



PATIENT

Ruby Charlton

SPECIES

Canine

BREED

Golden Ret

SEX

F/S

AGE

13

WEIGHT

35 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Belan

HOSPITAL NAME

Riverwood VC

REFERRING VET

Dr. Kibblewhite

INVOICE

16077

DATE

2/8/23

PRESENTING CLINICAL SIGNS

Lethargic Inappetent with persistent intermittent vomition
Abnormal PE/Chem/CBC/UA Results: No. Diagnostic

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 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 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 6.1 cm in length. The right kidney measured 5.7 cm in length.

Adrenal Glands

The left adrenal gland was overtly normal in size, position, and shape. The left adrenal gland measured 0.83 cm width at the caudal pole and 0.62 cm width at the cranial pole. The right adrenal gland was overtly normal in size, position, and shape. The right adrenal gland measured 0.45 cm width at the caudal pole and 0.62 cm width at the cranial pole.

Spleen

The spleen exhibited mild to possible moderate enlargement with primarily symmetrical to regionally rounded splenic capsule contour and generalized mild parenchyma heterogeneity exhibiting moderate coarse echotexture. No definitive splenic mass was visualized. Intermittent, discrete, hyperechoic splenic nodules, suggestive of emerging splenic myelolipomas, were noted. Normal splenic vascularity was noted.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended exhibiting mildly prominent to hyperechoic gallbladder walls containing anechoic content with moderate non-dependent yet nonorganized, hyperechoic discretely shadowing gallbladder debris. No evidence of peripheral gallbladder inflammation 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. The stomach contained a mild amount of progressively shadowing ingesta. No overt mechanical pyloric outflow obstruction was noted. The ventral gastric body wall width measured 0.39 cm.

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The duodenum exhibited intact variably prominent wall layering with mild duodenal non-shadowing ingesta/chyme. The jejunum and ileum to the level of the colon were sonographically normal. The duodenum wall measured 0.65 cm width. The jejunum wall measured 0.41 cm width.

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

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Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. The left limb of the pancreas exhibited indistinct left limb parenchyma nodules, not overtly suggestive of neoplastic criteria.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

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- Mild chronic renal changes
- Mild to moderate splenomegaly with minor parenchyma heterogeneity - nonspecific, hyperplasia, hematopoiesis, incidental splenitis, potential for emerging infiltrative neoplasia considered less likely yet possible
- Mild hepatic parenchymal remodeling - benign
- Nondistended gallbladder with moderate hyperechoic debris - not consistent with mucocele criteria, possible mild chronic cholecystitis
- Heterogeneous to discretely nodular left pancreas
- Subjective mild gastritis / gastroduodenitis with possible mild gastric stasis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Potential for low-grade to chronic pancreatitis may be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation. No evidence of gastrointestinal mechanical obstruction or overt foreign material was visualized. Some degree of gastric hypomotility may be considered if documented NPO and given the intermittent vomiting.

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Gastroprotectant protocol +/- coverage for helicobacter, novel protein, or hydrolyzed diet may prove beneficial with monitoring for evidence of persistent gastric stasis is recommended. Correlation with



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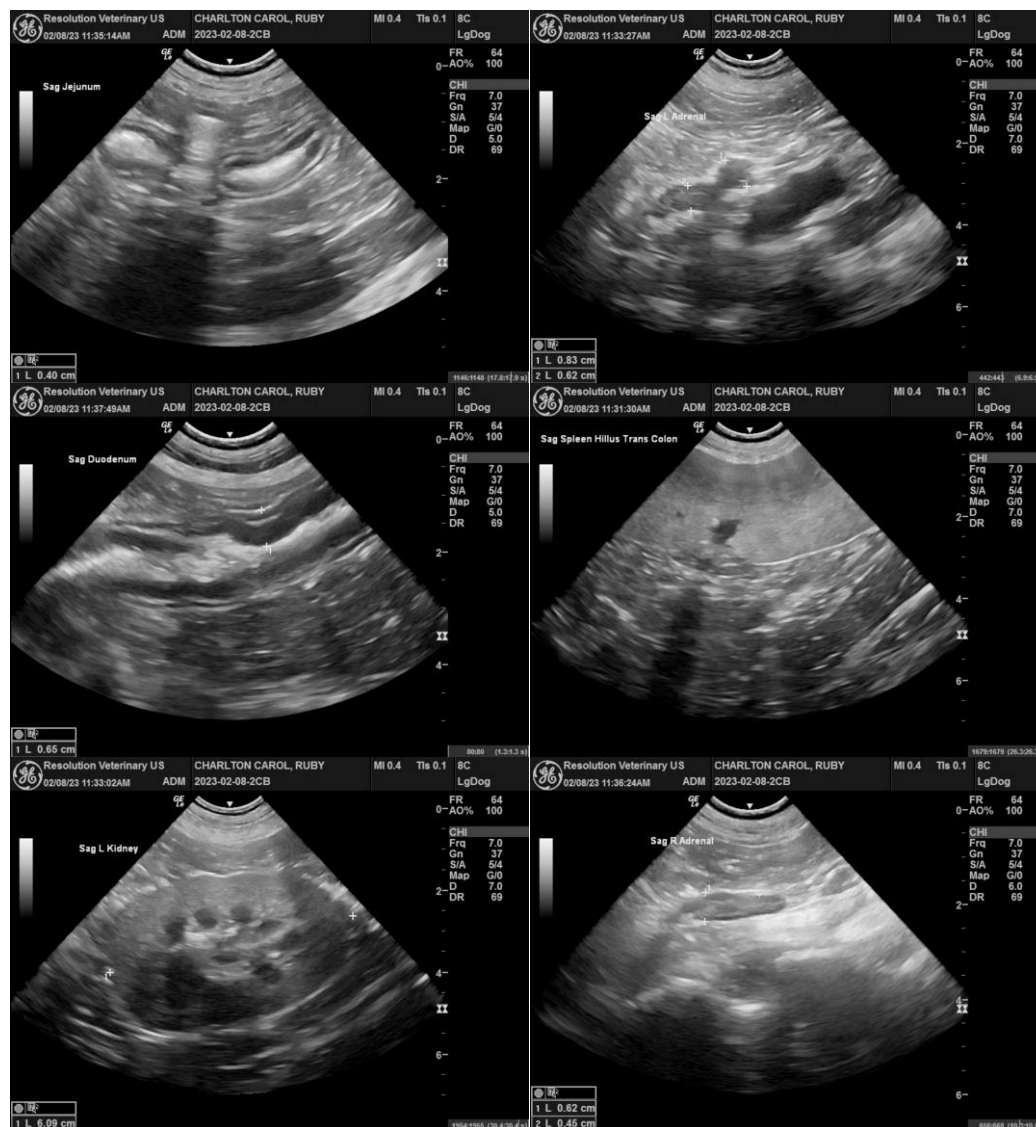
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screening splenic cytology is suggested. If not done, three-view chest radiographs are recommended to rule out occult thoracic or esophageal pathology as a contributing factor.





