



**PATIENT PRESENTING CLINICAL SIGNS**

**Buddy Patel** History: Weight loss about 5 kg, diarrhea when fed too much food or if fed at night. Current diet is Iams Adult Large Breed. No meds.

**SPECIES** Abnormal PE/Chem/CBC/UA Results: Elevated ALT (141) and ALP (292)

**Canine** **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED** *Urinary System*

**Golden Retriever** 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 were noted. Aortic trifurcation was normal.

**SEX**

**Neutered Male** The residual prostate was free of pathology.

**AGE**

**10 Years** 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.2 cm in length. The right kidney measured 6.2 cm in length.

**WEIGHT**

**29.5 kg** *Adrenal Glands*

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.59 cm width at the caudal pole and 0.53 cm width at the cranial pole.

**INTERPRETED BY**

R. McKenzie Daniel, DVM,  
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Feline)

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.60 cm width at the caudal pole.

*Spleen*

**IMAGING PERFORMED BY**

Crystall Hill

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.

**HOSPITAL NAME**

Oxford County VC

*Liver*

**REFERRING VET**

Dr. Haflon

The liver presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with minor non-mineralized particulate gallbladder debris. The gallbladder was otherwise normal. The cystic and common bile ducts were normal.

**INVOICE**

13864

*Gastrointestinal*

**DATE**

2/10/22

The visualized gastric walls were sonographically normal. The lumen of the stomach contained a moderate amount of progressive to strongly shadowing ingesta, resulting in moderate gastric distention. Overt evidence of mechanical pyloric outflow obstruction was not definitively evident. The pylorus wall measured 0.37 cm.



**PATIENT**

Buddy Patel

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental to generalized subjective areas of mucosal speckling to mild increased mucosa echogenicity. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The jejunum wall measured 0.30 cm.

**SPECIES**

Canine

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

**Pancreas**

**BREED**

Golden Retriever

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

**Free Abdomen**

**SEX**

Neutered Male

No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- Moderate progressive to strongly shadowing ingesta
- Subjective nonspecific small bowel mucosal speckling to areas of increased mucosal echogenicity
- Hepatopathy- subjectively benign, vacuolar/reactive hepatopathy, low-grade inflammatory hepatopathy possible. No evidence of hepatic neoplastic criteria, which is considered a less likely differential diagnosis
- Minor gallbladder debris

**Secondary Findings**

- Mild age-related renal changes

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The presence of gastric ingesta may indicate postprandial presentation, however, if documented NPO, some degree of metabolic gastric stasis or delayed gastric emptying may be possible. Likewise, structurally insignificant gastrointestinal disease given the patients weight loss and presence of diarrhea suspected. Further assessment may include GI panel, to include PLI, TLI, Cobalamin and folate and resting cortisol to rule out occult Addison's disease may be considered. Three-view chest radiographs may be warranted to rule out occult thoracic pathology as a potential contributing factor to weight loss. Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Provable or Visbiome), antibiotic trial and as needed gastrointestinal support with assessment of clinical response may prove beneficial. Intestinal biopsies may be indicated if GI signs continue despite empirical therapy.

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**SPECIES**

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**BREED**

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Neutered Male

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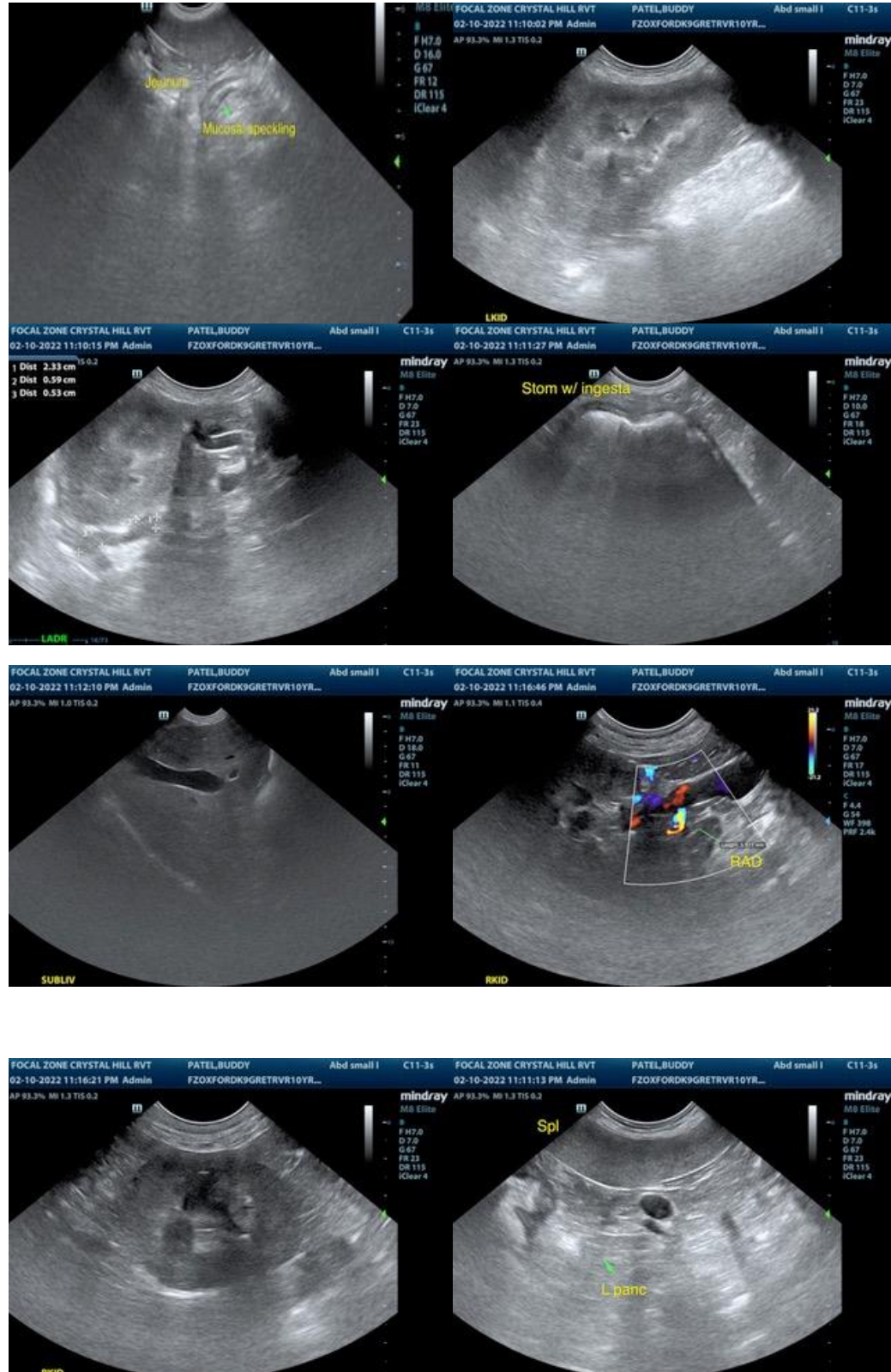
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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