



**PATIENT PRESENTING CLINICAL SIGNS**

Haven Dawsoe

History: Possible obstruction, history of dietary indiscretion. Got into recycling on 4/24/22 and has been vomiting once daily. Omeprazole SID. Owner declined bloodwork. Was given Dexdom and Torb for scan.

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: n/a

**BREED**

Golden Retriever

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

**SEX**

MN

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.

**AGE**

2.5 years

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

**WEIGHT**

38.8 kg

The area of the aortic trifurcation was free of pathology.

No overt pathology in the area of the residual prostate.

**INTERPRETED BY**

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

*Adrenal Glands*

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.42 cm width at the caudal pole and 0.45 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.68 cm width.

**IMAGING PERFORMED BY**

Crystal Hill

*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.

**HOSPITAL NAME**

Nelson Animal Hospital

**REFERRING VET**

Dr. Anderson

*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.

**INVOICE**

10504ag

*Gastrointestinal*

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The gastric body wall measured 0.72 cm width. Mild gastric distension with

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primarily anechoic to echogenic fluid was present. No overt evidence of mechanical pyloric outflow obstruction or gastric foreign material.

**SPECIES**

Canine

The small intestine presented intact wall layering with propensity for mild generalized prominent mucosa. The lumen of the small intestine was empty with no signs of ileus, obstruction or overt foreign material. The duodenum wall measured 0.5 cm in width. The jejunum wall measured 0.5 cm in width.

**BREED**

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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.

**SEX**

MN

***Free Abdomen***

No peritoneal effusion was present.

**AGE**

2.5 years

Focally enlarged mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly margined. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 1.2 cm x 0.42 cm.

**WEIGHT**

38.8 kg

**ULTRASONOGRAPHIC FINDINGS**

- Mild hypomotile gastritis
- Intact yet mildly small intestinal walls
- Focal to intermittent benign/reactive mesenteric lymph nodes

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DVM, DABVP  
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The underlying primary etiology for the patient's vomiting may be secondary to mild hypomotile gastritis. The small intestine exhibited subjective subtle mural changes which may be a normal patient variant but could be consistent with concurrent inflammatory enteropathy. Continued supportive care for gastritis/gastroenteritis with assessment of clinical response would be appropriate. No overt evidence of GI foreign material or mechanical obstructive pattern. A more chronic underlying gastroenteropathy could be considered if recurrent GI signs. Novel protein or hydrolyzed diet trial may prove beneficial.

