



PATIENT

Bentley Spencer

SPECIES

Canine

BREED

Golden Retriever

SEX

M/N

AGE

13

WEIGHT

31

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Matthew
Guenther

HOSPITAL NAME

Central Island
Veterinary Emergency
Hospital

REFERRING VET

Dr. Matthew
Guenther

INVOICE

16086

DATE

2/9/23

PRESENTING CLINICAL SIGNS

Previous GDV w/ pexy approx. 2-3 years ago. 2 years ago P had repeat episode of bloating (no volvulus) - resolved w/ passing stomach tube. No issues since until this AM owner noticed P retching/vomiting foam and no interest in food - abdomen appeared bloated.

Abnormal PE/Chem/CBC/UA Results: TPR WNL. Uncomfortable, bloated abdomen. Stomach tube passed but no fluid/gas obtained - thick, stable foam that could not be suctioned. Declined BW/UA.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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 residual prostate was free of overt 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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Left kidney solitary thinly walled lateral cortical cyst measuring 1.4 cm in diameter was present. The left kidney measured 6.4 cm in length. The right kidney measured 6.4 cm in length.

Adrenal Glands

The left and right adrenal glands were overtly normal in size, position, and shape. The left adrenal gland measured 0.65 cm width at the caudal pole and 0.68 cm width at the cranial pole. The right adrenal gland measured 0.57 cm width at the caudal pole and 0.65 cm width at the cranial pole.

Spleen

The spleen exhibited possible mild generalized enlargement with areas of minor capsule asymmetry and generalized mild parenchyma heterogeneity exhibiting adequate splenic parenchyma echogenicity. No evidence of splenic masses, nodules or hypoechoic splenic parenchyma. Possible static blood flow at the level of the splenic hilus was noted on Doppler.

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 in size with thin walls and primarily anechoic luminal content. The common bile duct was not definitively visualized without evidence of post hepatic obstruction.



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Gastrointestinal

The stomach was severely distended with retained fluid, ingesta, and gas. The degree of gastric distention appeared to extend from the normal level of the gastric axis caudally to the area of the apical urinary bladder.

Secondary small intestinal displacement, yet the visualized small bowel was sonographically unremarkable exhibiting intact wall layering and without evidence of small bowel mechanical / metabolic ileus.

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

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

No overt lymphadenopathy or omental masses was present. A small pocket of scant free fluid was noted between the cranial spleen and caudal left liver.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Severely distended stomach with retained anechoic fluid, gas, and ingesta
- Possible mild enlarged to likely displaced spleen with potential static blood flow at level of splenic hilus
- Hepatic parenchymal remodeling
- Sonographically unremarkable yet displaced small intestine - no evidence of small Intestinal mechanical / metabolic ileus
- Small pocket of scant peritoneal free fluid

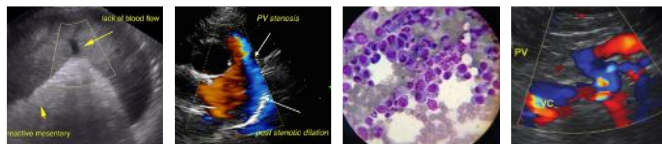
Secondary Findings

- Bilateral chronic renal changes with left kidney cortical cyst

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The severely distended stomach with retained ingesta, gas, and fluid may suggest mechanical vs. metabolic gastric stasis. Given the degree of gastric distention, concern for possible mechanical gastric stasis of unknown etiology may be of primary concern, although not definitive.

