



PATIENT

Jamie Jolma

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

7 Years

WEIGHT

67.7 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Albany AH

REFERRING VET

Dr. Fletcher

INVOICE

14157

DATE

3/3/22

PRESENTING CLINICAL SIGNS

History: abdomen seems distended wt loss of 6 lb in 3 weeks low energy hx of other dog with hemangiosarcoma making owner concerned for breed predilection

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 were noted.

The area of the residual prostate appeared normal and free of 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 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 8.2 cm in length. The right kidney measured 8.6 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 3.5 cm in length x 0.52 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 3.8 cm in length x 0.66 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

The liver exhibited mild to potential moderate generalized enlargement. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with moderate, nondependent yet nonorganized, subjectively mobile gallbladder 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 moderate echogenic ingesta, exhibiting areas of progressive to strong distal acoustic shadowing. No evidence of mechanical pyloric outflow obstruction. The complete evaluation of the gastric interior was limited owing to the presence of gastric ingesta and secondary gastric distention. The visualized gastric walls were sonographically normal. The ventral gastric body wall measured 0.38 cm. The pylorus wall measured 0.34 cm.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental, concurrent, subtly shadowing digesta/chyme was present. The small intestinal wall measured 0.35 cm.

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 was evident.

Free Abdomen

No overt lymphadenopathy, omental masses or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Overtly normal gastrointestinal tract with moderate gastric and segmental small intestinal ingesta/chyme
- Nonspecific, subjective hepatomegaly
- Moderate gallbladder debris (non-mucocele)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The presence of gastrointestinal ingesta may correlate with postprandial presentation. Assessment of most recent meal ingestion is recommended. No overt evidence of structural gastrointestinal pathology or mechanical obstruction. Although not definitive, the liver appeared to exhibit mild to potential moderate generalized enlargement, which is nonspecific yet not overtly consistent with neoplastic criteria.

Given the presence of concurrent gallbladder debris, correlation with hepatic enzyme assessment is suggested. If evidence of hepatic enzyme elevations, Hepatosupportive medications, including Denamarin and Ursodiol +/- screening hepatic FNA, assuming normal clotting status, could be considered. Otherwise, an obvious cause of weight loss in this patient was not definitively evident.

A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological / musculoskeletal examination are recommended to assess for or rule out occult disease which may cause weight loss.