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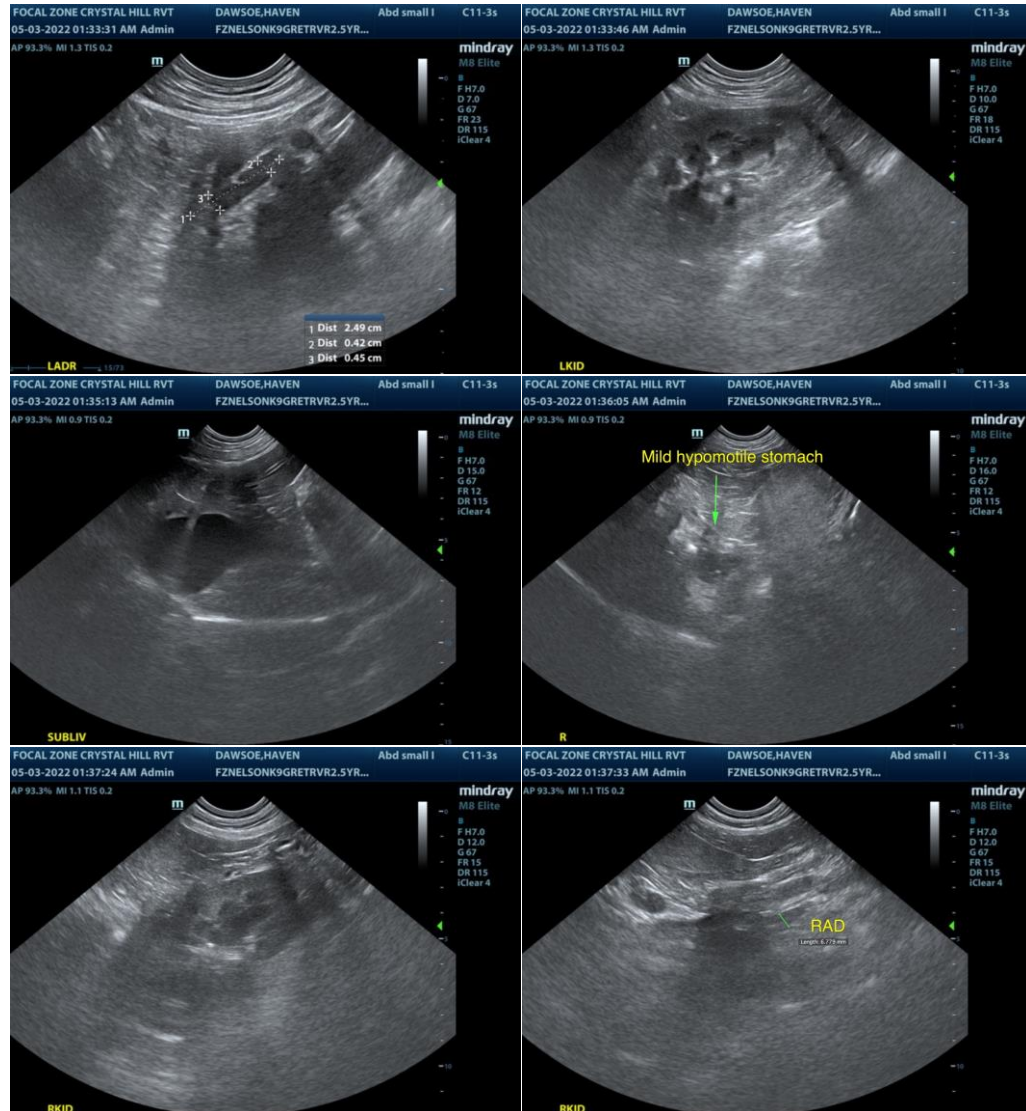
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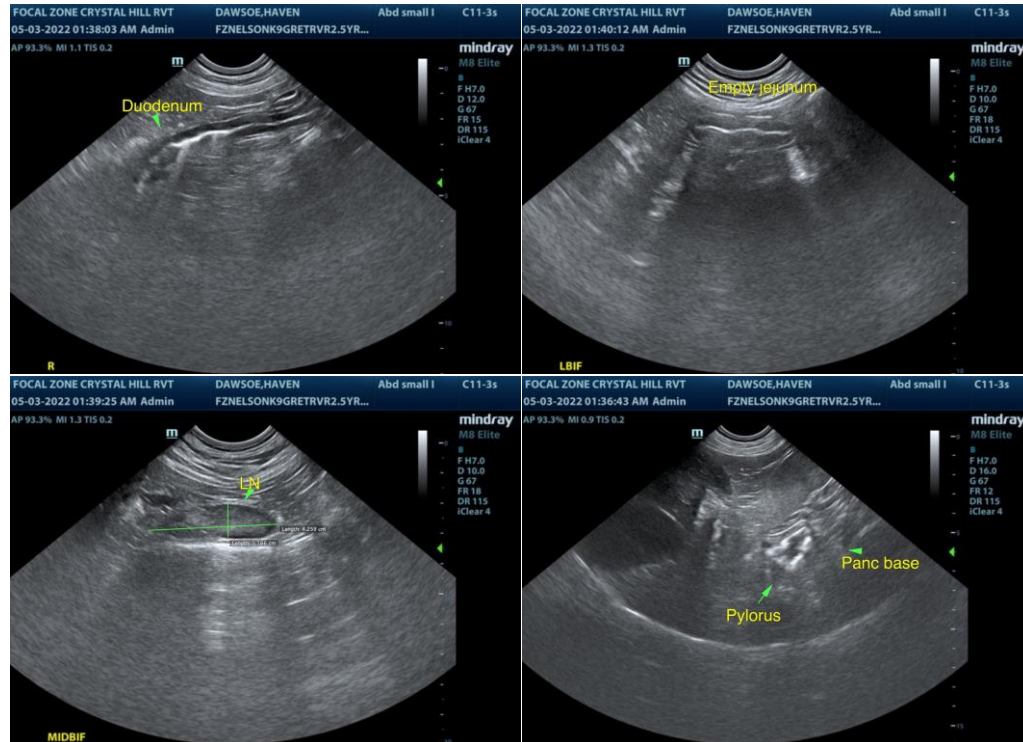
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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