

**PATIENT**

Herbie Silberman

SPECIES

Canine

BREED

Golden Retriever

SEX

MN

AGE

10 years

WEIGHT

65.3 lbs.

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP (Canine
and Feline)**IMAGING
PERFORMED BY**

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Dr. Goodman

INVOICE

17088

DATE

6/13/23

PRESENTING CLINICAL SIGNS

vomiting and diarrhea

Abnormal PE/Chem/CBC/UA Results: Fed last Wednesday p.m. Trying to vomit and not bringing anything up. Liquid diarrhea.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, and cystourethral junction 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 was noted.

The area of the aortic trifurcation was free of pathology.

Normal size and 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.8 cm in length. The right kidney measured 6.7 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.97 cm width at the caudal pole and 0.84 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 0.86 cm width at the caudal pole and 0.93 cm width at the cranial 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 was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size containing primarily anechoic content with mild, variably hyperechoic, nonorganized, gallbladder sediment. The gallbladder was otherwise normal. The cystic and common bile ducts were normal.

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Gastrointestinal

The stomach presented intact overtly normal wall layering with strongly shadowing luminal echo in the subjective gastric body measuring ~3.5 cm in diameter. Concurrent lumen gas extending into the pyloric outflow was noted. The ventral gastric body wall width measured 0.44 cm.

The small intestine presented generalized intact wall layering and maintained a 1:3 muscularis/mucosa ratio with mild upper to mid duodenal ileus without overt evidence of duodenal obstructive criteria. The visualized jejunum and ileum to the level of the colon were sonographically unremarkable without overt evidence of jejunoileal obstruction.

The colon exhibited intact, mildly prominent wall layering. The colon contained generalized semi-formed fecal matter. The descending colon wall width measured 0.40 cm.

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 were evident.

Free Abdomen

Intermittent mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). No evidence of peritoneal effusion was noted.

ULTRASONOGRAPHIC FINDINGS

- Strongly shadowing gastric lumen echo - strongly suggestive of gastric foreign material
- Overtly normal small intestine with mild upper to mid duodenal ileus, potential for concurrent duodenitis
- Concurrent mild colitis
- Intermittent minor, benign / reactive mesenteric lymph nodes
- Minor hepatic parenchymal remodeling with mild gallbladder sediment (non-mucocele)
- Mild age-related kidneys

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory laparotomy with expectation for gastrotomy and with generalized gross inspection of the gastrointestinal tract / colon is warranted. Gastrointestinal biopsies may be considered at the time of surgery to assess for underlying gastrointestinal disease. No overt evidence of intrabdominal neoplastic criteria was noted.

Hospitalization with 24-hour IV fluid, gastrointestinal support, documented NPO, and sonographic reassessment of the stomach and generalized intestinal tract would be a more conservative approach yet surgery is recommended based on this presentation in conjunction with patient history and clinical signs.

