



PATIENT

Murphy Yingling

SPECIES

Canine

BREED

Golden Retriever

SEX

MN

AGE

4yr

WEIGHT

88lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Jennifer Todd

HOSPITAL NAME

Lambs Gap AH

REFERRING VET

Dr Jennifer Todd

INVOICE

23822

DATE

02/05/2025

PRESENTING CLINICAL SIGNS

- Murphy is a four year old, MN, Golden Retriever who is owned by our practice manager, Melissa
- Chronic intermittent gastroenteritis, low resting cortisol but did stim with ACTH. Gastric foreign body surgery in 6/2022.
- Previous echo in 9/2022 read by Dr. Machen-Lamy. No murmur present . Screening echo submitted today

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

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 - cm in length. The right kidney measured - cm in length.

The area of the aortic trifurcation was free of pathology.

The residual prostate appeared normal and free of pathology.

Adrenal Glands

The left adrenal gland was adequate in size with symmetrical contour and homogenous parenchyma. The left adrenal gland measured 0.41 cm width at the caudal pole. The area of the right adrenal gland was free of pathology

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. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and mild congealed hyperechoic debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.



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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 mechanical/metabolic ileus, obstruction or foreign material.

Normal visible colon wall layers were present with variably formed feces and lumen gas.

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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 was evident.

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Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

Primary

- Sonographically unremarkable gastrointestinal tract with variably formed fecal matter in colon.
- Normal area of pancreas

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Secondary

- Mild congealed gallbladder debris (non-mucocele)

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of visceral, specifically gastroenterocolic pathology. The appearance of the gastrointestinal tract was non-specific with considerations including dietary intolerance / food hypersensitivity, infectious disease, enterotoxin, inflammatory bowel disease, occult parasitism, mild pancreatitis or other.

