



PATIENT

Holly Heckathorne

SPECIES

Canine

BREED

Golden Doodle

SEX

FS

AGE

9 years

WEIGHT

60 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sam Doverspike

HOSPITAL NAME

Franklin AC

REFERRING VET

Dr. Sam Doverspike

INVOICE

16492

DATE

3/29/23

PRESENTING CLINICAL SIGNS

Has had Upper Respiratory/Reverse Sneeze issues for past couple months. Over weekend was vomiting after these episodes. That seems to have resolved but dog hasn't had a BM is 4 days...

Abnormal PE/Chem/CBC/UA Results: PE was normal. Abdominal Rad showed lots of gas in SI but also an odd gastric presentation...This dog had a previous "negative" exploratory 6 years ago. A follow-up radiograph did NOT show the "Popeye Arm" look to the stomach but more gas distension. I'm thinking all is normal but owner is concerned.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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 minor loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.5 cm in length. The right kidney measured 6.5 cm in length.

Adrenal Glands

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 0.53 cm width at the cranial pole. The right adrenal gland was indistinctly visualized without overt pathology subjectively measuring 0.5 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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach presented intact sonographically unremarkable visualized wall layering. The stomach appeared to be mild to possibly moderately gas-distended within the fundus and gastric body. No evidence of mechanical pyloric outflow obstruction was noted. The pylorus wall width measured 0.36 cm. No evidence of retained gastric ingesta, fluid, or foreign material.

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 visualized colon wall layers were present. The colon appeared to be of normal size without evidence of colonic distention containing formed fecal matter.

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 peritoneal effusion was present.

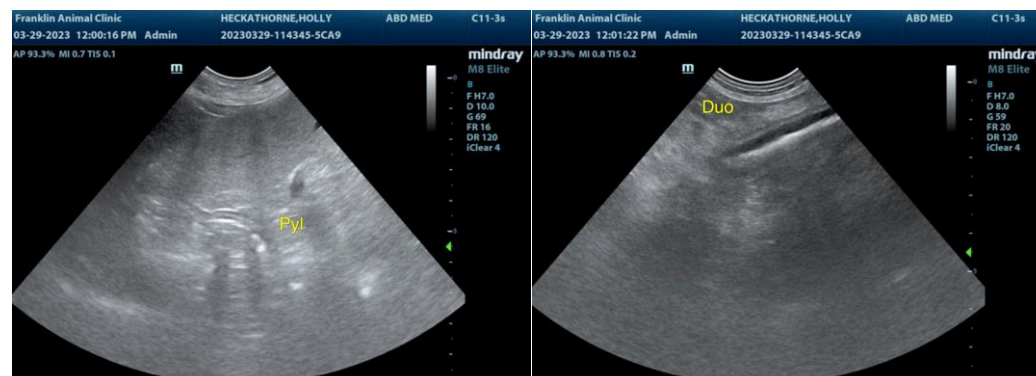
ULTRASONOGRAPHIC FINDINGS

- Normal intact gastric walls with subjective mild to possible moderate gas distention
- Sonographically unremarkable small bowel / colon
- Early age-related kidneys

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically, no evidence of visceral, specifically gastric or gastroenterocolic pathology.

Sonographically, the appearance of the colon was not suggestive of constipation criteria and without overt colon distention with significant formed fecal amount. If clinically indicated or concern for possible mild metabolic / functional gastric stasis, smaller more frequent feedings of a canned bland novel protein or hydrolyzed diet with as-needed gastroprotectants may be considered. No evidence of intraabdominal neoplastic or gastrointestinal obstructive criteria.





