

**PATIENT**

Daisy Mims

**PRESENTING CLINICAL SIGNS**

History: vomiting/anorexia. was boarded and owners were away on vacation.

**SPECIES**

Canine

**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 changes were noted.

**BREED**

Golden Retriever

**SEX**

Spayed female

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 7.0 cm in length. The right kidney measured 6.8 cm in length.

**AGE**

9 years

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands****WEIGHT**

59 pounds

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.57 cm width at the caudal pole and 0.39 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.43 cm width at the caudal pole and 0.5 cm width at the cranial pole.

**INTERPRETED BY**R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)**Spleen**

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. A focal area of atypical splenic folding to benign parenchymal extension noted in the mid medial spleen, this is a benign or age-related variant and is not pathological.

**IMAGING PERFORMED BY**

Dr. Gromalak

**Liver**

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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**HOSPITAL NAME**

SVS Imaging

**Gastrointestinal****REFERRING VET**

Dr. Urbanik

The stomach presented intact yet mildly prominent wall layering with a potential intermittent nonshadowing subtle hyperechoic mural foci. These foci are nonspecific yet may be seen in cases of gastritis. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. The stomach was mild to moderately distended with gas.

**INVOICE**

10217ag

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental mild nonobstructive jejunal ileus was present with no overt evidence of mechanical obstructive pattern or small intestinal foreign material.

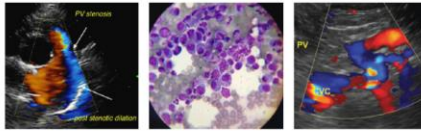
**DATE**

03/23/2022

Normal visible colon wall layers were present with apparent semi formed to soft feces in the descending colon.

**IMAGING PERFORMED BY**

SVS Mobile Imaging 262-366-5970  
fredgromalak@gmail.com



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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.

**Free Abdomen**

Focal to intermittent mildly prominent to enlarged mid abdominal 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). The lymph node measured 0.34 cm width.

