



**PATIENT PRESENTING CLINICAL SIGNS**

Scoopy Srikumar History: Elevated liver enzymes, anorexic, ADR. Current meds: Cerenia 2/14/23 for vomiting, Entyce  
Abnormal PE/Chem/CBC/UA Results: Alb 2.4; ALP 165; TBili .6; Bun 5; Lepto Neg

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Canine **Urinary System**

**BREED** The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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.

Golden Retriever

**SEX** The prostate was of expected size and presentation for a young intact male canine. No evidence of inflammatory or neoplastic criteria, measuring 2.8 cm in diameter.

Intact Male

No evidence of medial iliac or sublumbar lymphadenopathy.

**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 6.9 cm in length. The right kidney measured 8.0 cm in length.

2 Years

**WEIGHT**

82 Pounds

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.5 cm length x 0.51 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 2.85 cm length x 0.56 cm width at the caudal pole.

**INTERPRETED BY**

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

**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.

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Morris Hills VC

**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. Vascular volume was normal without evidence of subnormal liver size or congestive criteria.

**REFERRING VET**

Dr. Lucas Hirshenson

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal. No evidence of gallbladder wall edema.

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**Gastrointestinal**

The stomach presented mild wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The stomach was overall empty with mild luminal gas. The gastric body wall measured 0.85 cm.

**DATE**

2/16/23



<b>PATIENT</b>	The duodenum presented intact mildly prominent wall layering. The duodenum contained a mild amount of luminal fluid. The jejunum and ileum to the level of the colon were sonographically normal. No evidence of small intestinal mechanical obstructive pattern.
Scoopy Srikumar	
<b>SPECIES</b>	Normal visible colon wall layers were present with apparent formed feces in lumen.
Canine	<b><i>Pancreas</i></b>
<b>BREED</b>	The pancreas exhibited prominent size with capsule asymmetry and nonhomogenous hypoechoic to variably echogenic parenchyma.
Golden Retriever	<b><i>Free Abdomen</i></b>
<b>SEX</b>	Intermittent, enlarged mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). An example of lymph node size was 4.6 cm x 1.0 cm. Perilymphatic to generalized mild uniform hyperechoic omentum was noted. No omental masses noted. Moderate to significant volume primarily anechoic peritoneal free fluid was noted.
Intact Male	
<b>AGE</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
2 Years	<ul style="list-style-type: none"> <li>• Overtly normal liver, exhibiting normal vascular volume</li> <li>• Normal gallbladder- no evidence of gallbladder inflammatory criteria or wall edema</li> <li>• Enlarged irregular to nonhomogenous pancreas</li> <li>• Suspect gastroduodenitis</li> </ul>
<b>WEIGHT</b>	
82 Pounds	<ul style="list-style-type: none"> <li>• Moderate to significant volume, primarily anechoic peritoneal free fluid and generalized mild uniform hyperechoic omentum</li> <li>• Intermittent nonspecific yet subjective benign reactive or mild inflammatory mesenteric lymphadenopathy- not overtly consistent with lymphatic neoplastic criteria</li> <li>• Normal bilateral kidneys</li> </ul>
<b>INTERPRETED BY</b>	
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
<b>IMAGING PERFORMED BY</b>	
Shari Reffi, CVT	
<b>HOSPITAL NAME</b>	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
Morris Hills VC	The pancreatic presentation is suggestive of pancreatic inflammatory criteria, which may correlate with mild reactive or vacuolar hepatopathy pattern in conjunction with the patients anorexia, as well as subjective upper gastrointestinal inflammatory pattern. Aside from the possibility of pancreatitis, a definitive cause of the peritoneal effusion, given no evidence of radiographic cardiomegaly, current albumin levels and without additional overt concurrent intraabdominal pathology, further assessment may include effusion analysis, cytology, as well as culture and sensitivity, if evidence of inflammatory cells. Sonographically, the appearance of the liver was not consistent with significant hepatopathy or end stage hepatic disease.
<b>REFERRING VET</b>	
Dr. Lucas Hirshenson	
<b>INVOICE</b>	A GI panel to include PLI/TLI/Cobalamin/Folate for further assessment of the pancreas, as well as assessment for possible occult intestinal disease as a contributing factor may be considered. If progressive hepatic enzyme elevations, or decreasing albumin levels, bile acid testing may be indicated. Pending additional diagnostics, empirical therapy for pancreatitis with as needed gastrointestinal support, assessment of clinical response +/- recheck sonogram is recommended.
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<b>DATE</b>	
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**BREED**

