



PATIENT PRESENTING CLINICAL SIGNS

Violet Provenzano 1 month duration weight loss, diarrhea, occasional vomiting, history of possible foreign ingestion.
 Medication: Pepcid, Metronidazole

SPECIES
 Unremarkable CBC, Na/K ratio 32

Canine

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Golden Retriever

SEX
 F
 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.

AGE
 2017
 The area of the aortic trifurcation was free of pathology.

WEIGHT
 65.4
 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 5.8 cm in length. The right kidney measured 6.7 cm in length.

Adrenal Glands

INTERPRETED BY
 R. McKenzie Daniel, DVM, DABVP (Canine and Feline)
 The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 3.4 cm length x 0.57 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 3.2 cm length x 0.65 cm width at the caudal pole.

IMAGING PERFORMED BY Spleen

Rebekah Jakum, CVT ARDMS/RVT
 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 Liver/ Gallbladder

Maple Hills VH
 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. Normal hepatic vascular volume was noted. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

REFERRING VET
 Dr. Eckman
INVOICE
 16302
DATE
 2/23/23



PATIENT *Gastrointestinal*

Violet Provenzano
SPECIES Canine
BREED Golden Retriever
SEX F
AGE 2017
WEIGHT 65.4

The stomach presented intact mildly prominent wall layering. The stomach contained a moderate amount of possibly retained echogenic chyme and fluid, as well as focally shadowing, nonspecific ingesta. An example of a focally shadowing nonspecific ingesta measured 1.7 cm in diameter. No obvious evidence of obstructive pyloric mural pathology was noted.

The small intestine presented primarily intact wall layering and maintained 1:3 muscularis/mucosa ratio with segmental propensity for segmental mildly thickened intestinal wall layering with subjective potential for mildly prominent to hyperechoic submucosa. The small intestine exhibited segmental retained fluid and secondary mild intestinal fluid distention. Concurrent empty segments of small intestine were present to the level of the colon.

The colon walls presented intact yet subjective mild to moderate prominent wall layering with subjective mild to moderate thickened to echogenic submucosa. semi-formed to soft fecal matter, consistent with patient history, was present in the colon lumen with lumen dilation.

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.

Free Abdomen

Intermittent to multiple, indistinctly visualized mesenteric 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). No evidence of peritoneal free fluid was noted.

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R. McKenzie Daniel,
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(Canine and Feline)

ULTRASONOGRAPHIC FINDINGS

- Distended stomach with potentially retained echogenic fluid / chyme, focally shadowing nonspecific gastric ingesta
- Enterocolonopathy exhibiting segmental fluid distended bowel and subjective indistinct wall layer detail
- Associated mesenteric lymphadenopathy - hyperplasia or reactive lymphadenitis suspected
- Normal volume liver

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Maple Hills VH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming documented NPO, the non-shadowing gastric chyme and focally shadowing ingesta along with segmental fluid distended small bowel may indicate some degree of functional or metabolic hypomotility or segmental dysfunctional gastrointestinal tract potentially owing to inflammatory disease i.e., IBD or other gastroenterocolonopathy. Given the patient history, however, the possibility of indistinct focally shadowing gastric or possible small nonobstructive to partially obstructive intestinal foreign material cannot be definitively excluded. Likewise, the possibility of infiltrative gastrointestinal or gastroenterocolic neoplasia, although considered a less likely differential diagnosis, may present in a similar sonographic manner.

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PATIENT

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Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate, hospitalization with 24/hour IV fluid gastrointestinal support, documented NPO, and sonographic reassessment of the stomach and segmental small bowel for evidence of persistent gastric shadowing ingesta and/or persistent / progressive segmental intestinal fluid distention.

SPECIES

Canine

Pending additional assessment and diagnostics, exploratory laparotomy for gross inspection of the gastrointestinal tract and with intestinal biopsies considered essential despite exploratory findings should be considered given this presentation in conjunction with patient history.

