



**PATIENT**

Rev Burgess

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

MN

**AGE**

12yr

**WEIGHT**

49kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Patti Mayfield DVM

**HOSPITAL NAME**

Broken Top  
Veterinary Clinic

**REFERRING VET**

Jessica Herrig DVM

**INVOICE**

13760ag

**DATE**

05/08/2023

**PRESENTING CLINICAL SIGNS**

Presents on 5/5/23 for: -- Exam for on and off diarrhea for awhile now. O notes p has been eating grass and gets into rotten critters often. E/D-Normal U/S-Normal Diet-K/D w/ green beans C/S-None V/D-D/ V once the other day which is rare for p Activity-In and out multiple times in the night for bm-ranges from very soft to liquid Medications/Preventatives: -- Thyro tabs 0.7 mg. O decreased to 1/2 tablet BID due to not doing well on 1 tablet BID. -- Galliprant 1/2 SID. -- Fortiflora every once in a while. -- No dewormer/ Flea/tick preventative Patient received butorphanol IV to reduce anxiety and assist with AUS today. PPH: elevated renal values

Abnormal PE/Chem/CBC/UA Results: 5/5/2023: PE: -- LN - submandibular, prescapular, and axillary lymph nodes enlarged. Prescapular the size of a large grape and axillary easily palpable. Oral - Mild tartar, Grade 1/4 periodontal disease Integ - Skin and coat appear healthy, no ectoparasites noted, no evidence of pruritis or alopecia. Many subcutaneous masses ranging in different sizes that are soft and moveable. Abd - Non distended, non painful, palpates abnormal with a irregular mass like structure in the right cranioventral abdomen and a large grapefruit size mass in the left dorsal region of the abdomen (very taught and unable to differentiate if it is intra-abdominal or extra-abdominal). 5/5/2023 Fecal: -- negative for giardia and all parasites TT4: 1.4 (11/22 - 1.6 before starting thyroid medication) SDMA: 17 (11/22 - 14; 3/22 - 19) 11/2022 blood work: CHEM: -- Creat 1.7 mg/dL (0.5-1.5) -- BUN: 34 mg/dL (9-31) -- SDMA: 14 (0-14) -- K: 5.9 mmol/L (4.0-5.4) -- CHOL: 364 mg/dL (131-345) -- AMYL: 1749 U/L (337-1469) -- LIPA: 294 U/L (0-250) CBC: WNL UA (method unknown) USG: 1.014, pH: 5.5, 1+ proteinuria, inactive sediment otherwise HW/4DX: NEG x 4

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.

Normal size and asymmetrical margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Mild left kidney pyelectasia was present. The left kidney measured 6.6 cm in length. The right kidney measured 6.0 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.55 cm width at the caudal pole and 2.3 cm length. The right adrenal gland was not definitively visualized owing to patient size and conformation.

**Spleen**

The spleen exhibited variable to asymmetrical enlargement including lateral and medial capsule contour. Subtle generalized parenchyma heterogeneity was present. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. No visualized splenic masses or nodules.



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***Liver/Gallbladder***

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The liver presented mild to moderately enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content and mild non-organized variably hyperechoic sludge. The cystic and common bile ducts were normal.

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***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.

**SEX**

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.

MN

The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. Semi formed to soft fecal matter was present in the colon lumen with lumen dilation.

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***Pancreas***

The pancreas base and right pancreatic limb exhibited subtle prominent size and capsule asymmetry. Heterogenous parenchyma compared to adjacent non-reactive omentum was present. No signs of active inflammation or neoplasia.

**WEIGHT**

49kg

***Free Abdomen***

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

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Mildly non-homogenous to mildly prominent falciform ligament.

**ULTRASONOGRAPHIC FINDINGS**

**IMAGING**

**PERFORMED BY**

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- Moderate chronic degenerative kidneys with cortical infarct and minor left kidney pyelectasia.
- Variable to asymmetrical splenomegaly with mild parenchyma heterogeneity-hyperplasia, hematopoiesis, incidental splenitis or infiltrative neoplasia possible.
- Hepatomegaly with mild non-uniform parenchyma-vacuolar hepatopathy, inflammatory hepatopathy i.e., cholangiohepatitis, hematopoiesis, hyperplasia, fibrosis or other hepatopathy possible. Neoplastic criteria considered less likely.
- Gallbladder debris (non-mucocele).
- Structurally unremarkable GI tract.
- Mild colitis pattern with soft feces in colon.
- Heterogenous to remodeled pancreas.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Reassessment of hepatic enzyme levels if not recently done is recommended. Assuming normal clotting status and using a 25g needle, a hepatosplenic FNA for screening cytology is warranted for further assessment. No evidence of intra-abdominal masses.