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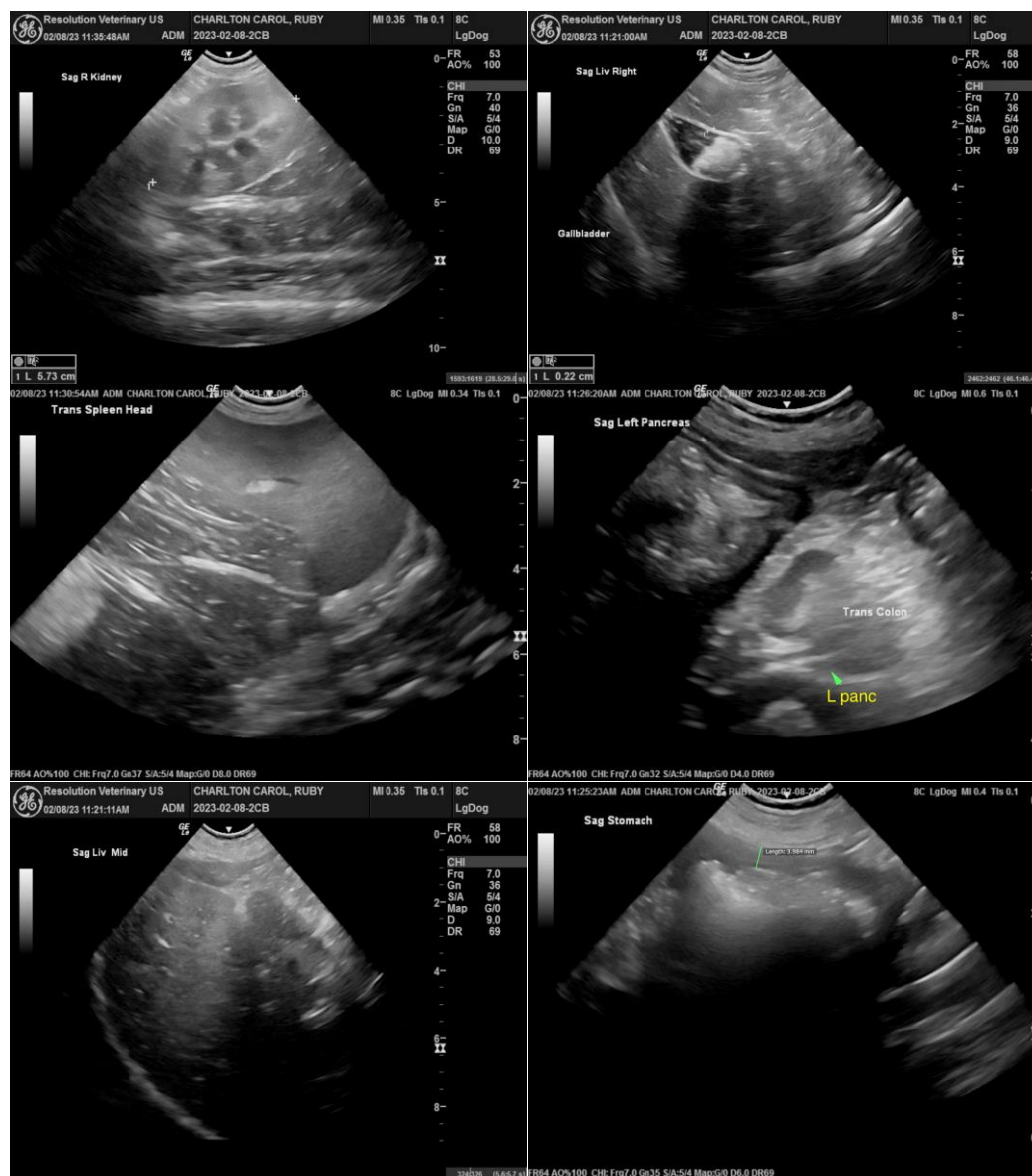
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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