



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Byron Beard	Reason for Visit: adr History: 10yr old neutered golden retriever presented for 3 days of diarrhea(now bloody and excessive), inappetant(very unusual) and vomiting. Pet has started vomiting only 1 hour after eating/drinking. Pet is lethargic with a little effort in his breathing. Owner unsure of anything that could have set this off.
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: Hydration: 6-8% dehydrated Mentation: Depressed EENT: N Oral Cavity: N Lymph Nodes: N Skin: N CV/Respiratory: tachycardic, muffled lung sounds Abd/GI: Tense cranial abdomen, no palpable masses. Rectal exam - fresh blood Uro/Perineum: N Musculoskeletal: N Neurological: N Fecal: Diagnostic Testing Needed: CBC/Chem/Lytes - Bands suspected, normal neutrophil count HCT 55.3 (44.9 9/2018) - r/o dehydration Chol 372- r/o post prandial (not eating), pancreatitis CPL - abnormal - r/o pancreatitis vs significant GI dz Chest Rads - NSF but appears to have a round mass/FB left side of stomach.
Canine	
<b>BREED</b>	
Golden Retriever	
<b>SEX</b>	
NM	
<b>AGE</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
9 years 10 months	<b>Urinary System</b>
<b>WEIGHT</b>	The urinary bladder was subnormal in size owing to lack of urine distention. Mild anechoic urine was present. Full evaluation of the urinary bladder walls was limited owing to lack of urine distention yet, no obvious evidence of inflammatory or neoplastic criteria. No sediment or calculi was noted.
85.7	
<b>INTERPRETED BY</b>	The area of the residual prostate was free of overt pathology.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The area of the aortic trifurcation was free of pathology.
<b>IMAGING PERFORMED BY</b>	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 7.0 cm in length. The right kidney measured 7.1 cm in length.
Michaleen	
<b>HOSPITAL NAME</b>	<b>Adrenal Glands</b>
DPC VH	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.75 cm width at the caudal pole and 0.60 cm width at the cranial pole. The right adrenal gland was not definitively visualized.
<b>REFERRING VET</b>	<b>Spleen</b>
Dr. Feldt	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.
<b>INVOICE</b>	<b>Liver/ Gallbladder</b>
14359	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.
<b>DATE</b>	
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<b>PATIENT</b>	<b><i>Gastrointestinal</i></b>
Byron Beard	The stomach presented intact yet mildly prominent wall layering. The area of the left gastric body and fundus contained luminal gas with the possibility of nonspecific shadowing ingesta. The gastric body wall width measured 0.50 cm.
<b>SPECIES</b>	
Canine	The small intestine presented intact wall layering with subjective maintained 1:3 muscularis/mucosa ratio. Segmental mild small intestinal ileus pattern was present. No overt evidence of loss of intestinal wall layering, intestinal masses, or obstructive pattern. The small intestinal wall width measured 0.40 cm.
<b>BREED</b>	
Golden Retriever	The colon exhibited intact and sonographically unremarkable wall layering with generalized colonic distention with nonformed to liquid feces consistent with diarrhea. Distention in the area of the cecum medial to the right kidney was also present.
<b>SEX</b>	
NM	<b><i>Pancreas</i></b>
<b>AGE</b>	
9 years 10 months	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.
<b>WEIGHT</b>	<b><i>Free Abdomen</i></b>
85.7	No evidence of significant lymphadenopathy or peritoneal free fluid was present.
<b>INTERPRETED BY</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> <li>• Gastroenteritis pattern with gastric luminal gas vs. potential nonspecific shadowing ingesta</li> <li>• Concurrent colitis with potential typhlitis</li> <li>• Overtly normal pancreas</li> </ul>
<b>IMAGING PERFORMED BY</b>	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
Michaleen	Definitive evidence of a gastric luminal foreign body was not definitively evident yet cannot be definitively excluded given the presence of concurrent gastric luminal gas which somewhat inhibited full evaluation of the gastric lumen. No overt evidence of peripheral gastric pathology i.e., masses, lymphadenopathy, abscess, etc., was noted.
<b>HOSPITAL NAME</b>	
DPC VH	
<b>REFERRING VET</b>	The area of the pancreas was not overtly or sonographically consistent with active pancreatitis as the primary factor in this case. Potential for low-grade pancreatitis could be present and sonographically normal. Unknown dietary indiscretion, gastroentero toxic insult, occult parasitism, acute vs. subacute gastroenteritis, and infectious gastroenteritis are all possible.
Dr. Feldt	
<b>INVOICE</b>	
14359	Hospitalization with aggressive medical therapy for acute hemorrhagic diarrhea syndrome and as-needed gastrointestinal support with an assessment of clinical response as well as radiographic monitoring of the potential opacity in the area of the stomach +/- recheck sonogram depending on further assessment would be reasonable. Resting cortisol level could be considered to rule out occult Addison's Disease. If persistent GI signs, a GI panel to include PLI/TLI/Cobalamin/Folate could be considered.
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**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Michaleen

