



**PATIENT**

Gracie White

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Spayed Female

**AGE**

2012

**WEIGHT**

71.5

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP (Canine  
/ Feline Practice)

**IMAGING  
PERFORMED BY**

Rebekah Jakum, CVT,  
ARDMS/RVT

**HOSPITAL NAME**

Lehigh Valley Animal  
Hospital

**REFERRING VET**

Dr. Hersh

**INVOICE**

14966

**DATE**

04/08/26

**PRESENTING CLINICAL SIGNS**

5# weight loss. History of heart murmur, left side cardiomegaly. Intermittent coughing up blood

**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 change were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was 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 7.0 cm in length.

**Adrenal Glands**

The adrenal glands were subjective mildly subnormal in size with symmetrical contour and homogenous parenchyma. The left adrenal gland measured 0.40 cm width at the caudal pole. The right adrenal gland measured 0.44 cm width at the caudal pole.

**Spleen**

The spleen presented subjective mildly enlarged with maintained symmetrical capsule contour and minor heterogeneous generalized splenic parenchyma exhibiting intermittent small noncapsule deforming hyperechoic nodules with an example measuring 0.73 cm in diameter.

**Liver & Gallbladder**

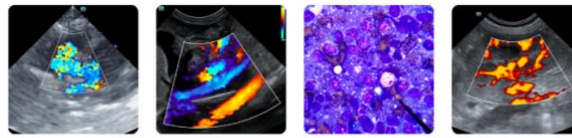
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with minor biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

**Gastrointestinal**

The stomach presented gas distended with primarily normal intact visible wall. Visualization of the pyloric outflow was limited owing to gas distention, yet a single video exhibited subjective thickened pyloric or upper duodenum wall exhibiting hypoechoic mural echogenicity and indistinct to loss of wall layer detail with concurrent mild pyloric to upper duodenal ileus. The thickened pyloric to upper duodenum wall measured approximately 0.80 cm in diameter. The remainder of the visualized small intestine presented with intact wall layering with 1:3 muscular to mucosa ratio. The small intestinal lumen was overall empty to the level of the colon without overt evidence of mechanical/metabolic ileus.

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



**PATIENT**

Gracie White

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Spayed Female

**AGE**

2012

**WEIGHT**

71.5

**INTERPRETED BY**

R. McKenzie Daniel,  
 DVM, DABVP (Canine  
 / Feline Practice)

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT,  
 ARDMS/RVT

**HOSPITAL NAME**

Lehigh Valley Animal  
 Hospital

**REFERRING VET**

Dr. Hersh

**INVOICE**

14966

**DATE**

04/08/26

**Pancreas**

The area of the pancreas was sonographically normal.

**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

- Mildly enlarged heterogeneous spleen exhibiting intermittent mildly hyperechoic splenic nodules.
- Gas distention with indistinctly visualized yet subjective thickened pyloric to upper duodenum wall with mild associated ileus, remainder of visualized small intestine was sonographically unremarkable exhibiting empty lumen.
- Subjective mild subnormal adrenal glands.
- Mild nonorganized gallbladder debris (non-mucocele).

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The indistinctly thickened pyloric to upper duodenum wall may indicate inflammatory, infectious, granulomatous or neoplastic etiologies with some degree of associated upper gastrointestinal stasis. Upper gastrointestinal endoscopy for further evaluation and potential for biopsies is recommended. A GI panel to include PLI, TLI, cobalamin and folate as well as screening cortisol level to rule out additional occult disease as a contributing factor is recommended.

Splenic hyperplasia, hematopoiesis, subtle differentiation between red/white pulp, emerging splenic myelolipomas, incidental splenitis are all potentials with splenic neoplasia thought less likely yet not definitively excluded. Assuming normal clotting status and using a 25-gauge needle, splenic FNA cytology is recommended for further clarification given patient weight loss.





