



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Jager Derrig	vomiting profusely diarrhea
<b>SPECIES</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Canine	<b><i>Urinary System</i></b>
<b>BREED</b>	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 was noted.
Golden Retriever	
<b>SEX</b>	The area of the aortic trifurcation was free of pathology.
Male	
<b>AGE</b>	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 7.4 cm in length. The right kidney measured 7.7 cm in length.
10	
<b>WEIGHT</b>	<b><i>Adrenal Glands</i></b>
97	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.68 cm width at the caudal pole and 0.65 cm width at the cranial pole. The area of the right adrenal gland was free of overt pathology, although not definitively visualized.
<b>INTERPRETED BY</b>	<b><i>Spleen</i></b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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.
<b>IMAGING PERFORMED BY</b>	<b><i>Liver/ Gallbladder</i></b>
Jenn	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.
<b>HOSPITAL NAME</b>	<b><i>Gastrointestinal</i></b>
Rockaway AH	The stomach presented intact mildly prominent wall layering, primarily in the area of the antrum and pylorus. Intact wall layering was maintained and distinct. The stomach was empty with mild luminal gas. No evidence of gastric distention with retained ingesta, fluid, or foreign material was noted.
<b>REFERRING VET</b>	
Dr. Maniar	
<b>INVOICE</b>	
16520	
<b>DATE</b>	
4/6/23	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 ileus, obstruction, or foreign material.
	Normal visible colon wall layers were present with soft fecal matter.



**PATIENT**

**Pancreas**

Jager Derrig

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.

**SPECIES**

Canine

**Free Abdomen**

**BREED**

No overt lymphadenopathy or peritoneal effusion was present.

Golden Retriever

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

- Mild gastritis pattern

Male

- Sonographically unremarkable small bowel - no obstructive pattern

**AGE**

10

- Soft fecal matter in colon

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

97

No sonographic evidence of significant visceral, specifically gastroenterocolic structural pathology was noted. No evidence of a gastrointestinal obstructive pattern or foreign material was noted. No overt evidence was present of active pancreatitis.

**INTERPRETED BY**

Dietary indiscretion, occult parasitism, structurally insignificant inflammatory bowel episode, and occult Addison's Disease are all potentials. Empirical to as-needed gastrointestinal support is suggested.

