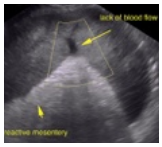
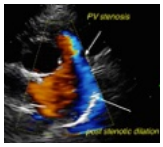
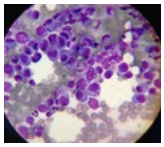
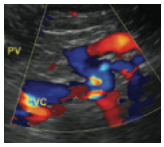
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Puppy Green Collar Lengelier

SPECIES

Canine

BREED

Golden Retriever

SEX

Male

AGE

9 weeks

WEIGHT

5.66 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Donna Markland, DVM

HOSPITAL NAME

Island Mobile Paws Veterinary Services

REFERRING VET

Island Animal Hospital

INVOICE

10359

DATE

7/20/2023

PRESENTING CLINICAL SIGNS

Presented 7/14 for eating cloth. Was initially vomiting. After barium and IV fluids, all barium passed. Since then, however, not eating solid foods. Will nurse or take syringe feedings. Having diarrhea/soft stools. Losing weight. Bloodwork done on 7/17 and 7/20. See below. On cerenia, 2 mg/kg SID. Concern re intussusception or foreign body.

Abnormal PE/Chem/CBC/UA Results: July 17th: ALP=242 (20-150) Glucose=8.3 (3.3-6.1) Golbulins=17 (23-52) Albumin=41 (25-44) July 20: Glob=21 ALP=203

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

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 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 5.0 cm in length. The right kidney measured 5.4 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 0.33 cm width at the caudal pole and 0.25cm 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 0.56 cm width at the caudal pole and 0.53 cm width at the cranial pole.

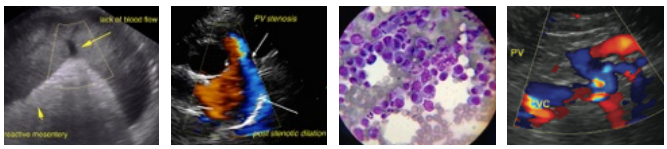
Spleen

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 uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. No hepatic vascular volume. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with mild variably echogenic sediment primarily caudal gallbladder lumen and area of gallbladder neck. No evidence of gallbladder inflammatory criteria. The cystic and common bile ducts were normal.

Gastrointestinal



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Puppy Green Collar Lengelier

SPECIES

Canine

BREED

Golden Retriever

SEX

Male

AGE

9 weeks

WEIGHT

5.66 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Donna Markland, DVM

HOSPITAL NAME

Island Mobile Paws Veterinary Services

REFERRING VET

Island Animal Hospital

INVOICE

10359

DATE

7/20/2023

The stomach presented intact overtly normal wall layering with a normal wall layer ratio. The lumen of the stomach contained a mild amount of retained non-shadowing ingesta/chyme with no signs of ileus, obstruction, or foreign material.

The small intestine presented intact wall layering with generalized empty lumen. Segmental propensity for potentially prominent duodenal jejunal mucosa extending to the level of the ileum. Subjective mildly prominent yet intact ileum wall, extending into the ileocolic junction. Mildly prominent ileocolic wall extending into the colon. No evidence of ileocolic intussusception. The duodenum wall measured 0.33 cm in width. The jejunum wall measured 0.25 cm in width. The ileum wall measured 0.20 cm in width.

Concurrent intact mildly prominent proximal colon with generalized soft colon fecal matter.

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

ULTRASONOGRAPHIC FINDINGS

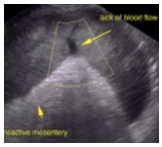
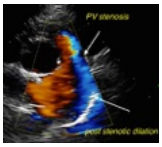
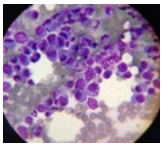
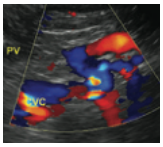
Primary Findings

- Subjective ileitis with potential for generalized non-specific enteritis.
- Suspect concurrent mild proximal colitis with generalized soft fecal matter in colon.
- Mild retained non-shadowing gastric ingesta/chyme.
- Intermittent to multiple variably sized homogenous sonographically benign mesenteric lymph nodes – consistent with lymphoid hyperplasia or Immunological immaturity.
- Normal volume liver.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of gastroenterocolic foreign body or obstructive gastroenterocolic mural pathology i.e., intussusception. Potential passed foreign material with secondary persistent enteritis/enterocolitis could be a consideration in this patient. Potential for possible sliding intussusception not present in this study, cannot be definitively excluded. No overt indication for immediate surgical intervention. Continued gastrointestinal supportive care would be reasonable. GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Broad-spectrum deworming i.e., Panacur 50 mg per kg PO SID over the next 5 days with repeat protocol in 3 weeks suggested even if fecal testing is negative.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Puppy Green Collar Lengelier

