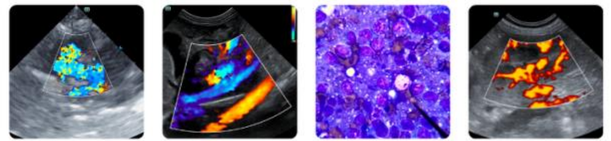

PATIENT
Baker Albert

SPECIES
Canine

BREED
Golden Retriever

SEX
Spayed Female

AGE
8 Years 9 Months

WEIGHT
42.7 kg

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

IMAGING PERFORMED BY
Renee Trionfetti VMD

HOSPITAL NAME
Country Companion Animal Hospital

REFERRING VET
Amanda Wanner, DVM

INVOICE
16357

DATE
05/18/26

PRESENTING CLINICAL SIGNS

AUS and Echo to further evaluate episodes of collapse vs severe paresis. Presented to pDVM for approximately 45 mins episode of collapse or inability to rise. O described the episode as; pet would lay still and did not move for approximately two hours following the episode. During the episode, Pet repeatedly looked toward the owner while lying down. Gait: owner reports wobbling or unsteadiness when walking, described as "drunk-like" tipping. Appetite: no breakfast; fed once daily in the evening. 2 episodes early today (5/15). 1) female owner found pet lying against the wall and seemed out of it; still conscious but not interactive the way she normally would be. Very abnormal behavior. Would not get up until male owner came home for lunch. She got up and they went outside to play fetch and everything seemed normal 2) a few hours later, had another episode similar to 1st. Pt had never behaved like this before. No obvious seizure activity or syncopal event. O mentioned she seemed more sedentary the other day too but not as extreme as today. Appetite has been normal with no V/D/C/S. PMHx: Hypothyroidism, Meds: Levothyroxine - 0.7 mg

Blood Pressure: 163, 193, 180, 181 mmHg - CBC: Hct 56%, plts 300, remainder NSF - Chem: NSF - T4: 3.7 H-norm, on thyroid supp - UA: USG 1.012, NSF

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 urine mineral or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

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

Adrenal Glands

The adrenal glands were subjectively borderline subnormal in size given the patient’s breed and body weight with symmetrical contour and homogenous parenchyma. The left adrenal gland measured 0.52 cm width at the caudal pole. The right adrenal gland measured 0.40 cm width at the caudal pole.

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.

Liver & Gallbladder

The liver presented subjective borderline to possible mild subnormal in size with homogenous parenchyma exhibiting mild increased parenchyma echogenicity comparable to the spleen and mild parenchyma coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic

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and portal vasculature were normal in appearance without signs of congestion. No mass or nodules were evident.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

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 apparent formed feces in lumen.

Pancreas

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.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

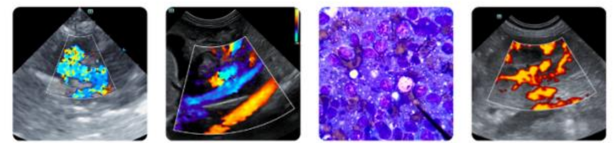
ULTRASONOGRAPHIC FINDINGS

- Normal spleen.
- Subjective borderline to mild subnormal liver size exhibiting mild hyperechoic parenchyma.
- Normal gallbladder.
- Subjective borderline to mild subnormal bilateral adrenal glands.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of definitive visceral pathology as an obvious contributing factor to the patient's clinical signs. The hepatoadrenal presentation is nonspecific with potential patient variant given normal hepatic parameters or reported electrolyte abnormalities.

Correlation with BUN, cholesterol, albumin and glucose levels as indicators of hepatic function is suggested. Screening cortisol level and bile acid assay may be considered to assess hepatic and adrenal function.



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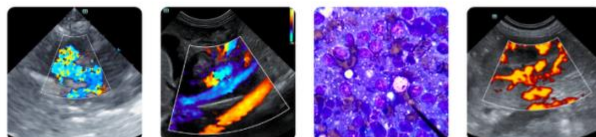

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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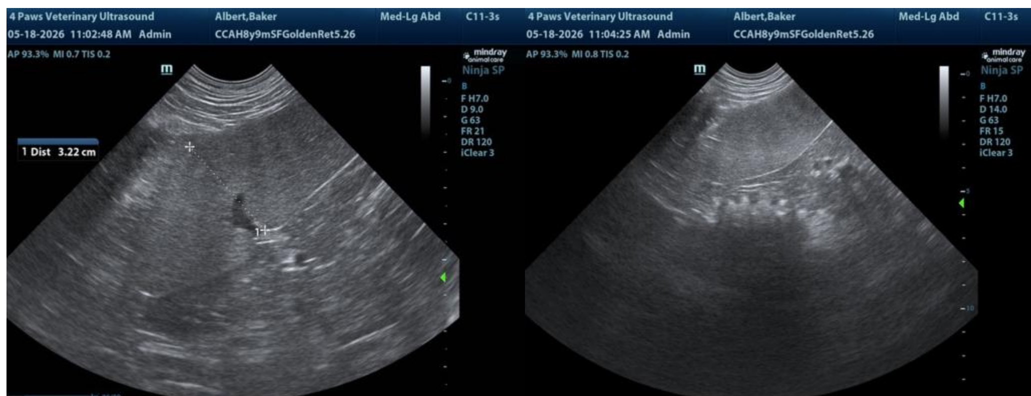

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

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

info@SonoPath.com