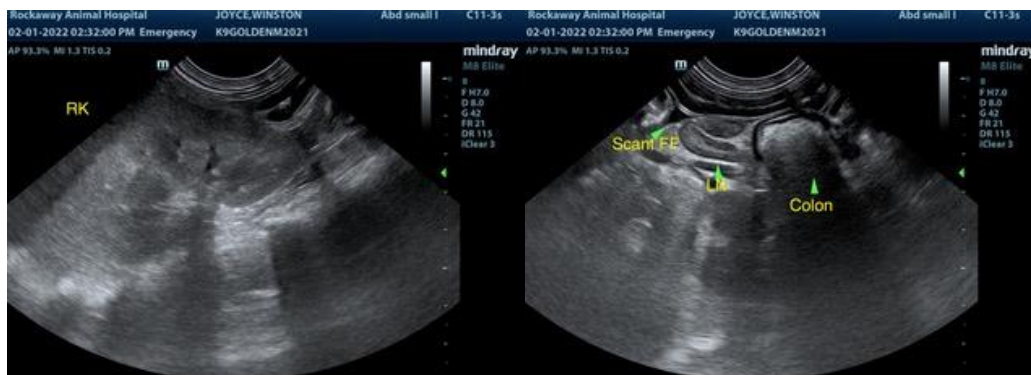
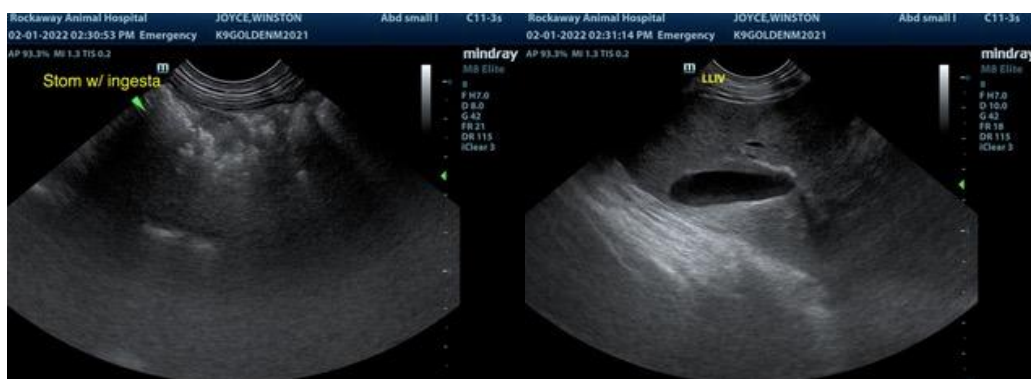
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The information and recommendations provided are based on the images presented by the



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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.

SPECIES

Canine

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