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), cobalamin supplementation pending assessment of cobalamin level +/- antibiotic trial with consideration for adverse effects on normal GI flora with long term antibiotic use 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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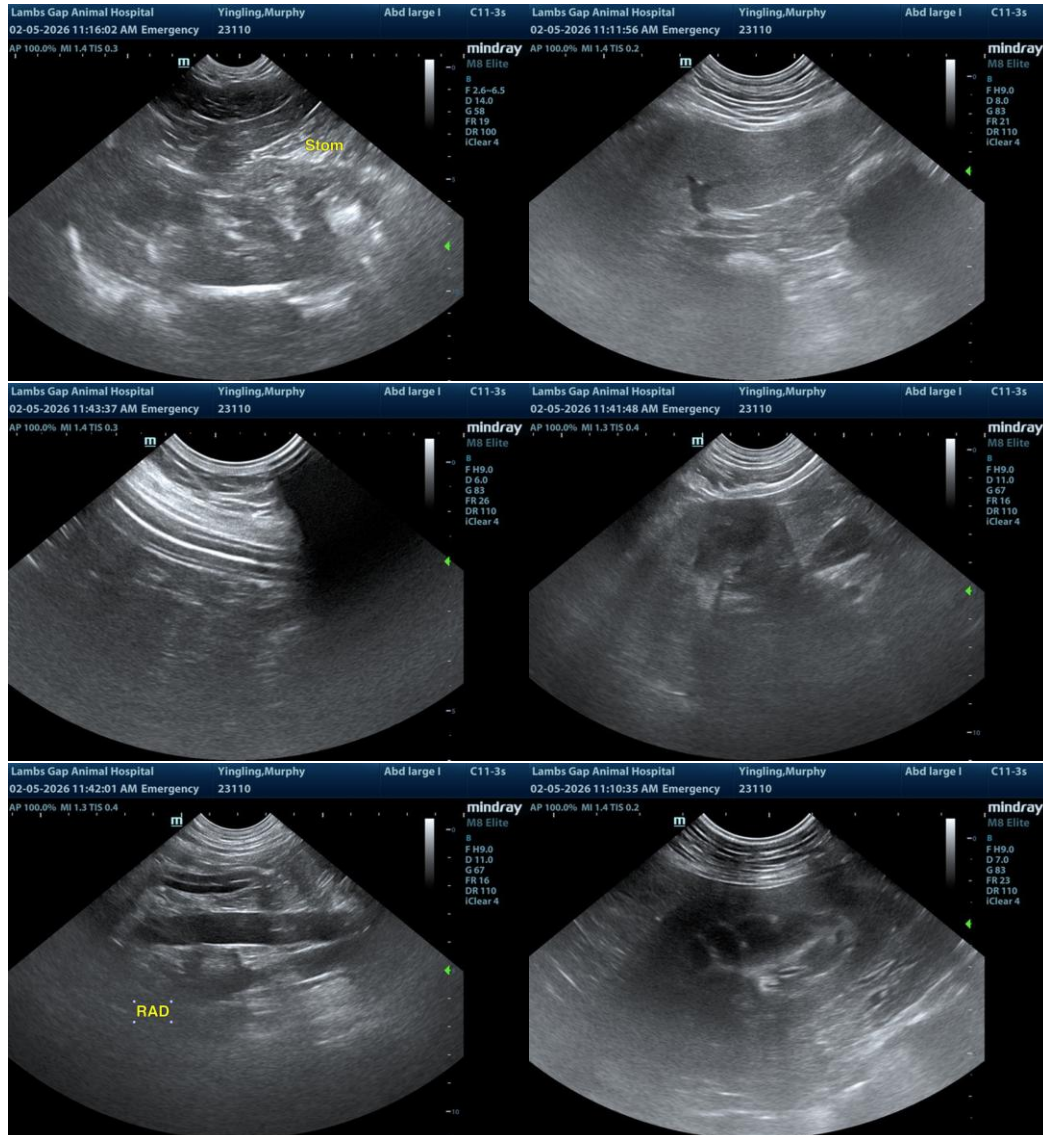
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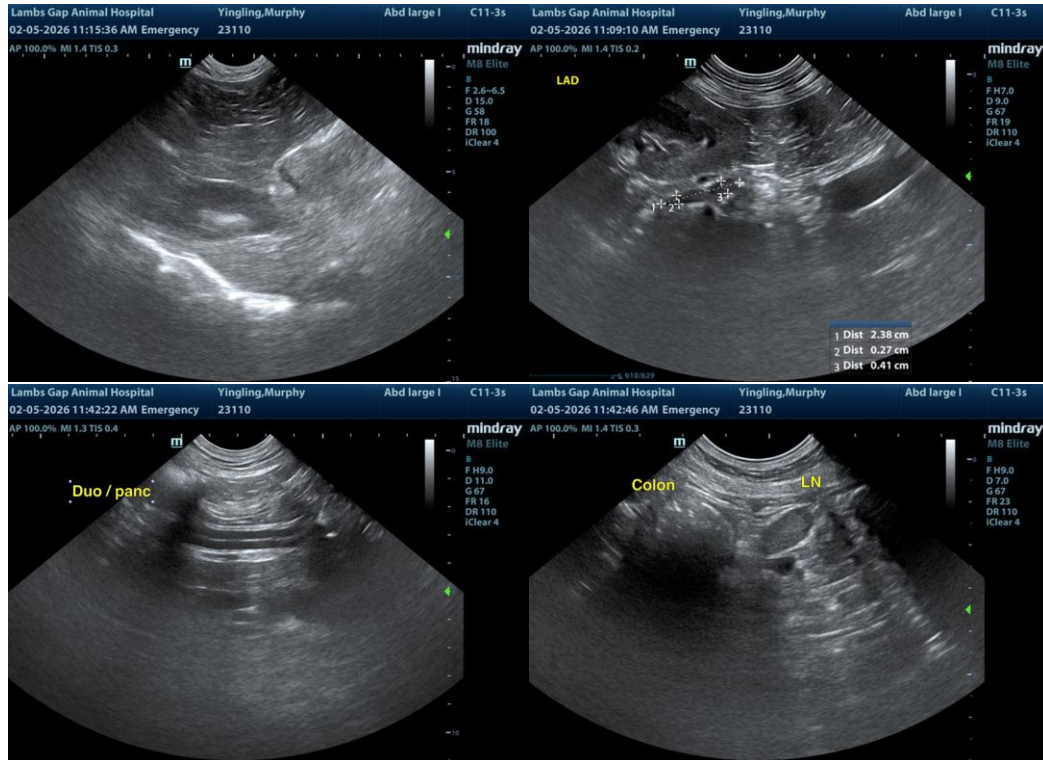
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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