Stomach tube passage with gastric evacuation and decompression would be ideal. However, if this is not possible, alternative considerations may include percutaneous initial gas decompression in the



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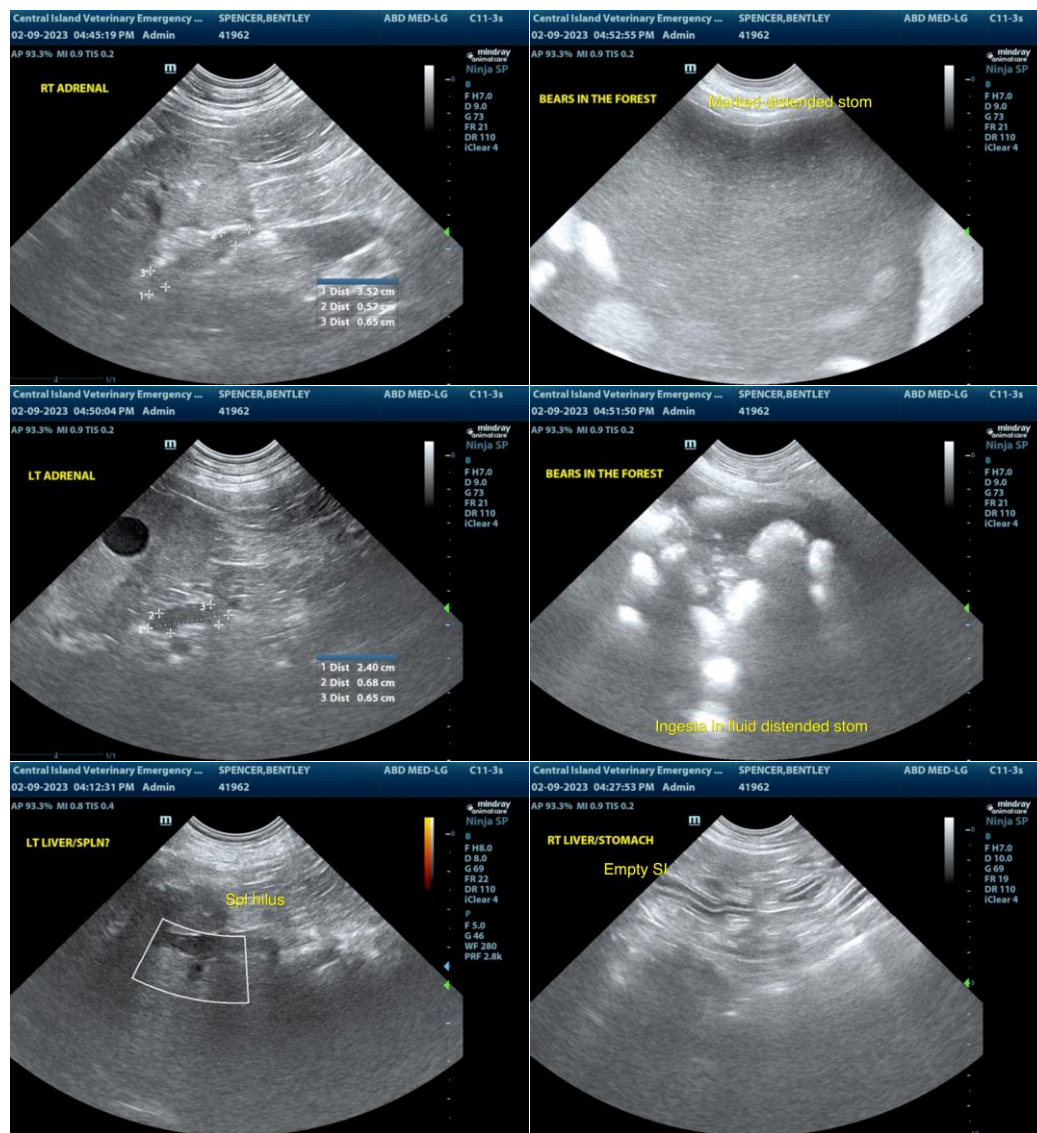
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area of nondependent gastric gas and reassessment. Likewise, exploratory laparotomy with manual decompression of the stomach, gross inspection in the area of the pyloric outflow, area of previous gastropexy, and upper small intestine for evidence of nonobvious pathology as a contributing factor may be indicated. If not done, three-view chest radiographs and full lab work are suggested prior to any potential surgical considerations.





