



**PATIENT PRESENTING CLINICAL SIGNS**

Haldeman Teddy 1 week history of decreased appetite, vomiting, regurg Metronidazole, Provable, Cyproheptadine, Pepcid, Depo, Pred acetate

**SPECIES** Unremarkable CBC/Chemistry Panel, Na/K ratio 37

Canine **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED** *Urinary System*

Golden Retriever The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 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 was noted.

**SEX** MN The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.2 cm in diameter.

**AGE** The area of the aortic trifurcation was free of pathology.

2014 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 6.3 cm in length. The right kidney measured 6.2 cm in length.

**WEIGHT**  
75.8

**INTERPRETED BY** *Adrenal Glands*

R. McKenzie Daniel, DVM, DABVP (Canine and Feline) Potential for mild subnormal adrenal gland was noted bilaterally, potentially owing to corticosteroid administration. The left adrenal gland measured 0.43 cm width at the caudal pole and 0.59 cm width at the cranial pole. The right adrenal gland was indistinctly visualized measuring 0.52 cm width at the caudal pole.

**IMAGING PERFORMED BY** *Spleen*  
 Rebekah Jakum, CVT

ARDMS/RVT

**HOSPITAL NAME** 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.

Leighton AH

**REFERRING VET** *Liver/ Gallbladder*

Dr. Mriss 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**  
14047

**DATE**  
6/8/22



**PATIENT** *Gastrointestinal*

**Haldeman Teddy** 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 gastric body wall width measured 0.40 cm.

**SPECIES**

**Canine** 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. The duodenum wall width measured 0.43 cm.

**BREED**

**Golden Retriever** Normal visible colon wall layers were present with apparent formed feces in lumen.

*Pancreas*

**SEX** 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.  
**MN**

**AGE**

*Free Abdomen*

**2014** No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

- 75.8**
- Sonographically unremarkable abdomen
  - Suspect mild gastritis

**INTERPRETED BY**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**R. McKenzie Daniel, DVM, DABVP (Canine and Feline)** Overall, no overt evidence of abdominal visceral pathology, specifically no overt evidence of gastrointestinal or pancreatic pathology as an obvious cause of the patient's gastrointestinal signs. Three view chest radiographs, if not done, are suggested to assess for or rule out thoracic or esophageal pathology as a contributing factor.

**IMAGING PERFORMED BY**

**Rebekah Jakum, CVT ARDMS/RVT** In addition to current supportive protocols, some or all of the following protocol may be considered.

**HOSPITAL NAME**

**Leighton AH** A clinical trial of **Zithromax (Dogs: 5-10 mg/kg p.o. q24h. May increase dosing interval to q48h after 3-5 days of treatment), Metronidazole (10-20 mg/kg p.o. b.i.d.), Pepcid (0.5-1 mg/kg s.i.d.) and Sucralfate (0.5-2 g/dog PO) or Omeprazole (1 mg/kg p.o. s.i.d.)** over the next 3 weeks along with a **novel-protein or hydrolyzed diet** with slurry feeding b.i.d./t.i.d. over the next 2-4 days and then increase to canned diet bid. Dry food should be avoided over the next 4 weeks. A recheck sonogram to assess GI improvement or progression would be ideal in 4 weeks.

**REFERRING VET**

**Dr. Mriss**

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**PATIENT**

Haldeman Teddy

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

MN

**AGE**

2014

**WEIGHT**

75.8

**INTERPRETED BY**

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

**IMAGING**

PERFORMED BY  
Rebekah Jakum, CVT  
ARDMS/RVT

**HOSPITAL NAME**

Leighton AH

**REFERRING VET**

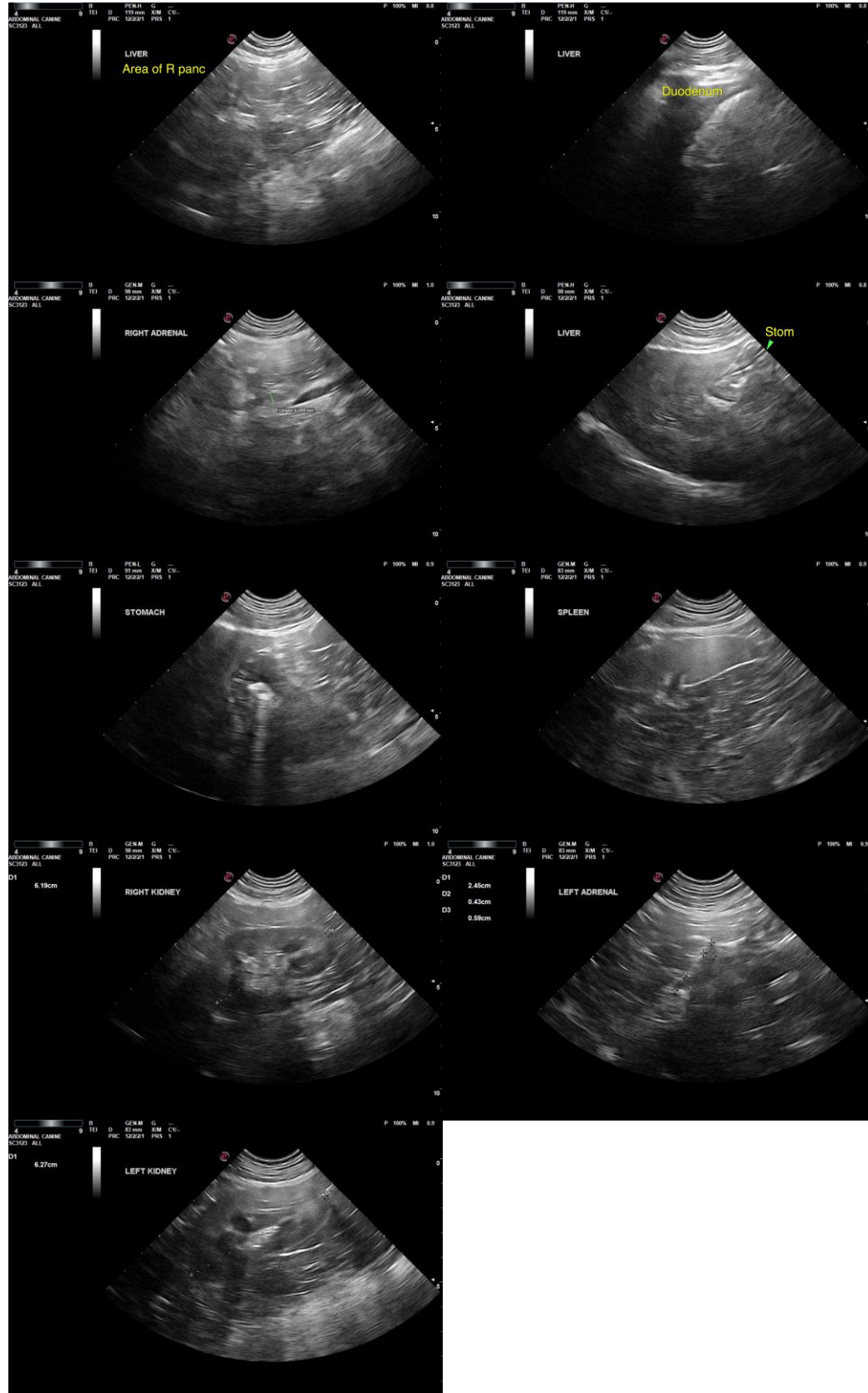
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**PATIENT**

Haldeman Teddy

**SPECIES**

Canine

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.

**BREED**

Golden Retriever

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.

**SEX**

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MN

**AGE**

2014

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