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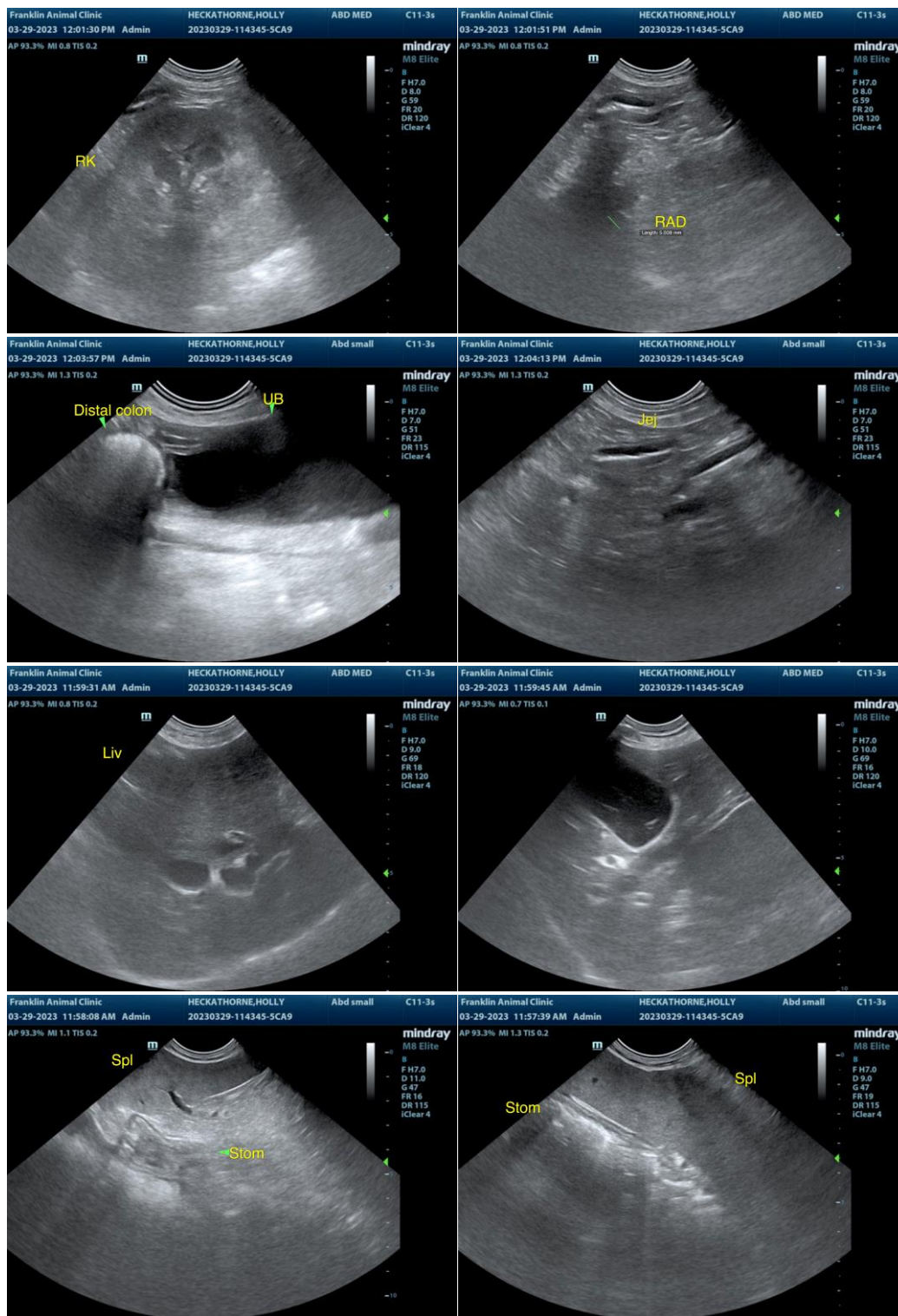
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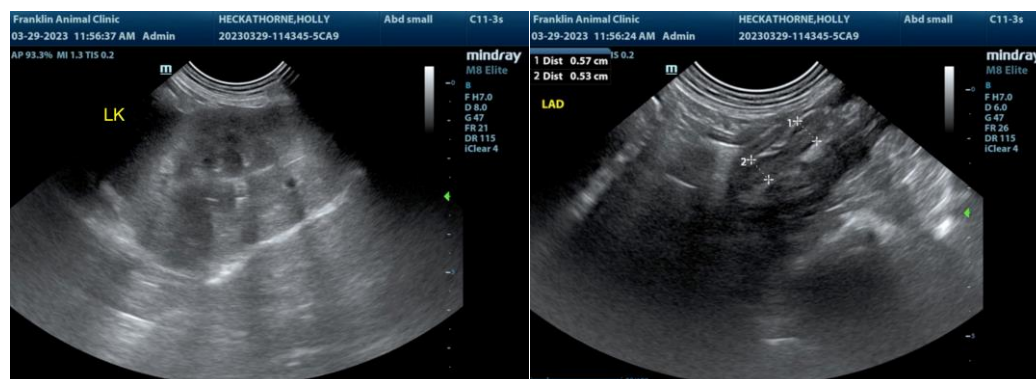
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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