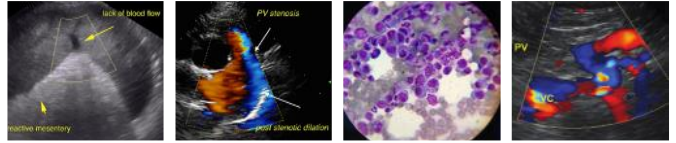
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A GI panel to include PLI/TLI/Cobalamin/Folate could be considered to assess for underlying intestinal disease. Continued empirical GI support which may include a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Provable or Visbiome) may prove beneficial.

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Recheck UA to include C/S and baseline UPC if persistent proteinuria is suggested.

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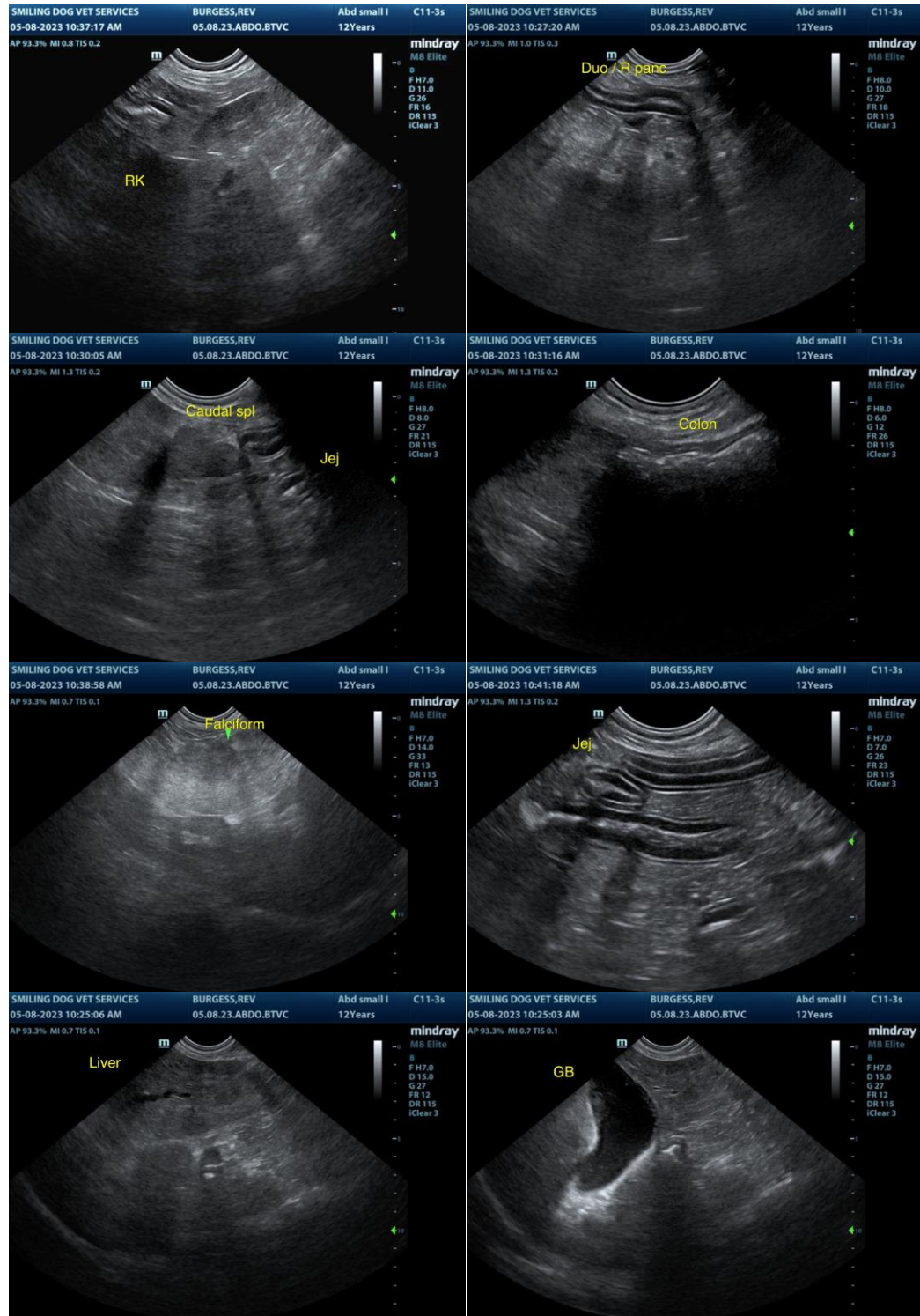
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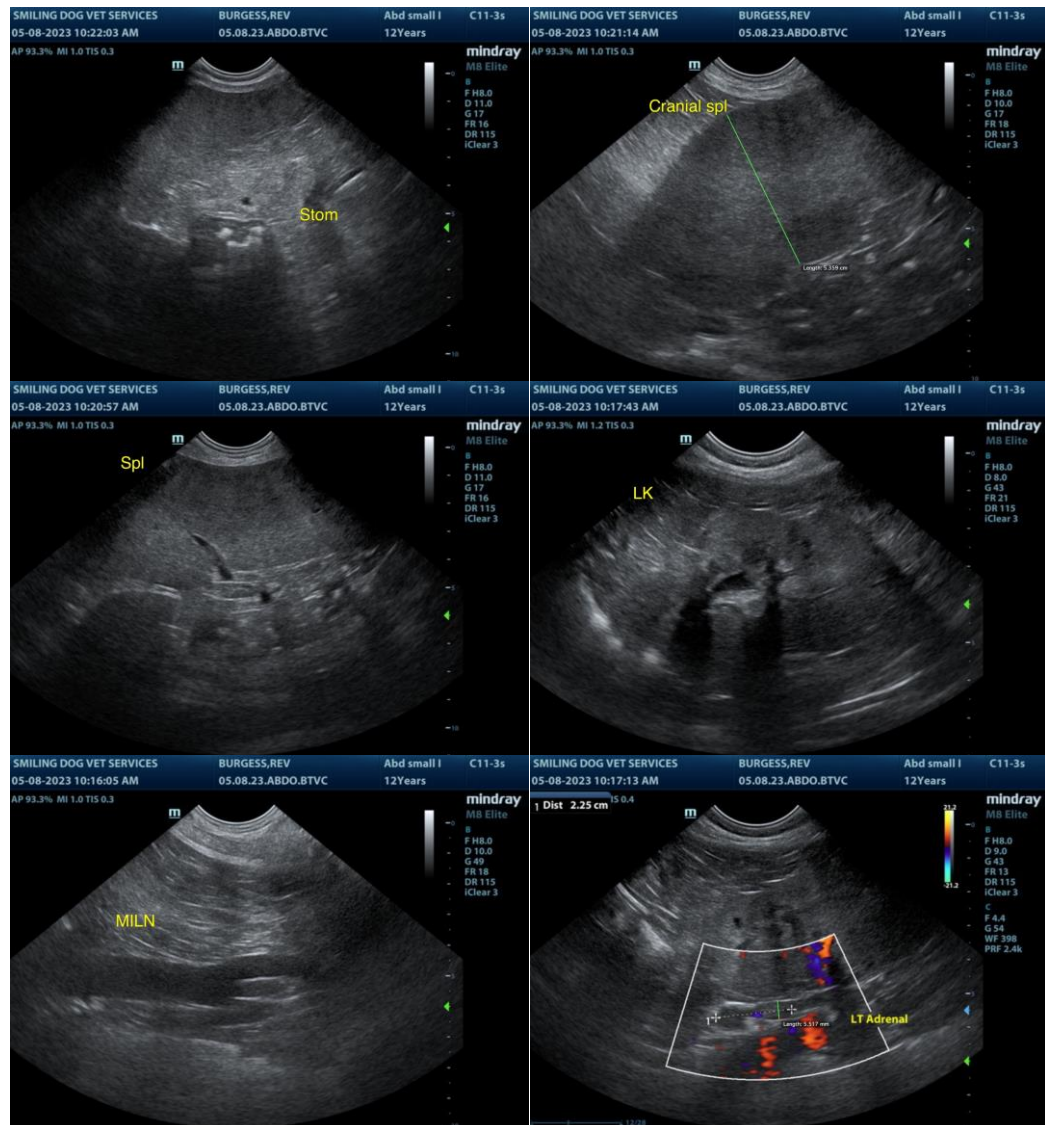
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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