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

**IMAGING PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway AH

**REFERRING VET**

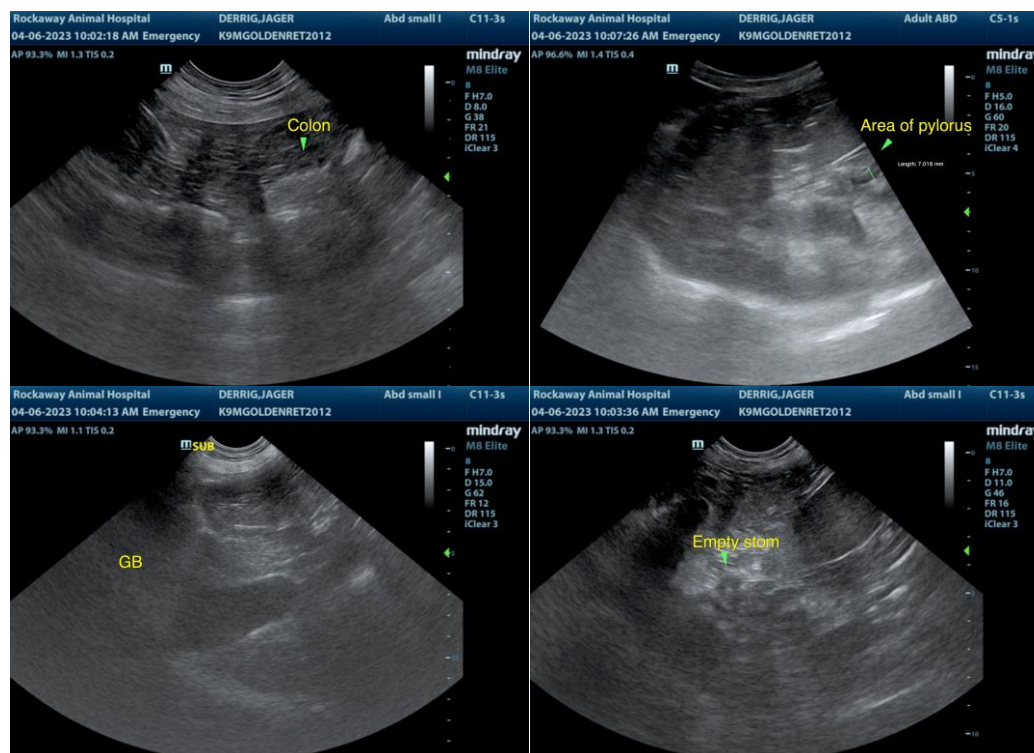
Dr. Maniar

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**DATE**

4/6/23





**PATIENT**

Jager Derrig

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Male

**AGE**

10

**WEIGHT**

97

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway AH

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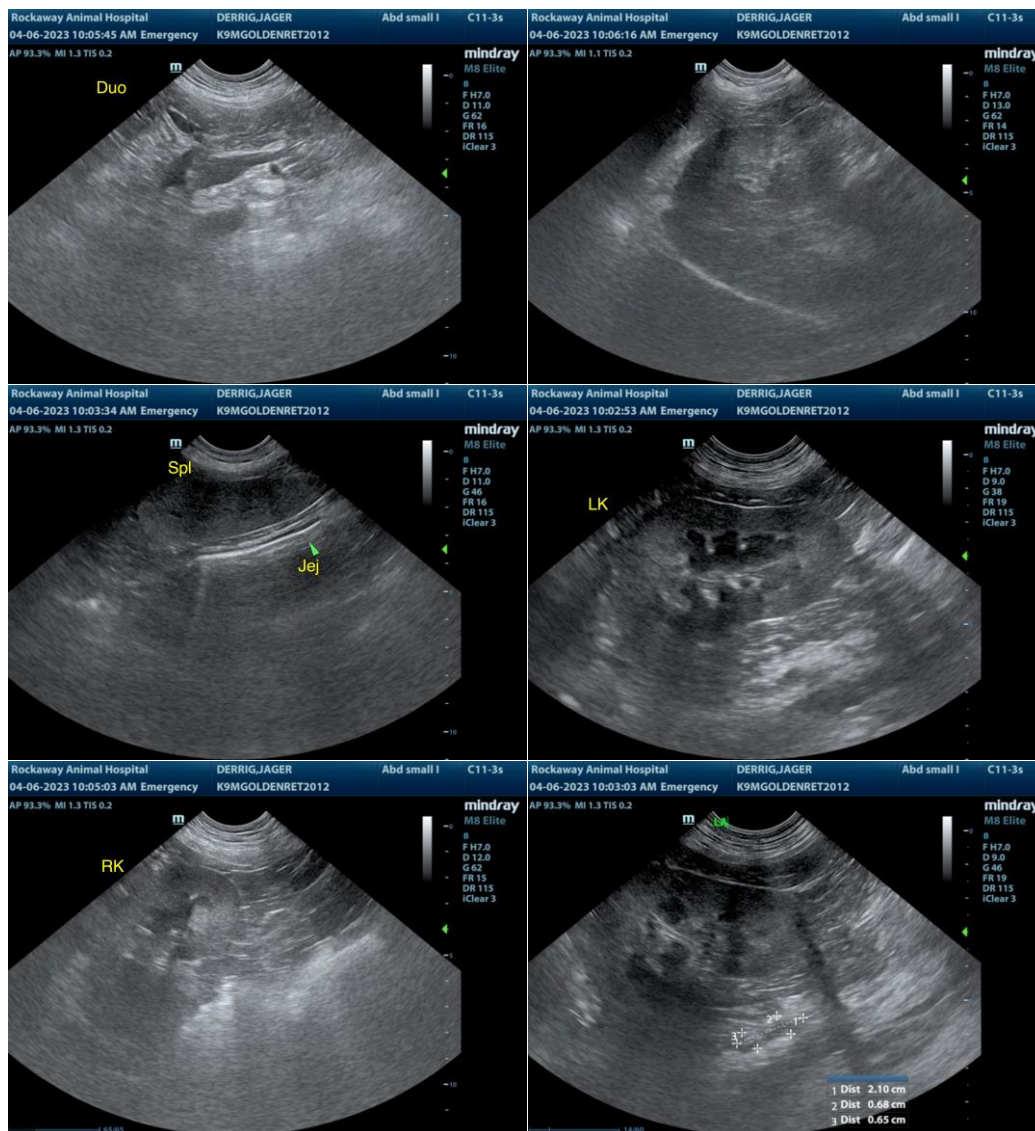
Dr. Maniar

**INVOICE**

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**DATE**

4/6/23



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.

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