



**PATIENT**

Toby Hernandez

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

MN

**AGE**

11 years

**WEIGHT**

66.5 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

VCA Salem Animal  
Hospital

**REFERRING VET**

Dr. Reed

**INVOICE**

14036

**DATE**

6/7/22

**PRESENTING CLINICAL SIGNS**

Presented for inappetence x3d, lethargy, vomiting water, and small volume dark runny stool. - Weight loss of 3 lb since last exam in April. - Pertinent PE findings: estimated 3-5% dehydration, delayed conscious proprioception RH, moderate cachexia most prominent along lateral thighs - On grain free diet, no murmurs or arrhythmias ausculted - History of allergic patterns  
Abnormal PE/Chem/CBC/UA Results: None performed today Last lab work 4/22/22 (CBC/chemistry/HWT) unremarkable

**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 residual prostate was free of pathology.

The area of the aortic trifurcation was free of pathology. No evidence of medial iliac or sublumbar lymphadenopathy was noted.

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 7.9 cm in length. The right kidney measured 7.8 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 3.0 cm length x 0.59 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 3.1 cm length x 0.70 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 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



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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.

**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 ventral gastric body wall width measured 0.36 cm.

The small intestine presented generalized intact wall layering and subjectively maintained a 1:3 muscularis/mucosa ratio. No overt evidence of loss of intestinal wall layering, intestinal masses, or mechanical / metabolic small intestinal ileus. The duodenum wall width measured 0.44 cm. The jejunum wall width measured 0.35 cm.

The visualized colon exhibited intact and sonographically unremarkable wall layering containing subjective formed to semi-formed feces.

**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**

No omental masses, lymphadenopathy or evidence of peritoneal free fluid were present.

**ULTRASONOGRAPHIC FINDINGS**

- Overtly normal gastrointestinal tract and colon exhibiting intact wall layering
- Mild age-related kidneys

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Overall, no obvious evidence of significant visceral pathology as a definitive cause of the patient's clinical signs. Dietary indiscretion / food intolerance, occult parasitism, and structurally insignificant inflammatory bowel may be possible. Potential for occult intestinal neoplasia considered a less likely differential diagnosis, given the generalized maintained intestinal wall layering, yet cannot be definitively excluded. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate.

Although considered less likely, a resting cortisol level to rule out occult Addison's Disease is suggested. 24/hour hospitalization with correction of dehydration and as-needed gastrointestinal support may prove beneficial. If not done, three view chest radiographs to rule out occult thoracic or esophageal pathology and a thorough neurological / muscular skeletal examination to assess for occult disease as a contributing factor to the patient's weight loss is suggested. Continued as-needed gastrointestinal support which may include novel protein or hydrolyzed diet trial and gastroprotectants with potential sonographic reassessment of the gastrointestinal tract for evidence



