



## PATIENT

Eddy Shakal

## SPECIES

Canine

## BREED

Golden Retriever

## SEX

Neutered Male

## AGE

8.5

## WEIGHT

62.2

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP (Canine  
/ Feline Practice)

## IMAGING PERFORMED BY

Dr. Sarah Green

## HOSPITAL NAME

Healing Spirit Animal  
Wellness

## REFERRING VET

Dr. Sarah Green

## INVOICE

14378

## DATE

03/17/26

## PRESENTING CLINICAL SIGNS

- recent weight loss noticed at the time of annual exam one week ago.
- presented due to vomiting and lethargy 5 days ago, now has diarrhea with hematochezia

PE: afebrile, abdomen not overtly painful on palpation CBC - mild lymphopenia, NSF otherwise, chem, T4, cPL WNL

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 change were noted.

No obvious pathology in the area of the residual prostate.

Normal size and margination was 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 6.6 cm in length. The right kidney measured 5.0 cm in length with probable mild underestimation of right kidney size.

### *Adrenal Glands*

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.55 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 0.57 cm width at the caudal pole.

### *Spleen*

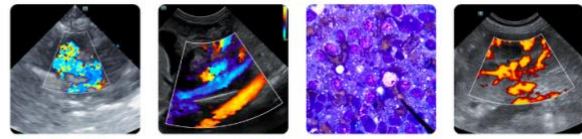
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute 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. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild to moderate gravity dependent nonorganized hyperechoic debris. The cystic duct and common bile ducts were normal without evidence of dilation.

### *Gastrointestinal*



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic, mild nonshadowing ingesta without signs of obstruction or foreign material.

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The small intestine presented overall intact wall layering with maintained wall layer ratio. Primarily empty intestinal lumen with segmental gas and focal segmental nonspecific nonobstructive shadowing content to the level of the colon.

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The descending colon walls presented intact yet mild thickened wall layering. Primarily empty colon lumen with mild lumen gas and soft fecal matter consistent with the patient's history.

### *Pancreas*

## SEX

Neutered Male

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

### *Free Abdomen*

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Intermittent mesenteric 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). Scant peri-intestinal free fluid was present.

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## ULTRASONOGRAPHIC FINDINGS

### Primary Findings

- Mild hypomotile stomach containing nonshadowing ingesta.
- Overall sonographically normal primarily empty small intestine with mild segmental gas and nonobstructive shadowing content.
- Colitis pattern.
- Mildly prominent nonhomogenous pancreas.
- Intermittent mild mesenteric lymphadenopathy- suggestive of reactive hyperplasia or lymphadenitis.

### Secondary Findings

- Nonorganized gallbladder debris (non-mucocele).

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the gastrointestinal tract is non-specific with considerations including dietary intolerance / food hypersensitivity, infectious disease, dysbiosis, enterotoxin, inflammatory bowel disease, mild pancreatitis, occult parasitism, occult Addison's Disease, occult neoplasia, or other. Potential for small amounts of shadowing nonobstructive foreign material is not excluded yet no current evidence of gastrointestinal obstructive pattern.

No overt indication for immediate surgical intervention. Hospitalization with empirical therapy for non-specific gastroenterocolitis or acute hemorrhagic diarrhea syndrome with monitoring of gastrointestinal motility and sonographic reassessment of the gastrointestinal tract following documented 12-hour fast would be ideal. Low-grade pancreatitis may be suspected if cranial abdomen/subxiphoid discomfort on palpation.

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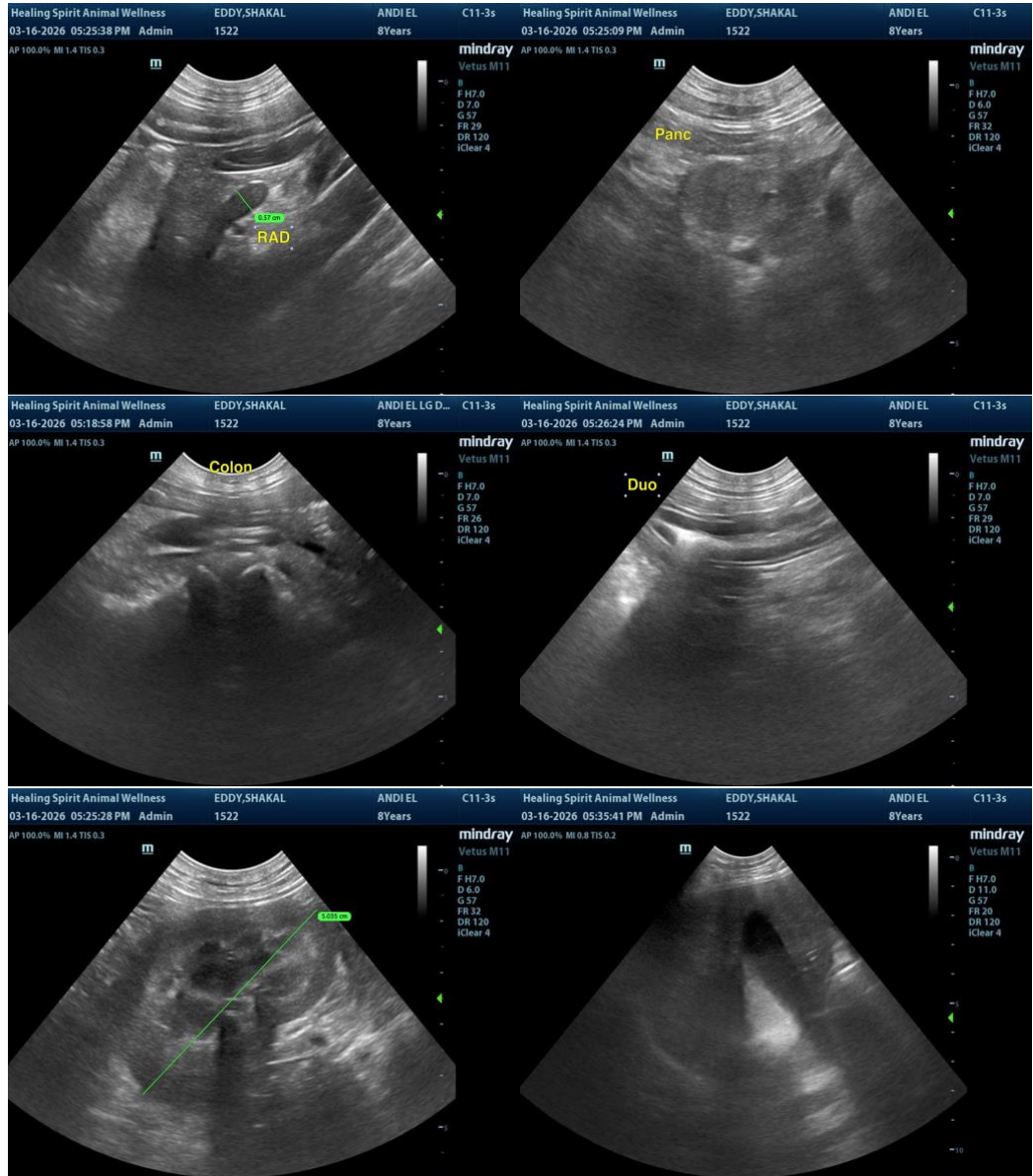
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A GI panel to include PLI/TLI/Cobalamin/Folate and cortisol level are recommended.





