



**PATIENT**

Bailey Laurent

**PRESENTING CLINICAL SIGNS**

Anorexia for 2 days. Vomited twice yesterday. Lethargic for a week

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: WNL

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

Golden Retriever

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5 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.

**SEX**

FS

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 6.8 cm in length. The right kidney measured 6.6 cm in length.

**AGE**

6yr

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

**WEIGHT**

80lb

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.48 cm width at the caudal pole and 2.8 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.48 cm width at the caudal pole and 2.9 cm length.

**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. 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.

**IMAGING PERFORMED BY**

Dr. Rodriguez

**Liver/Gallbladder**

**HOSPITAL NAME**

Foxfield Veterinary  
Services

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.

**REFERRING VET**

Dr. Rodriguez

**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained echogenic fluid and chyme with luminal gas with no signs of ileus, obstruction or foreign material.

**INVOICE**

13507ag

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Minor segmental non-obstructive ileus with a focal nonspecific non-obstructive shadowing luminal echo was present, likely in the jejunum. The echo measured 0.76 cm in diameter. Intermittent minor hyperechoic intestinal mucosal specking was present.

**DATE**

04/17/2023

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



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**Pancreas**

Bailey Laurent

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.

**SPECIES**

Canine

**Free Abdomen**

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

**BREED**

Golden Retriever

**ULTRASONOGRAPHIC FINDINGS**

- Mild hypomotile stomach.
- Non-specific subjective mild enteritis pattern with focal non-obstructive shadowing intestinal luminal echo.
- Unremarkable pancreas.

**SEX**

FS

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

6yr

No evidence of GI obstructive pattern was present. The small intestine exhibited mild inflammatory criteria and likely mild gastric and segmental intestinal ileus. The potential for small non-obstructive likely passing foreign material may be present. No indication for surgical intervention. Assessment for evidence of cranial abdominal/subxiphoid discomfort on palpation which may allude to chronic active pancreatitis which can appear sonographically normal is recommended.

**WEIGHT**

80lb

Supportive care for non-specific enteritis and possible functional/metabolic gastric hypomotility would be reasonable. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Although considered unlikely considering normal adrenal presentation, a resting cortisol level to rule out occult Addison's disease is recommended. Sonographic GI reassessment may be considered if persistent/progressive GI signs are present.

**INTERPRETED BY**

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DVM, DABVP  
(Canine and Feline)

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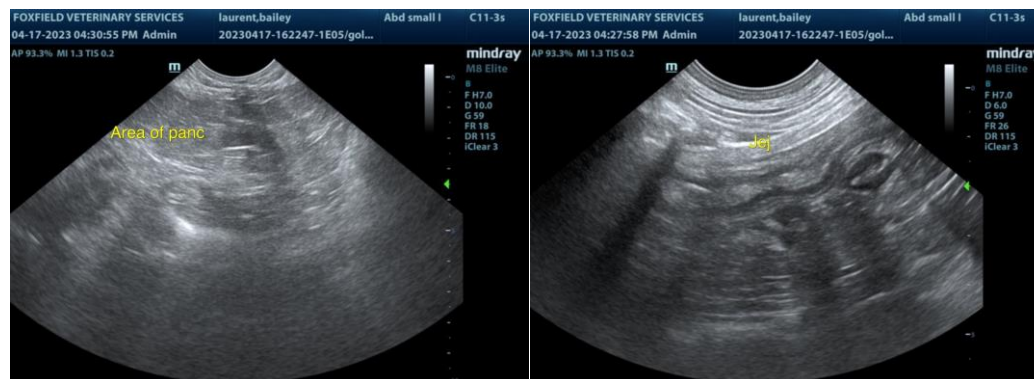
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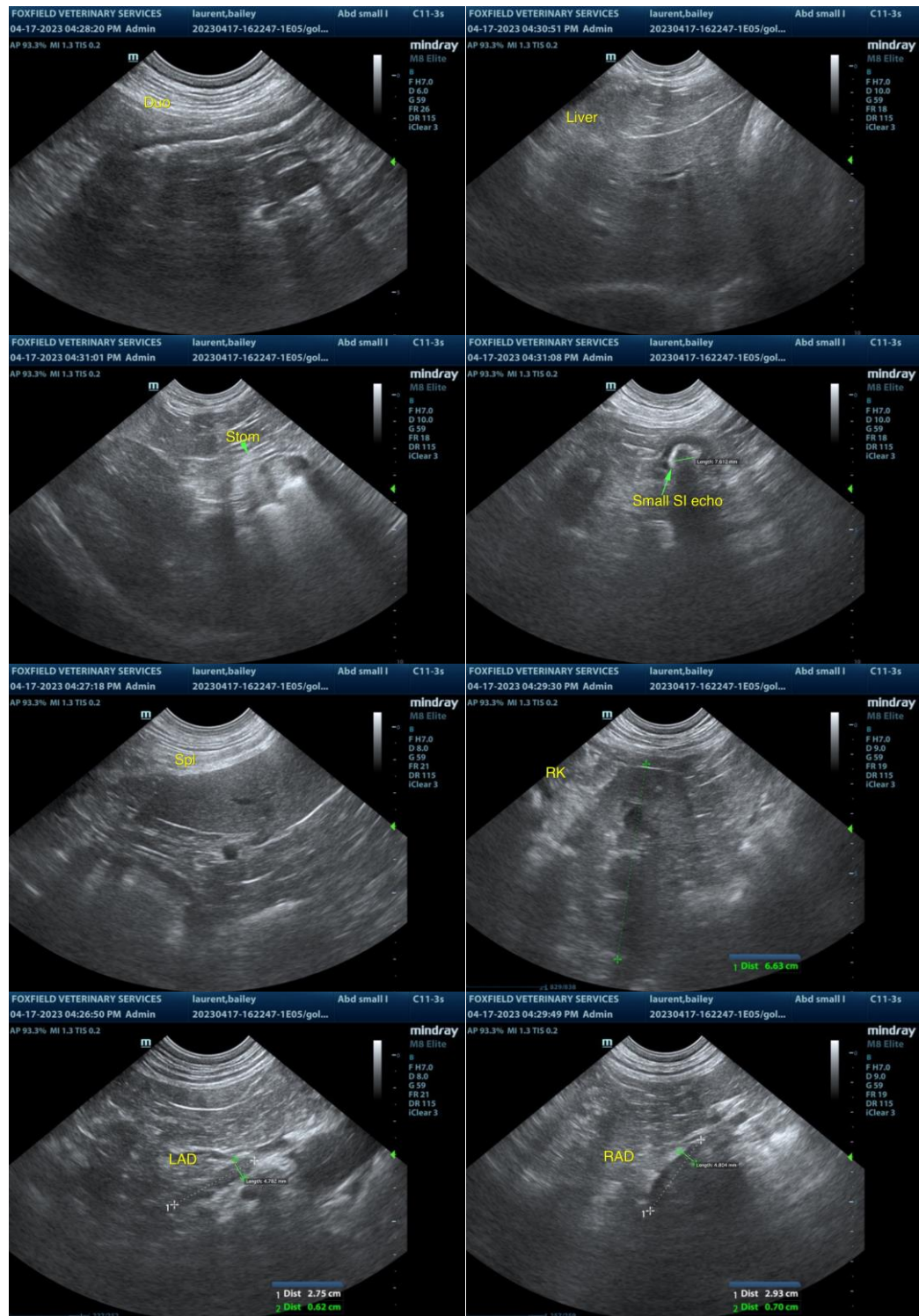
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



**PATIENT**

can be of any further assistance, please contact me.

Bailey Laurent

**SPECIES**

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