



**PATIENT PRESENTING CLINICAL SIGNS**

Charlie Pinto Lethargic, decreased appetite, history of eating foreign objects.

Medication: Cerenia, Pepcid, Cefazolin, Metronidazole

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Canine

**Urinary System**

**BREED**

Golden Retriever

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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**

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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 7.0 cm in length. The right kidney measured 7.8 cm in length.

**AGE**

2021

The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy or masses.

**WEIGHT**

90

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.54 cm width at the caudal pole and 2.9 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.52 cm width at the caudal pole and 2.8 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**

Rebekah Jakum, CVT  
 ARDMS/RVT

**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 wall layering with a normal wall layer ratio. The lumen of the stomach exhibited mild gas distention with no signs of ileus, obstruction or definitively visualized foreign material.

**INVOICE**

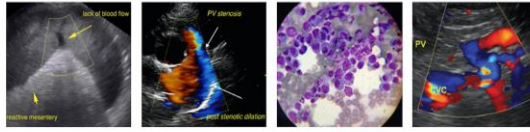
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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with concurrent segmental mild gas pattern and no signs of ileus, obstruction or definitively visualized foreign material.

**DATE**

04/25/2023

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



**PATIENT** *Pancreas*

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

**SPECIES** *Free Abdomen*

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

**BREED**

Golden Retriever

**ULTRASONOGRAPHIC FINDINGS**

- Mild gas distended stomach exhibiting intact normal gastric wall layering.
- Overtly normal small bowel with segmental empty small bowel to mild segmental gas pattern.
- Mild heterogenous pancreas.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Overall, there is no overt evidence of significant abdominal visceral pathology as a definitive cause of the patient's clinical signs. No evidence of GI obstructive criteria. The small radiopaque structure within the gastric lumen was not definitively visualized yet given its size may be obscured by gastric gas. Potential previous dietary indiscretion with the possibility of a small amount of passing non-obstructive foreign material cannot be definitively excluded. No overt indication for immediate surgical intervention.

The potential for low grade or chronic pancreatitis may be present yet appear sonographically normal. No evidence of significant pancreatic pathology or inflammatory criteria. As needed GI support and potential empirical therapy for low grade pancreatitis with assessment of clinical response would be reasonable.

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Although considered unlikely considering normal adrenal presentation, a resting cortisol level to rule out occult Addison's disease is recommended. Recheck sonogram would be indicated if persistent/progressive clinical signs or persistent radiopaque gastric object on follow up radiographs.

**IMAGING**

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**PATIENT**

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**SPECIES**

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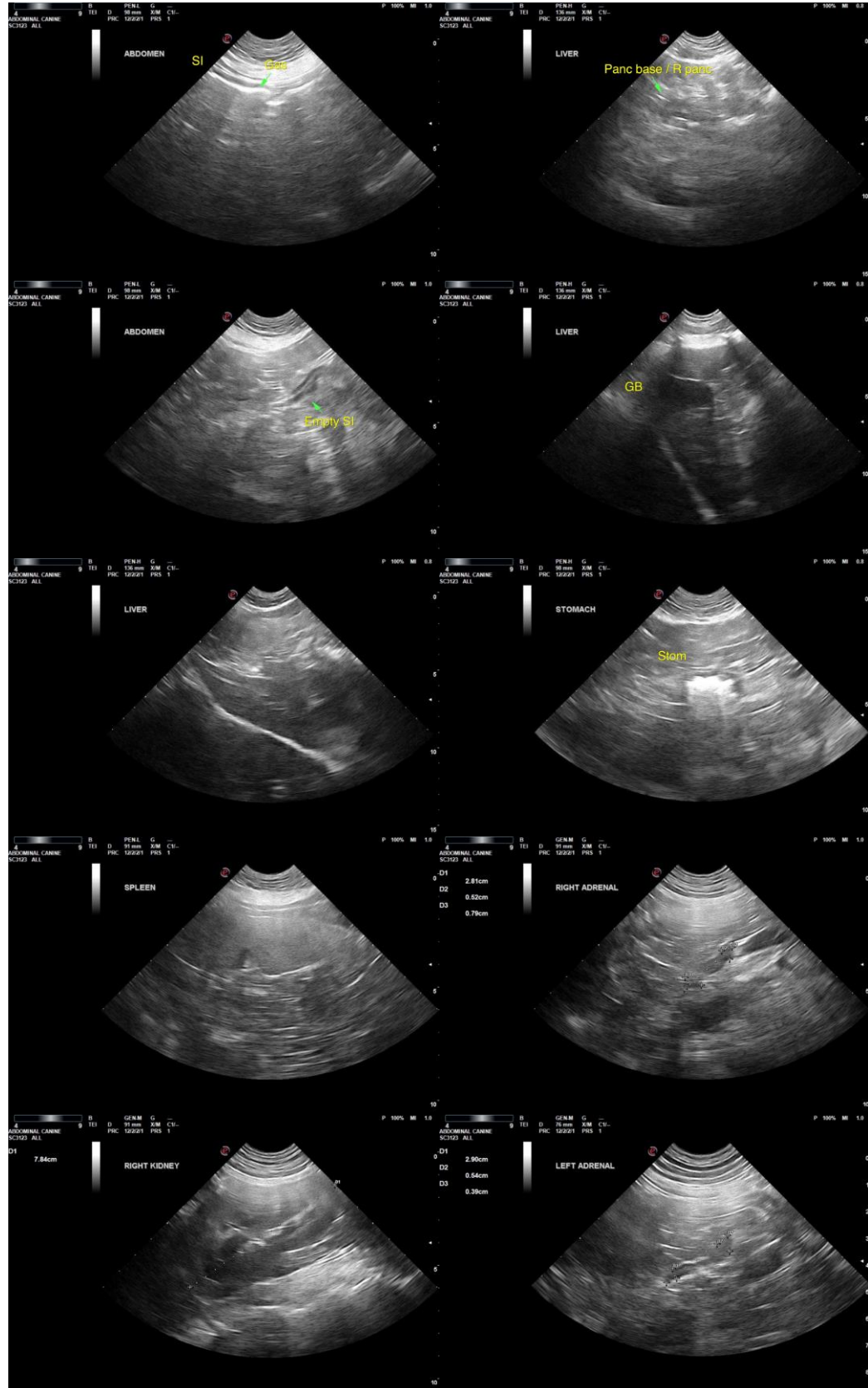
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**PATIENT**

Charlie Pinto

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.

**SPECIES**

Canine

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.

**BREED**

Golden Retriever

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