**HOSPITAL NAME**

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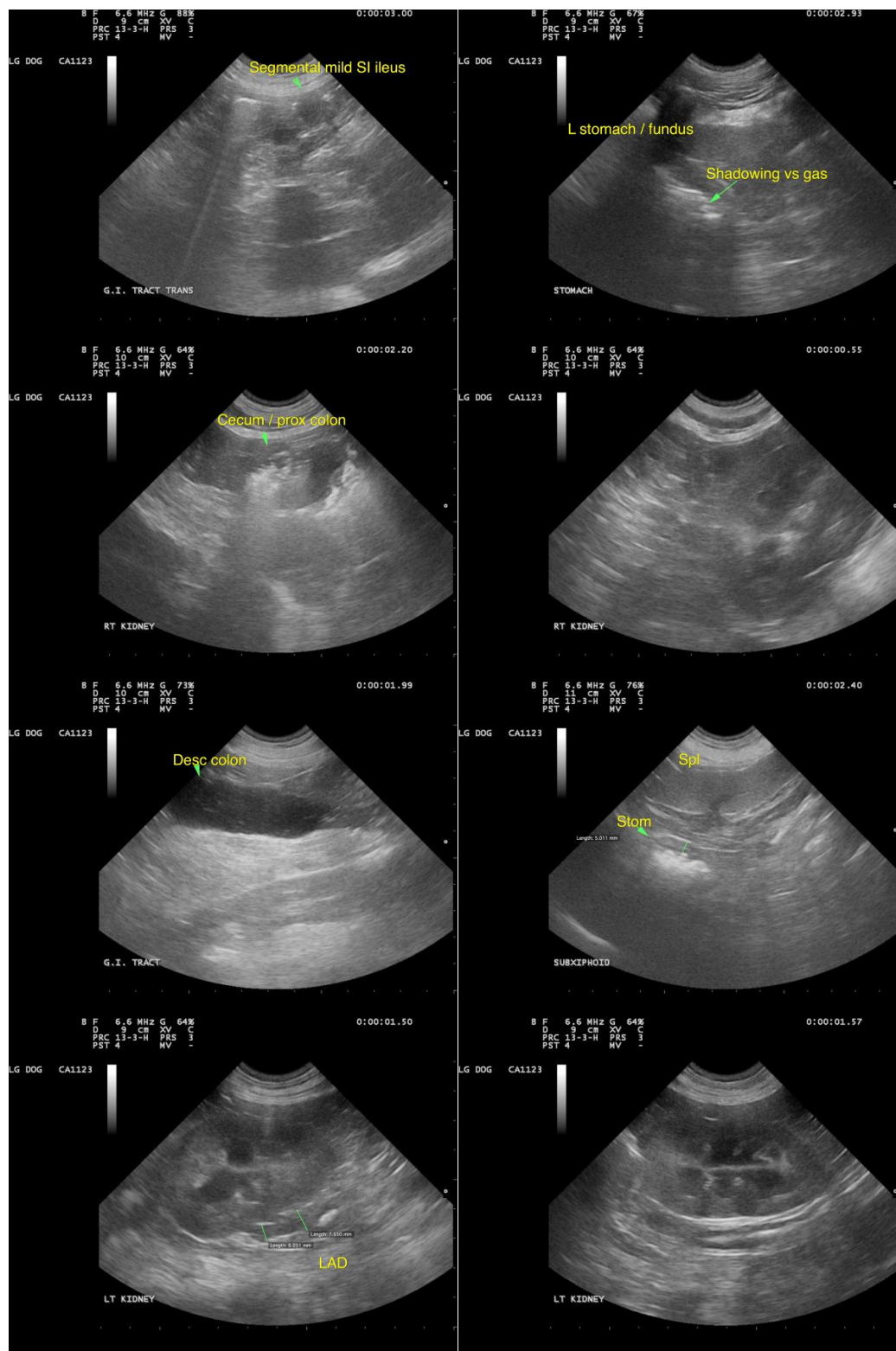
Dr. Feldt

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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**