



**PATIENT PRESENTING CLINICAL SIGNS**

Maggie Davis 2 day history of vomiting, lethargy, inappetance Cerenia, Pepcid

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Canine 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.

**BREED**

Golden Retriever

**SEX**

Spayed Female

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 6.3 cm. The right kidney measured 6.6 cm.

**AGE**

2020

**Adrenal Glands**

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.48 cm at the cranial pole and 0.35 cm at the caudal pole. The right adrenal gland measured 0.37 cm at the cranial pole and 0.52 cm at the caudal pole.

**WEIGHT**

74 Pounds

**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.

**INTERPRETED BY**

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

**Liver**

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.

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
 ARDMS/RVT

**HOSPITAL NAME**

Easton AH

**Gastrointestinal**

The stomach exhibited intact and sonographically unremarkable visualized wall layering. Ventral gastric body wall measured 0.35 cm. Pylorus wall measured 0.36 cm. The stomach contained a mild amount of retained subjective non-shadowing to mildly echogenic ingesta/chyme, primarily in the area of the antrum and pylorus with subjective moderate gas present in the area of the gastric body. Overt evidence of shadowing echoes or evidence of mechanical pyloric outflow obstruction was not evident.

**REFERRING VET**

Dr. Craig

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. Duodenum wall measured 0.36 cm. Jejunum wall measured 0.32 cm.

**INVOICE**

37561

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

**DATE**

5/10/22

**Pancreas**



**PATIENT**

Maggie Davis

The area of the proximal left pancreatic limb caudal to the stomach exhibited potential for mildly prominent size with maintained symmetrical capsule contour and mildly hypoechoic parenchyma with evidence of subjective mild peripancreatic regional reactive mesentery.

**Free Abdomen**

**SPECIES**

Canine

Focal to potentially intermittent, mildly prominent to enlarged mesenteric nodes were present. Example measured 3.0 cm x 1.0 cm. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

**BREED**

Golden Retriever

No peritoneal effusion. The omentum exhibited normal uniform echogenicity.

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Spayed Female

- Mild to moderate hypomotile stomach exhibiting mild retained non-shadowing ingesta/chyme and luminal gas.

**AGE**

2020

- Overtly normal small bowel – no evidence of mechanical or metabolic small bowel ileus, overt foreign material or plication.

**WEIGHT**

74 Pounds

- Mildly hypoechoic pancreas with subjective mild peripancreatic reactive mesentery – suspect low-grade to mild pancreatitis.

- Focal to potentially intermittent subjectively benign/reactive mesenteric lymph nodes – hyperplasia, minor reactive lymphadenitis owing to inflammatory bowel episode.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

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

Overt evidence of gastrointestinal foreign body or mechanical obstructive pattern was not definitively evident. Technically, the possibility of a small amount of foreign material in the stomach non-visualized owing to gas and retained chyme could be present.

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
ARDMS/RVT

Given the lack of definitive obstructive pattern or foreign material, conservative therapy for gastroenteritis or inflammatory bowel episode with potential for low-grade to mild pancreatitis and assessment of clinical response over the next 24 hours would be reasonable. Ideally, radiographic or sonographic monitoring of the stomach for evidence of emptying would be recommended. Correlation of the pancreatic presentation with a spec cPL warranted. Although thought less likely, resting cortisol to rule out occult Addison's disease may be considered.

**HOSPITAL NAME**

Easton AH

**REFERRING VET**

Dr. Craig

**INVOICE**

37561

**DATE**

5/10/22





**PATIENT**

Maggie Davis

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Spayed Female

**AGE**

2020

**WEIGHT**

74 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
ARDMS/RVT

**HOSPITAL NAME**

Easton AH

**REFERRING VET**

Dr. Craig

**INVOICE**

37561

**DATE**

5/10/22



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