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svsimagingmi@gmail.com



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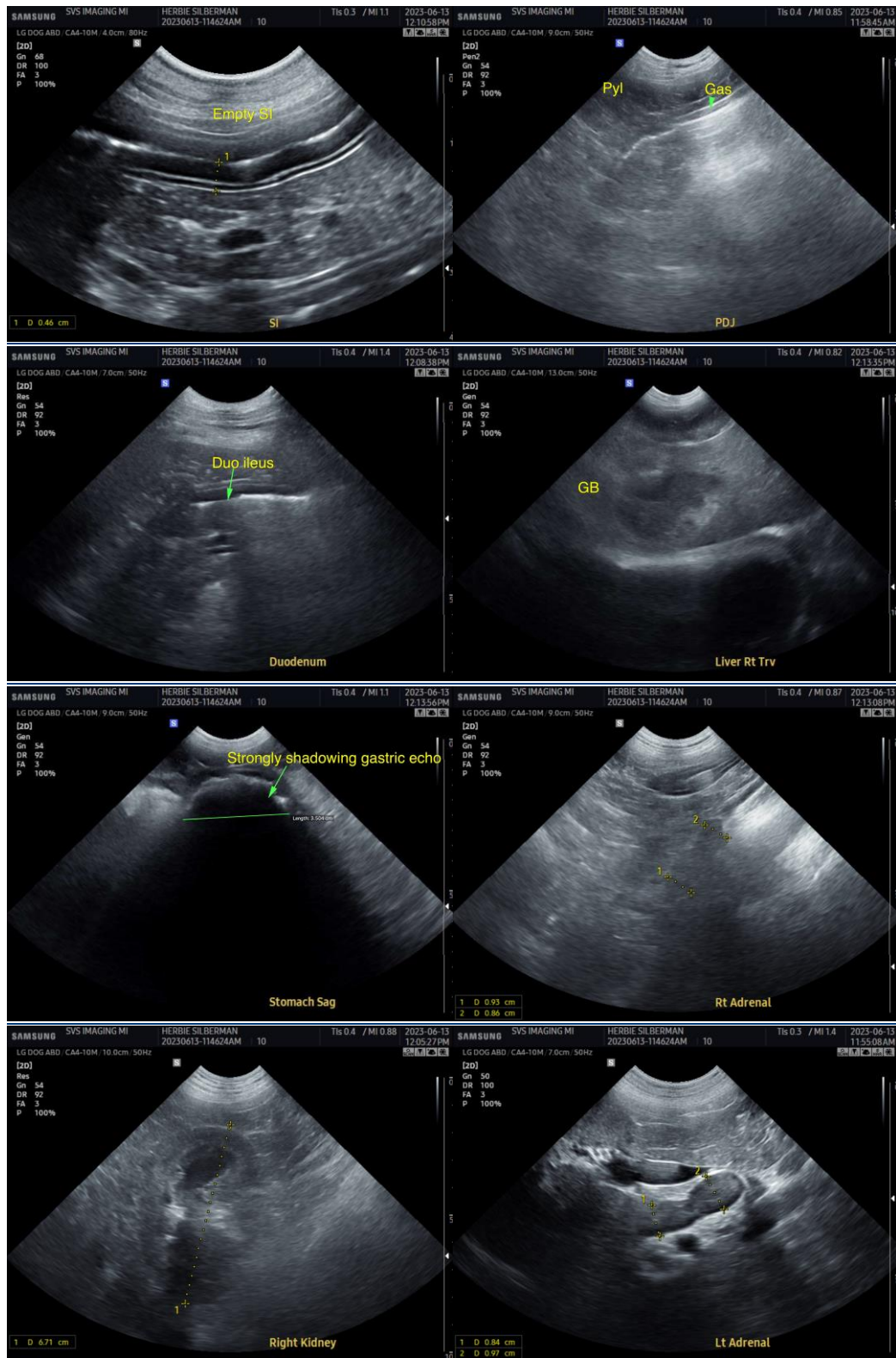
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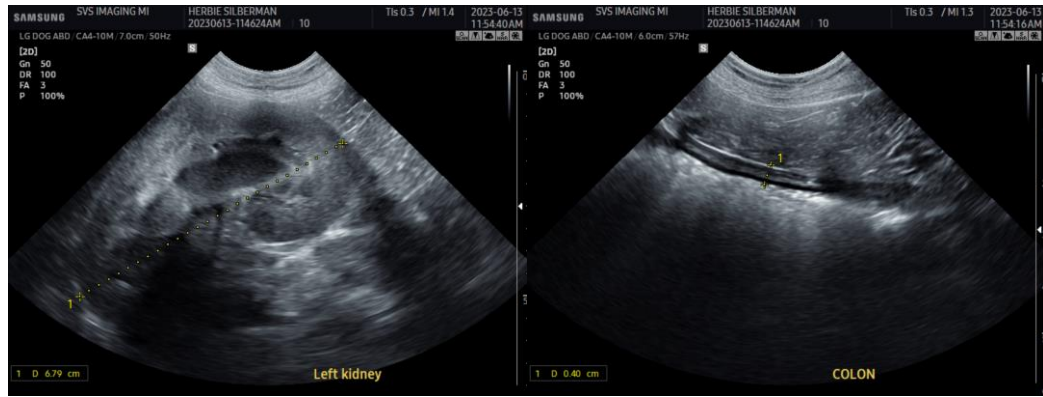
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@sonopath.com