**PATIENT**

Gracie White

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Spayed Female

**AGE**

2012

**WEIGHT**

71.5

**INTERPRETED BY**

R. McKenzie Daniel,  
 DVM, DABVP (Canine  
 / Feline Practice)

**IMAGING  
 PERFORMED BY**

Rebekah Jakum, CVT,  
 ARDMS/RVT

**HOSPITAL NAME**

Lehigh Valley Animal  
 Hospital

**REFERRING VET**

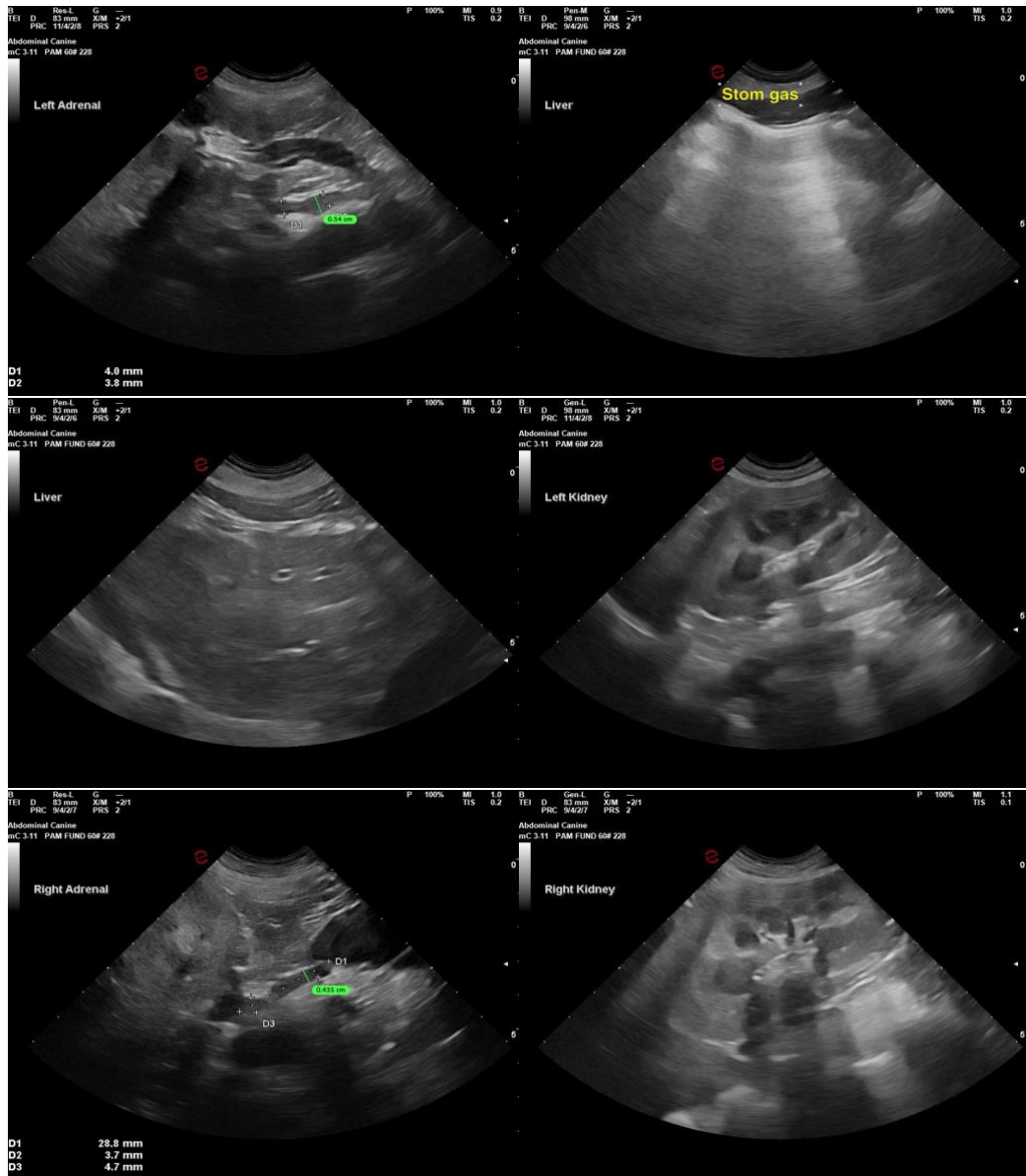
Dr. Hersh

**INVOICE**

14966

**DATE**

04/08/26





**PATIENT**

Gracie White

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Spayed Female

**AGE**

2012

**WEIGHT**

71.5

**INTERPRETED BY**

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT, ARDMS/RVT

**HOSPITAL NAME**

Lehigh Valley Animal Hospital

**REFERRING VET**

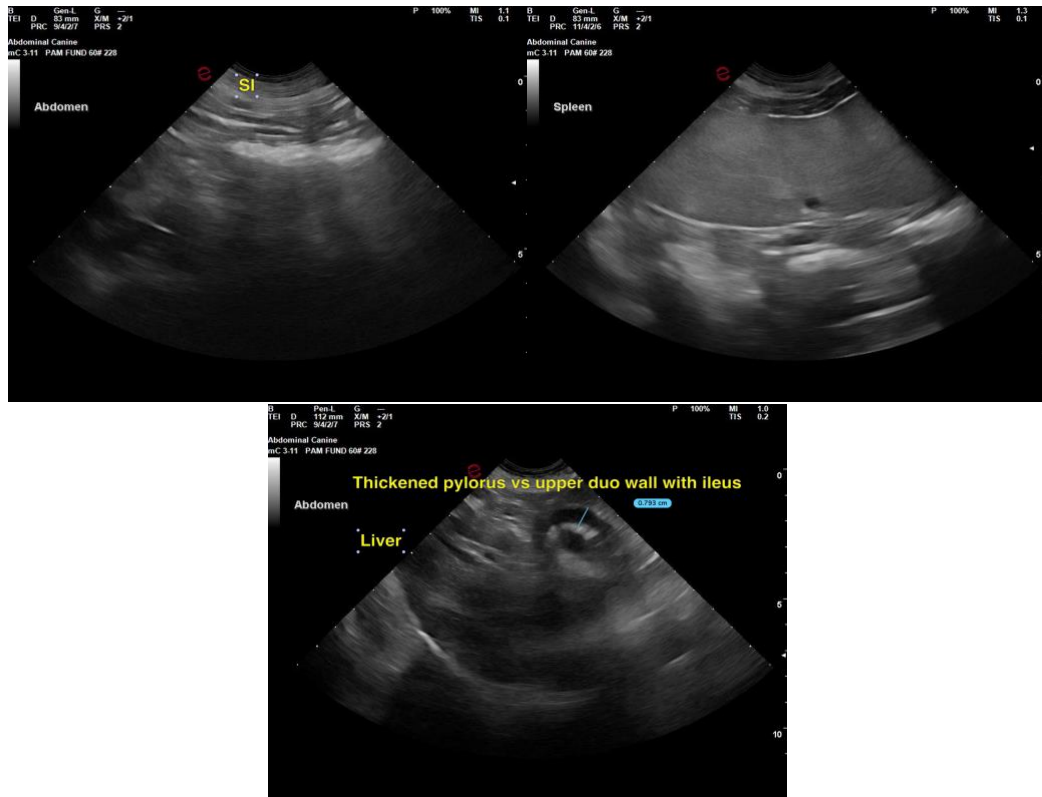
Dr. Hersh

**INVOICE**

14966

**DATE**

04/08/26



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](mailto:info@SonoPath.com)