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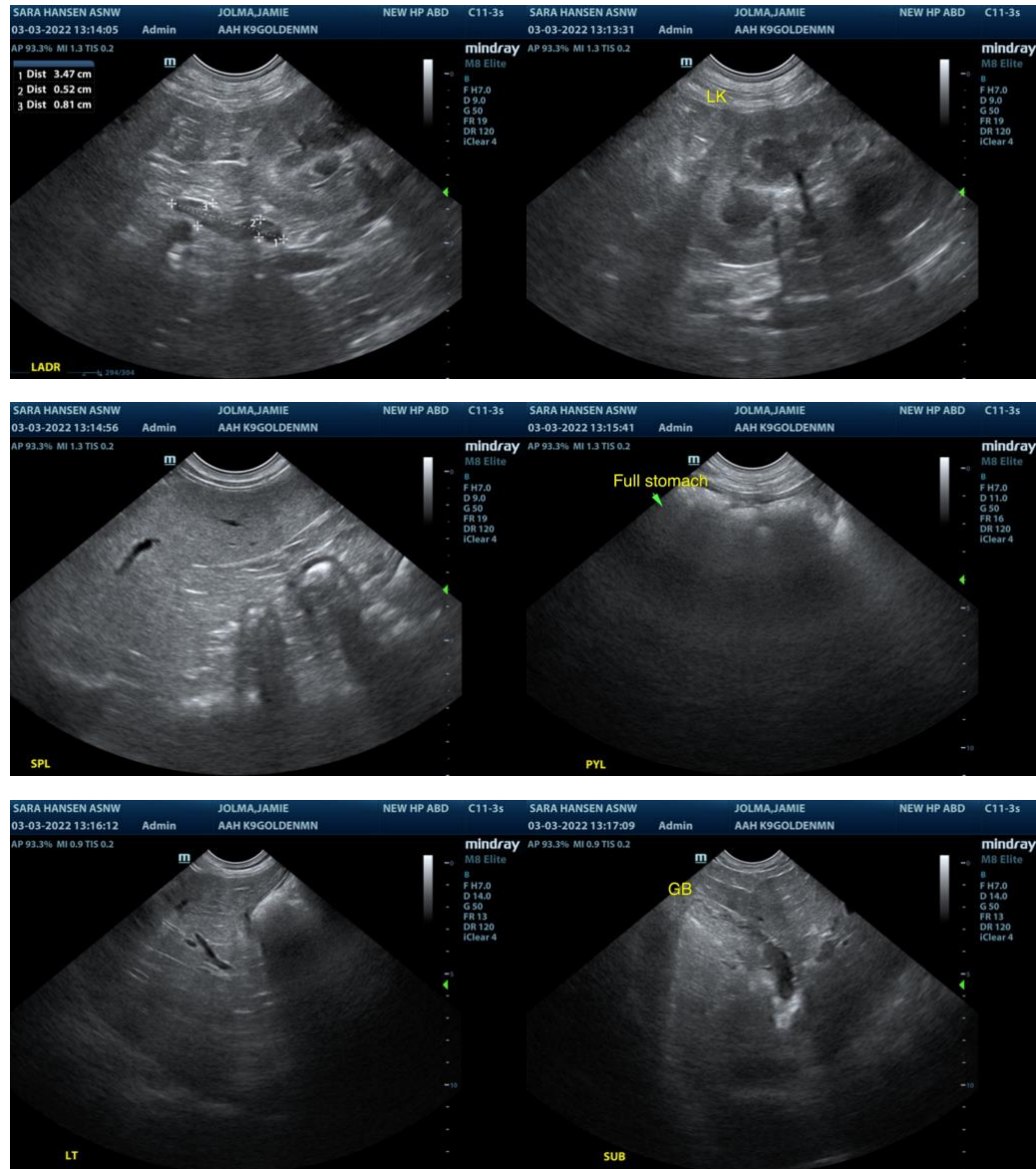
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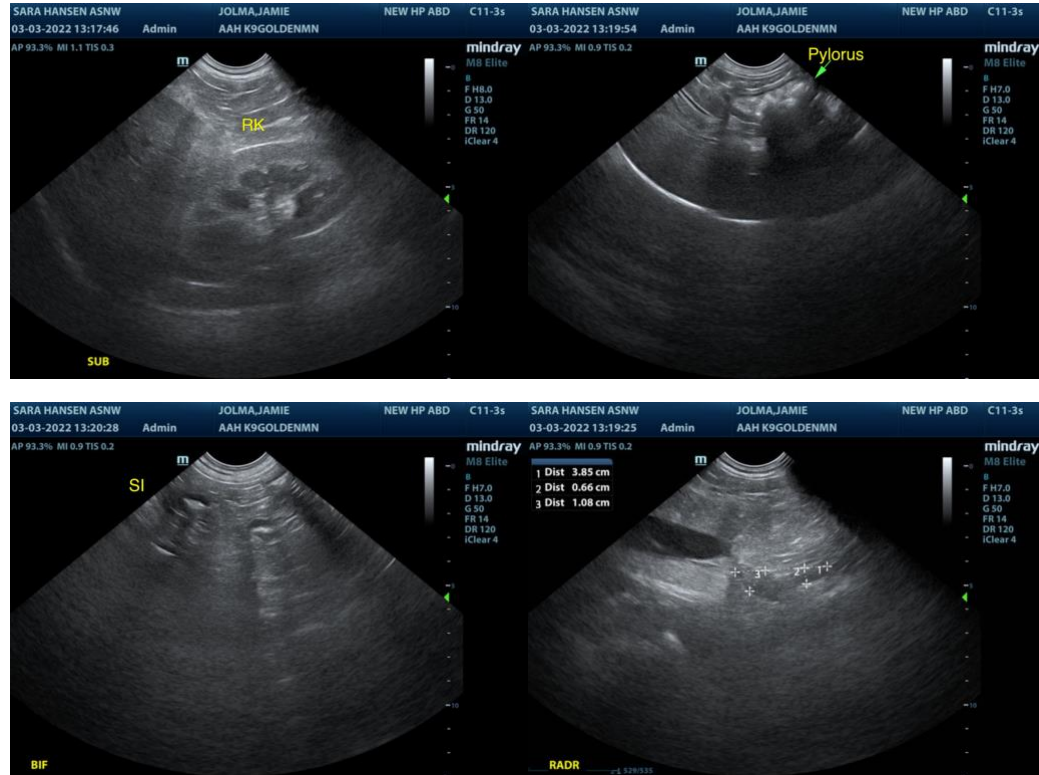
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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