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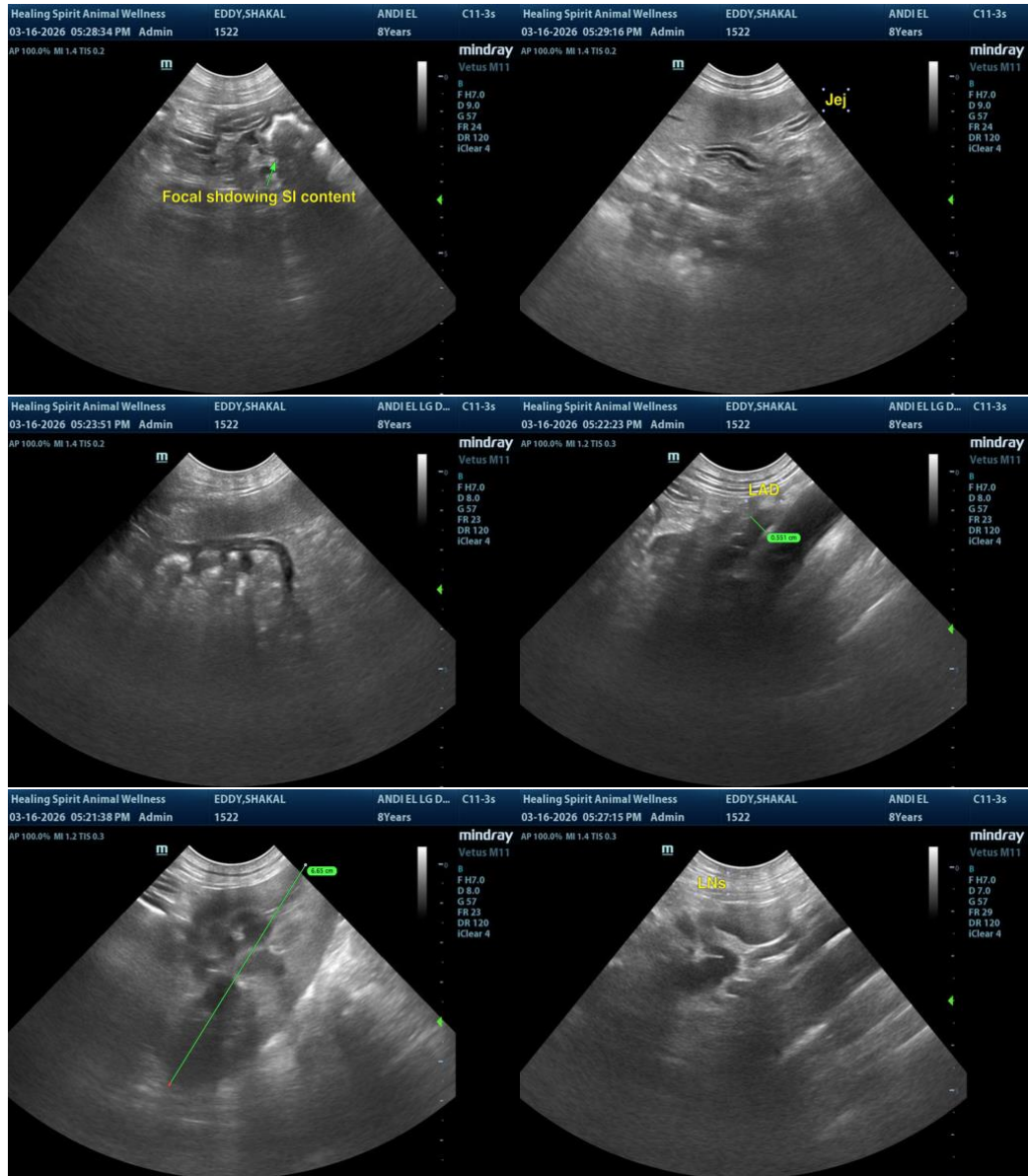
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

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