SPECIES

Canine

BREED

Golden Retriever

SEX

Male

AGE

9 weeks

WEIGHT

5.66 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Donna Markland, DVM

HOSPITAL NAME

Island Mobile Paws Veterinary Services

REFERRING VET

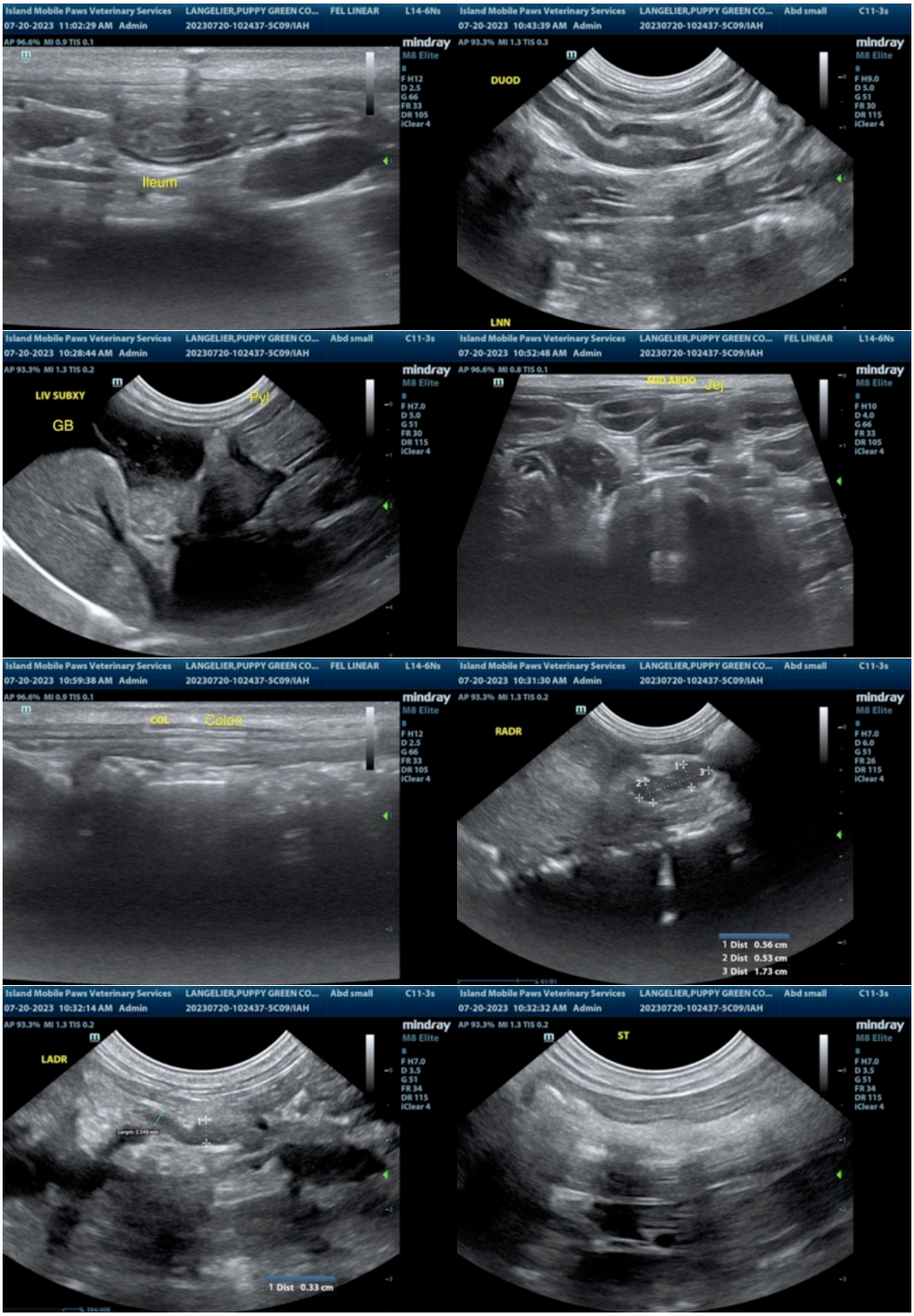
Island Animal Hospital

INVOICE

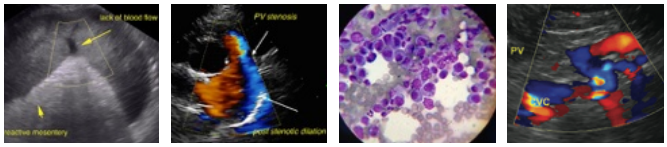
10359

DATE

7/20/2023



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Puppy Green Collar Lengelier

SPECIES

Canine

BREED

Golden Retriever

SEX

Male

AGE

9 weeks

WEIGHT

5.66 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Donna Markland, DVM

HOSPITAL NAME

Island Mobile Paws Veterinary Services

REFERRING VET

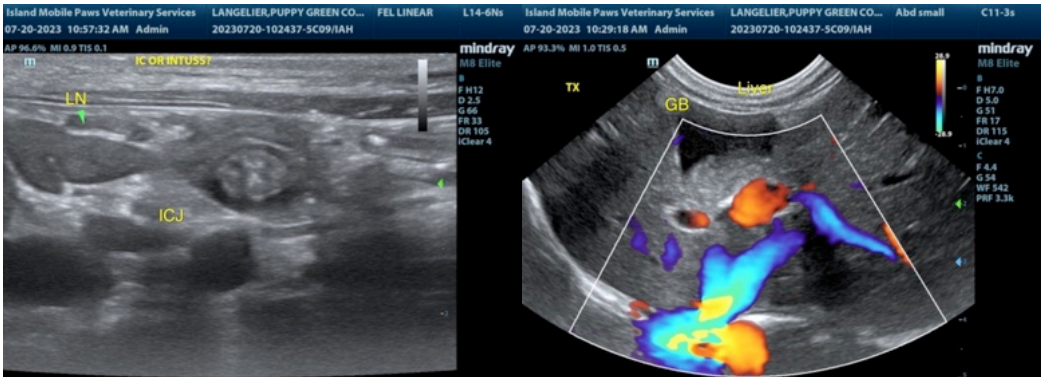
Island Animal Hospital

INVOICE

10359

DATE

7/20/2023



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