Golden Retriever

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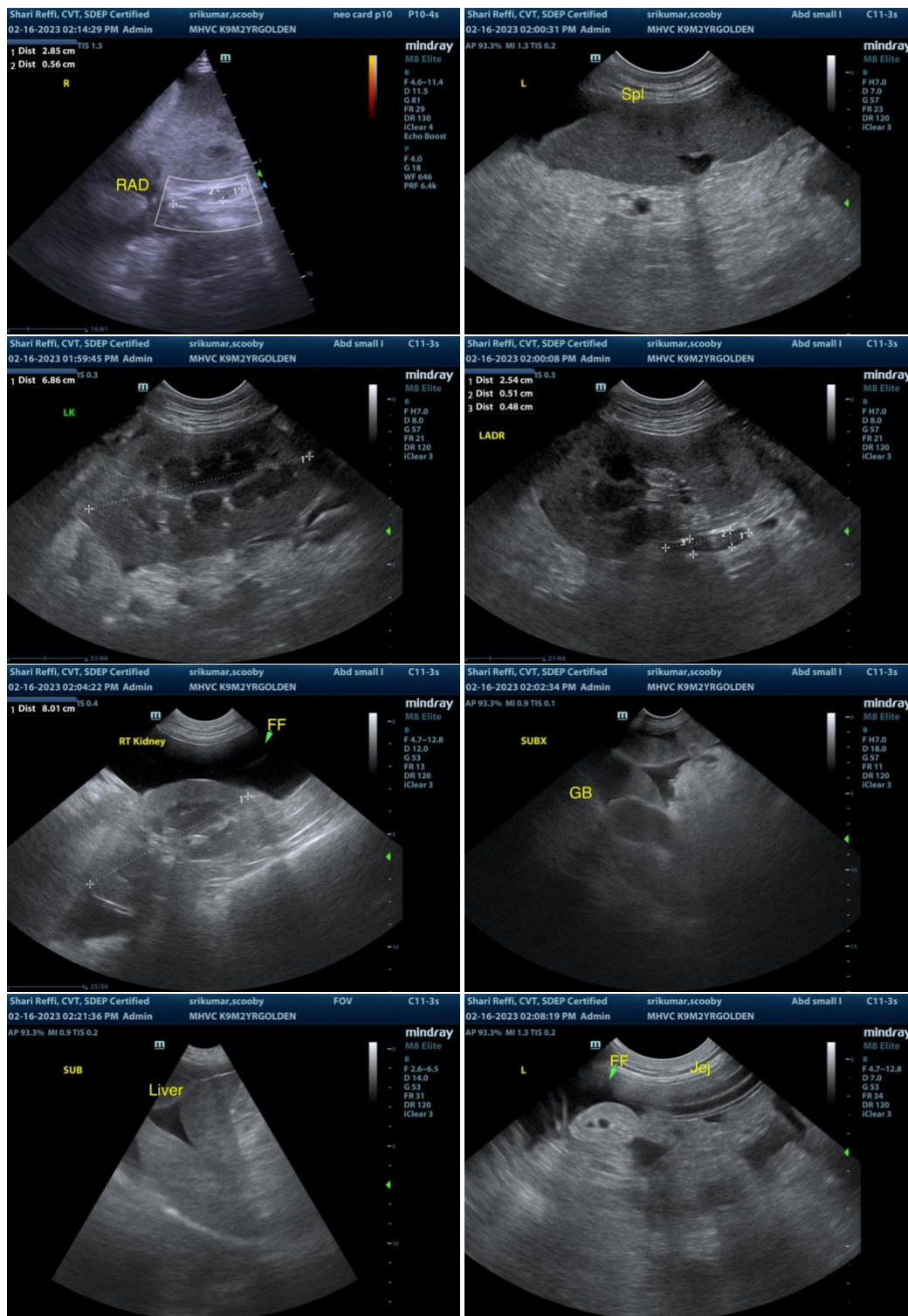
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