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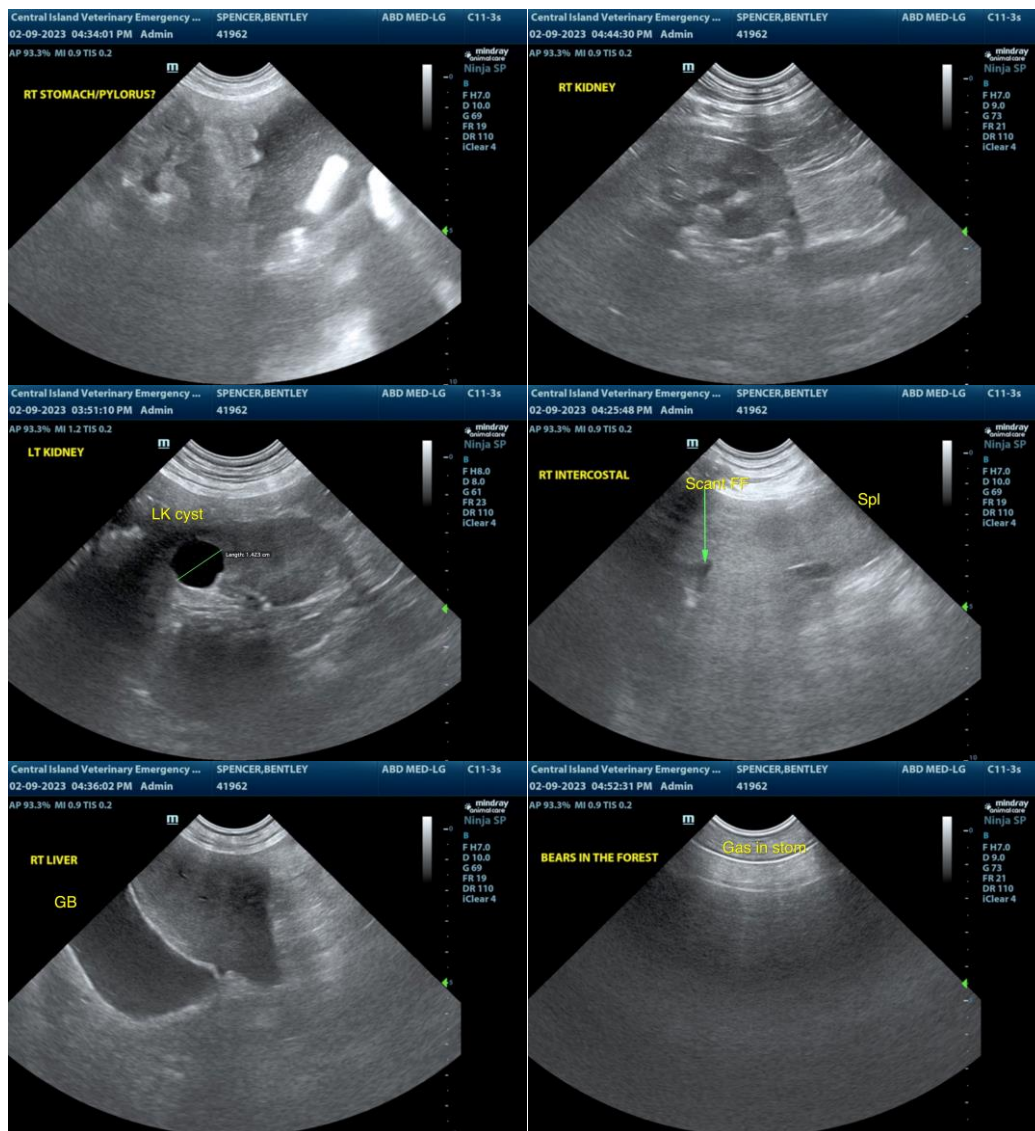
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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