



PATIENT

Coco Arya

SPECIES

Canine

BREED

Mini Goldendoodle

SEX

MN

AGE

3 years

WEIGHT

30.4 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

A. Rodriguez

HOSPITAL NAME

Foxfield VS

REFERRING VET

A. Rodriguez

INVOICE

16148

DATE

2/14/23

PRESENTING CLINICAL SIGNS

Chronic GI upset and abnormal BM. Has been on HA diet. Fecal culture neg. Resting cortisol and TLI/folate pending

Abnormal PE/Chem/CBC/UA Results: WNL

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 residual prostate was free of pathology.

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 4.2 cm in length. The right kidney measured 4.4 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 0.37 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 0.39 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 containing primarily anechoic content with mild, congealed, echogenic, nonorganized gallbladder debris primarily in the cranial lumen. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.



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Gastrointestinal

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The stomach presented intact, mildly prominent wall layering owing to mildly echogenic to prominent gastric mucosa. Intact wall layering was maintained and distinct. The stomach contained a mild amount of retained anechoic fluid. No evidence of mechanical pyloric outflow obstruction or obstructive pyloric mural pathology was noted.

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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 small intestinal wall width measured 0.31 cm.

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Normal visible colon wall layers were present with subjective semi-formed fecal matter in the proximal colon.

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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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Free Abdomen

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No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mild gastritis pattern, sonographically unremarkable small bowel / colon

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Secondary Findings

- Mild gallbladder debris

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Aside from sonographic evidence of gastritis, dietary intolerance / food allergy, dysbiosis, occult parasitism, inflammatory bowel disease (which may present as sonographically normal), and less likely occult Addison's Disease, given the overtly normal adrenal presentation, are all potentials. Correlation with pending GI Panel and resting cortisol level is suggested. If not currently evaluated, cobalamin levels are recommended.

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Possible diet rotation which may include alternative hydrolyzed diet, high colony count probiotic, gastroprotectants, +/- coverage for helicobacter if the primary clinical sign is vomiting, broad spectrum deworming even with negative fecal testing i.e., Panacur 50 mg/kg PO SID for 5 consecutive days pending additional diagnostics and with potential long-term dietary therapy / high colony count probiotic may prove beneficial.

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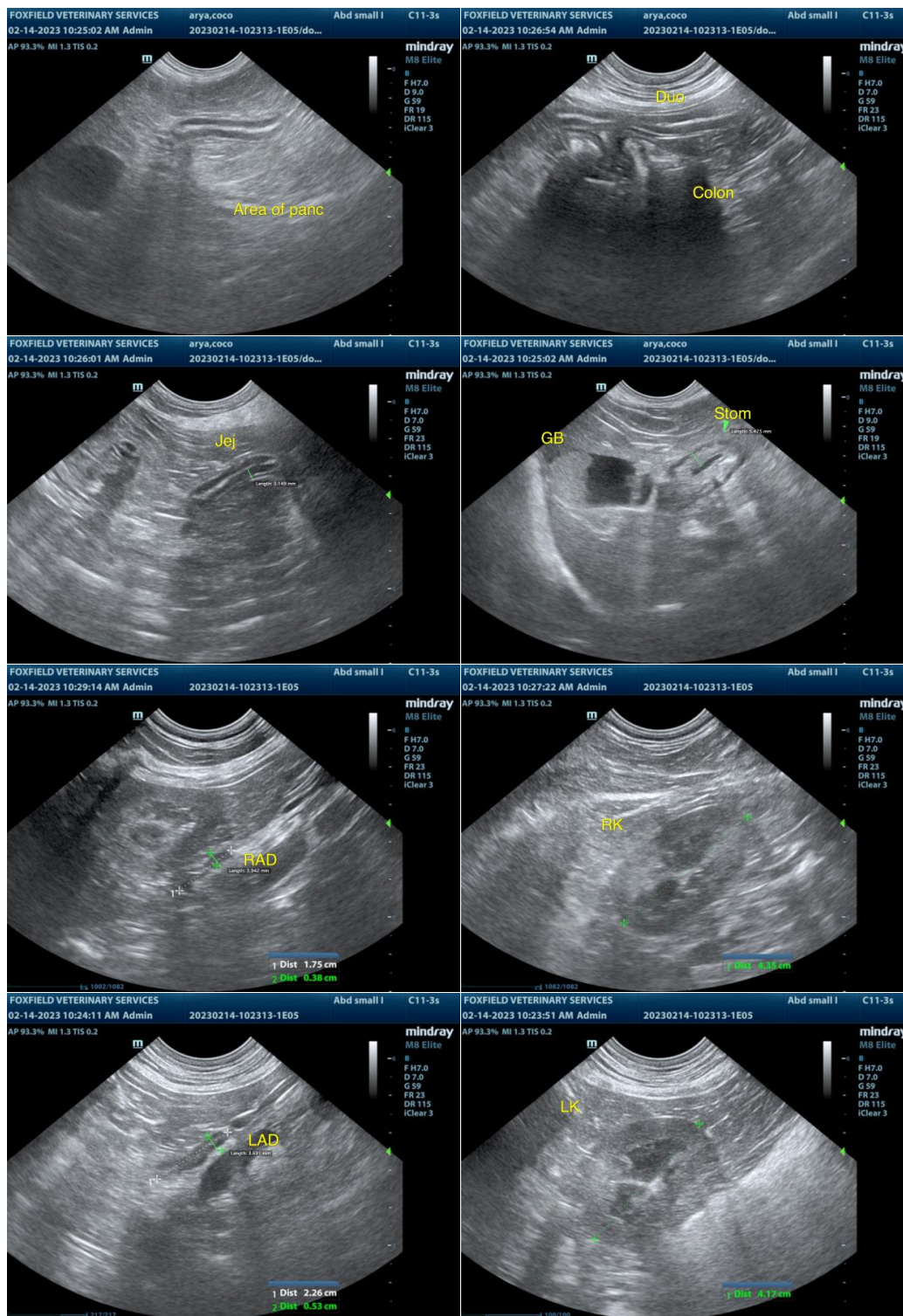
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology



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that was not visible in the image/video clips provided.

Coco Arya

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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info@SonoPath.com

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