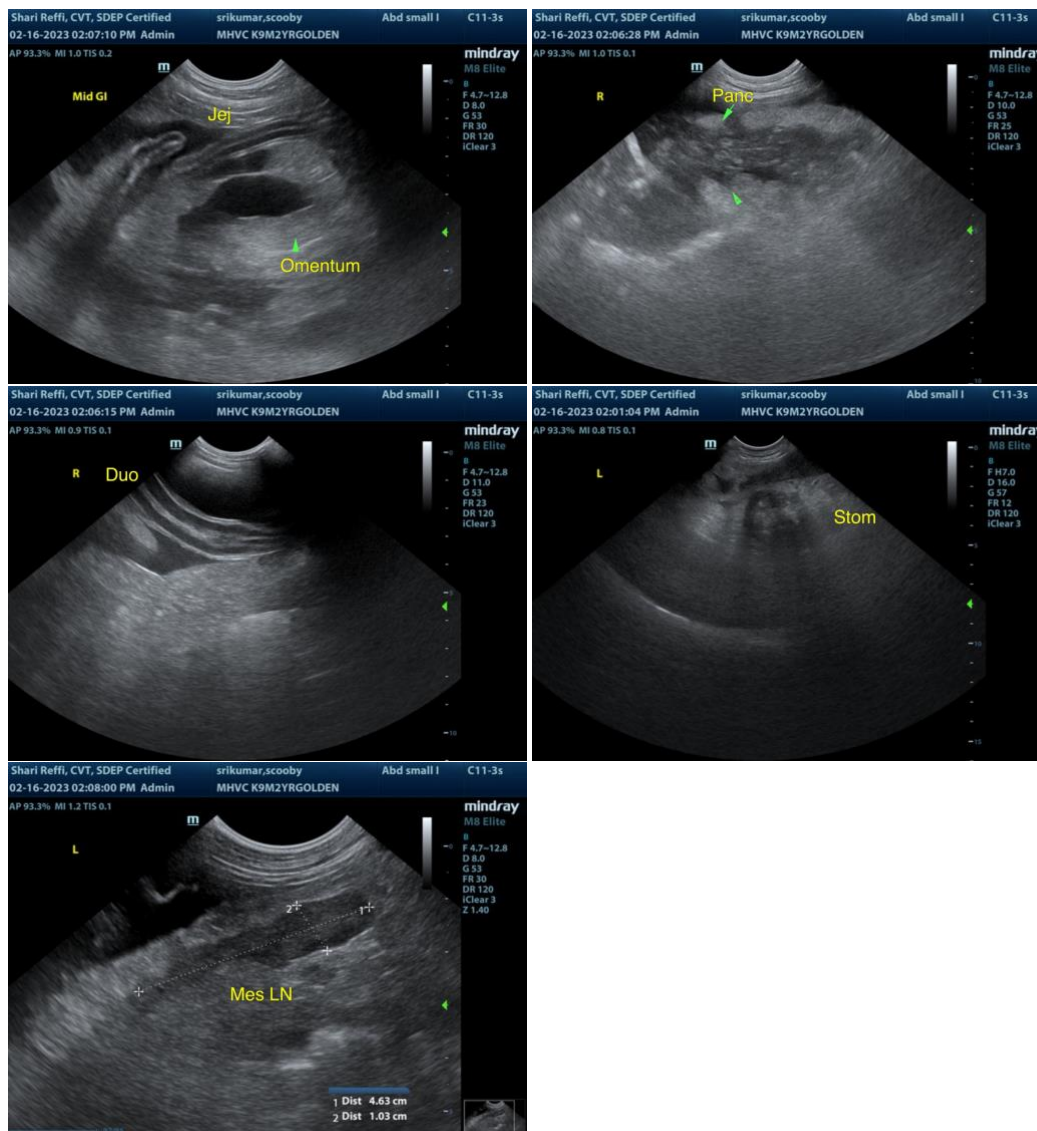
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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