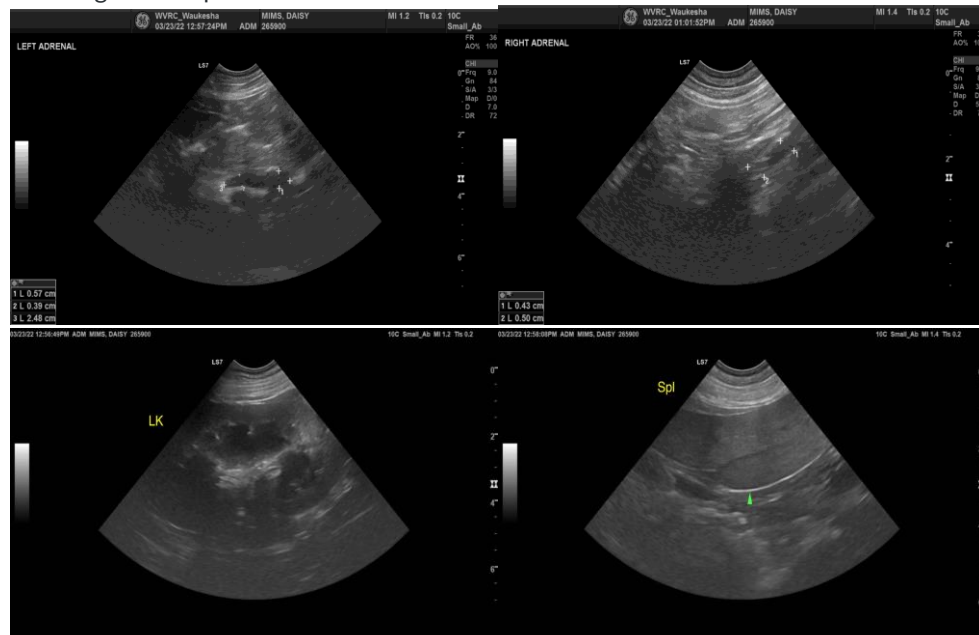
**ULTRASONOGRAPHIC FINDINGS**

- Acute yet subjectively mild gastroenteritis pattern exhibiting mild to moderate gastric gas distension and segmental mild nonobstructive jejunal ileus.
- Associated mild intermittent benign/reactive mesenteric lymphadenopathy.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the lack of definitive foreign material or obstructive pattern within the gastrointestinal tract, no indication for immediate surgical intervention. Technically the potential for small gastric foreign body or gastric foreign material not visualized owing to gas distension is possible yet thought less likely. Supportive care should prove beneficial in this case.

A resting cortisol level to rule out occult Addison's disease may be considered given the recent boarding/stress episode.



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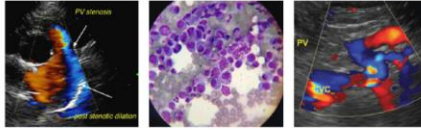
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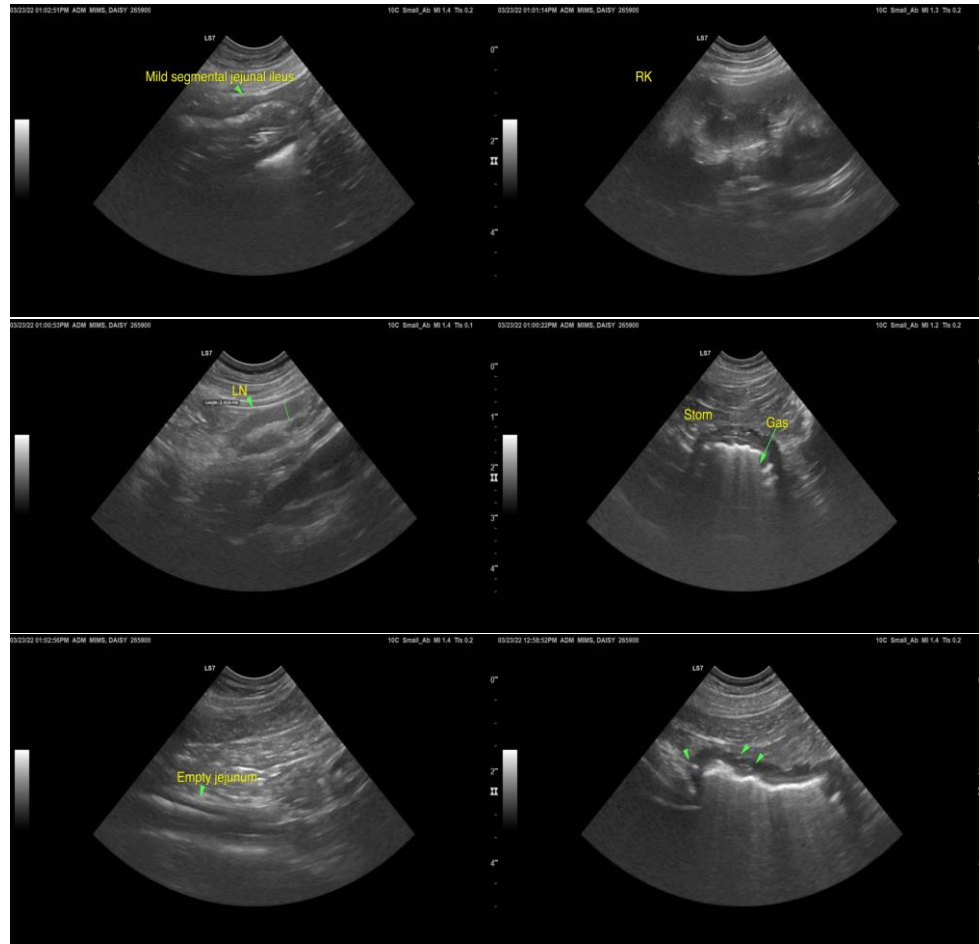
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)**

info@SonoPath.com