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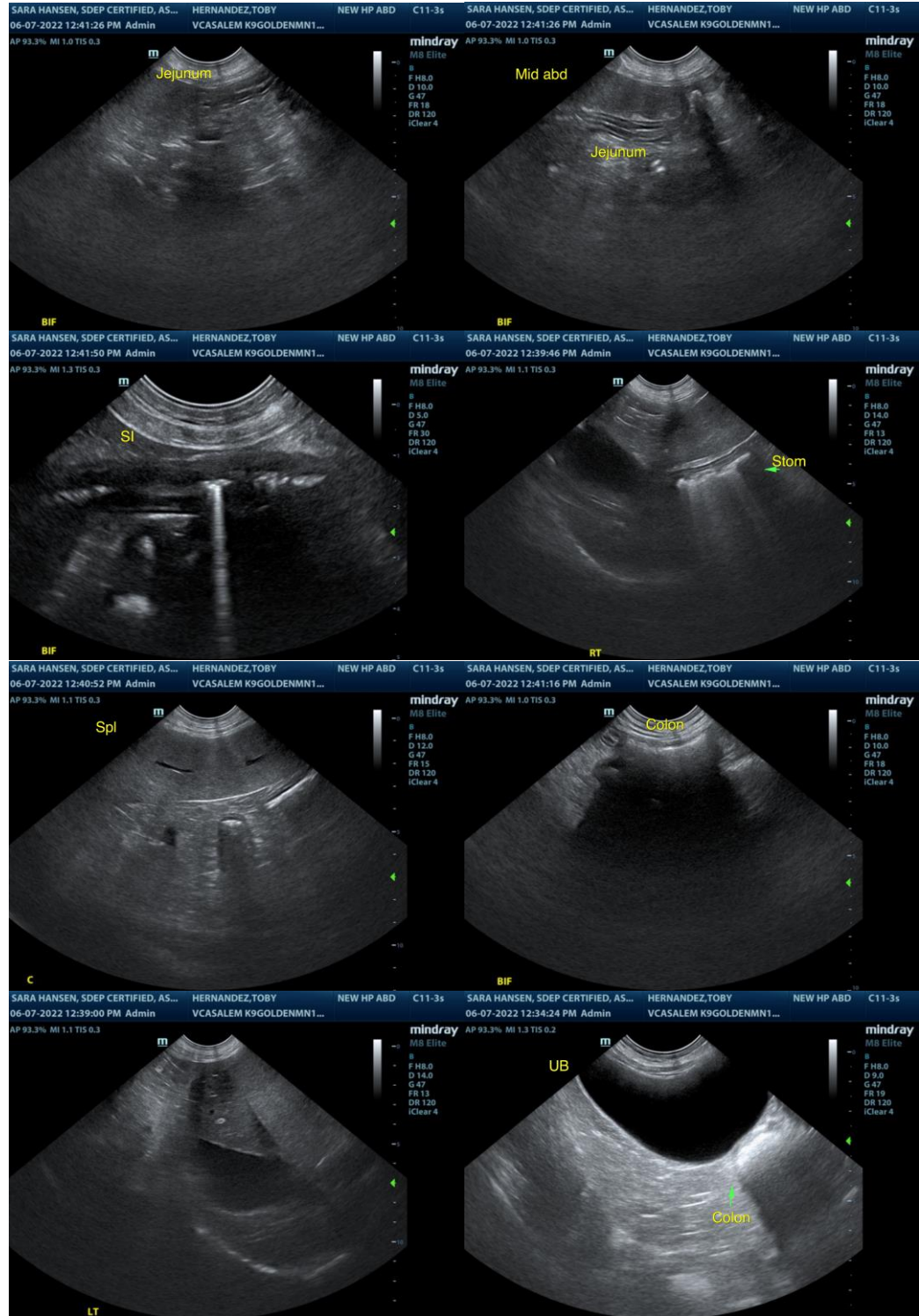
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of progressive gastrointestinal mural changes is recommended. Correlation with a recheck CBC / Chemistry panel and urinalysis could be considered.





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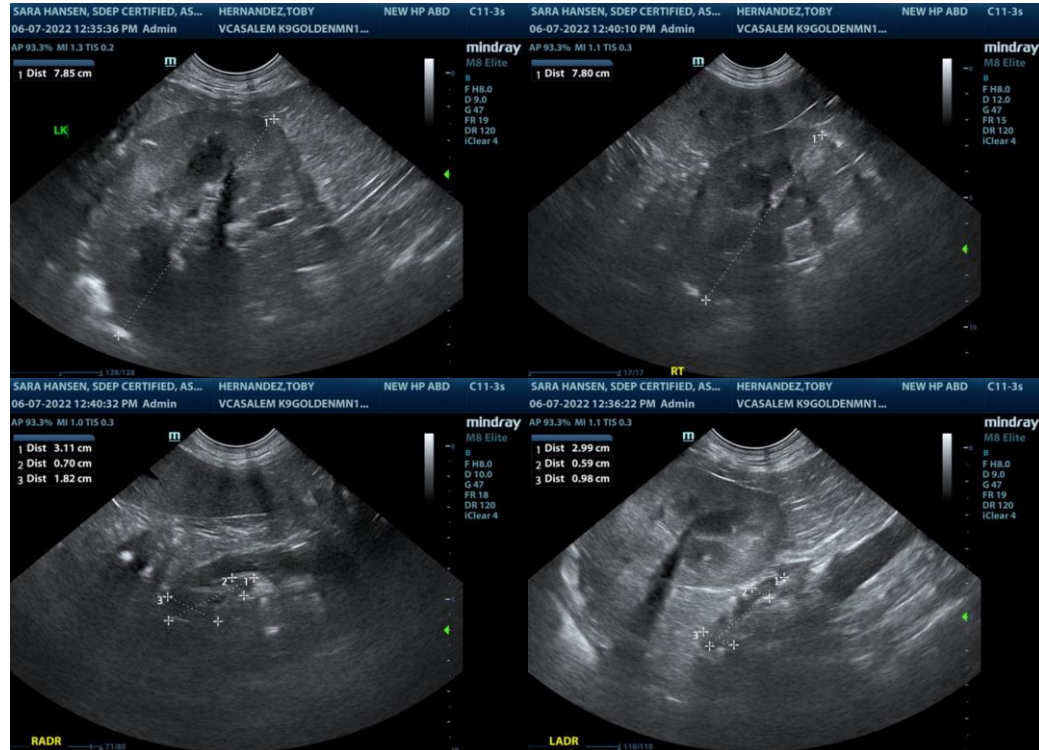
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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