BREED

Golden Retriever

SEX

F

AGE

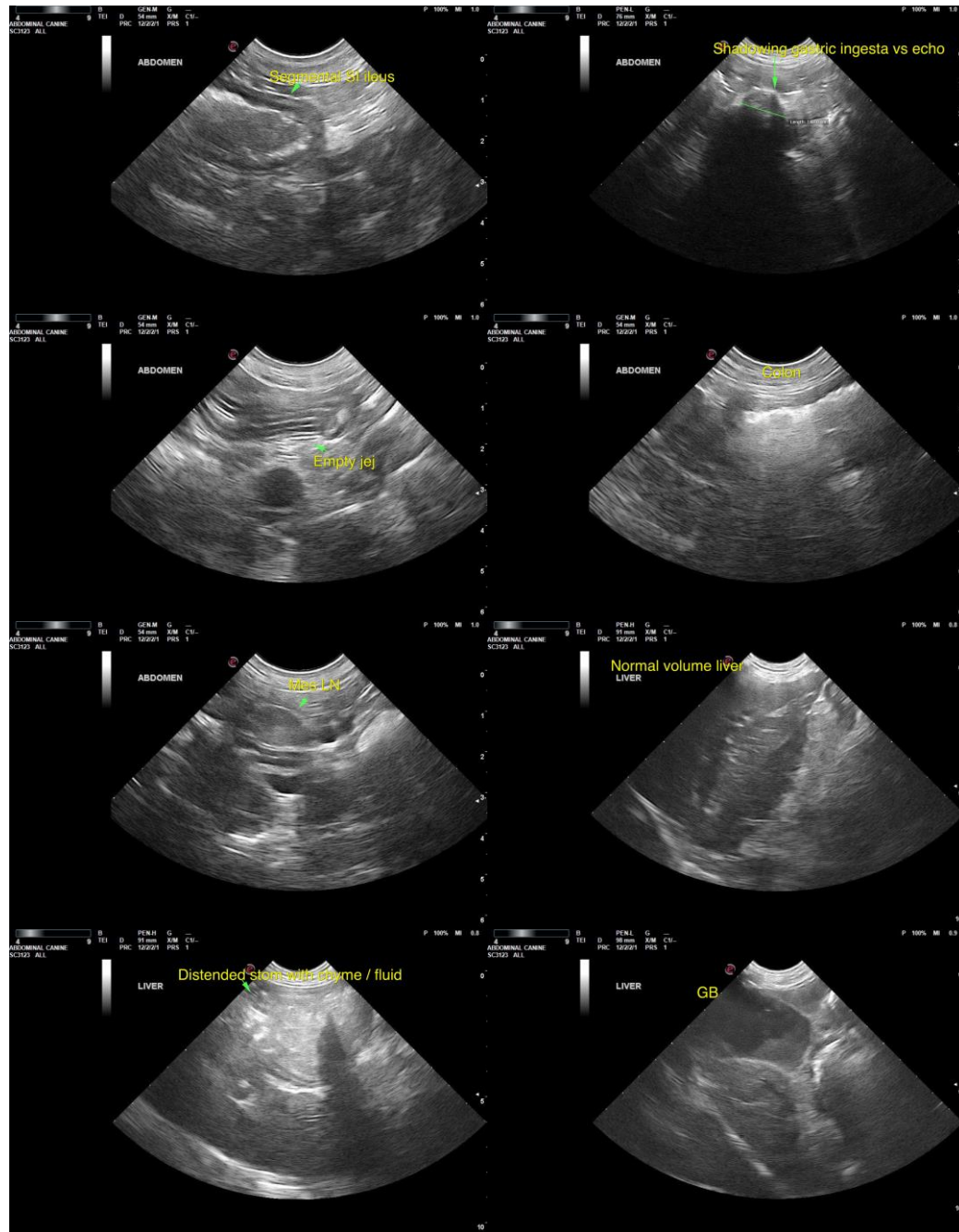
2017

WEIGHT

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PATIENT

Violet Provenzano

SPECIES

Canine

BREED

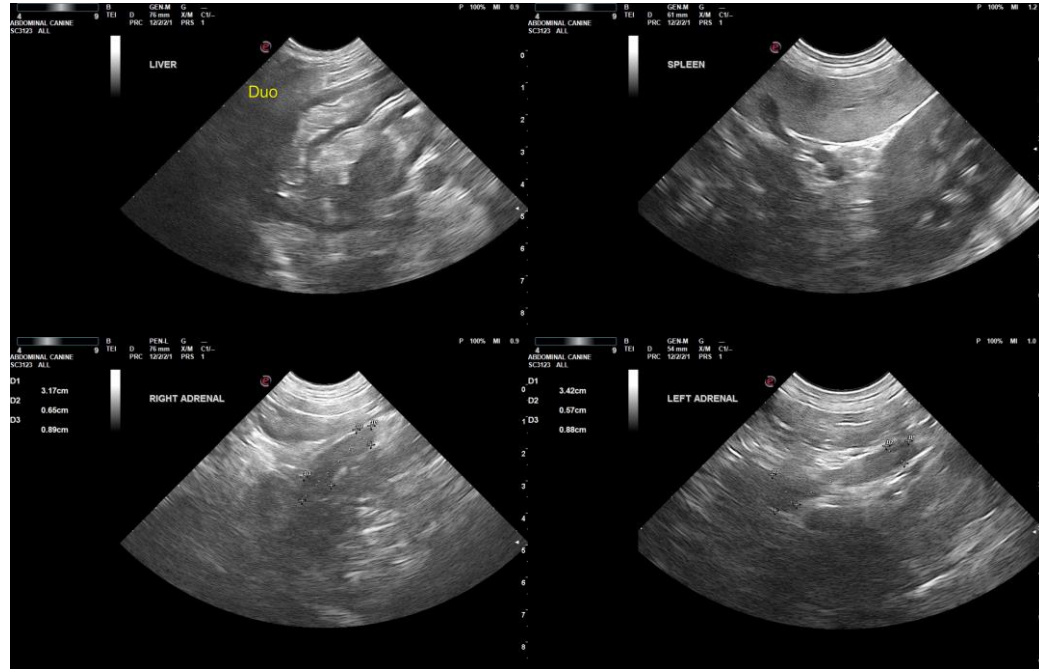
Golden Retriever

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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.

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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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