



**PATIENT**

Zalie Dunda

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

FS

**AGE**

2 years

**WEIGHT**

69 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Pawsitive Wellness  
Veterinary Care

**REFERRING VET**

Dr Hewitt

**INVOICE**

14368

**DATE**

7/22/22

**PRESENTING CLINICAL SIGNS**

Zalie is an estimated 1 yo SF golden retriever mix that was seen at the ER 7/03/2022 for vomiting, diarrhea and 'labored breathing' Blood work was unremarkable at that time aside from hypothyroidism. She responded well to supportive care and was started on thyroxine. Per owner she continues to have an 'iffy' appetite, it is unclear if she is vomiting or having diarrhea. Physical exam unremarkable aside from obesity and a gaurded abdomen.

Abnormal PE/Chem/CBC/UA Results: complete Chem 17, blood gas, CBC, Urinalysis and 4dx performed 7/3/2022 4dx negative. urinalysis, chem 17, blood gas and cbc unremarkable aside from low T4 and non-regnerative mild anemia (HCT 36.6%) hypothyroidism confirmed on thyroid panel Current Medications Thyroxine 0.6 mg BID Radiographic Findings abdominal radiographs performed by ER unremarkable.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.

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 5.6 cm in length. The right kidney measured 6.0 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 2.3 cm length x 0.77 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 2.7 cm length x 0.61 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.



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***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. The gallbladder was non distended in size with mild nondependent mildly hyperechoic nonorganized biliary sludge. The gallbladder was otherwise normal. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. 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 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.

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

***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 peritoneal free fluid was present.

**ULTRASONOGRAPHIC FINDINGS**

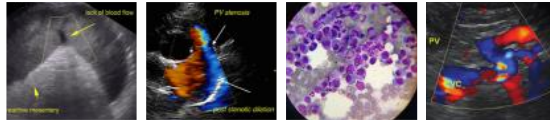
- Sonographically unremarkable abdomen
- Mild gallbladder debris - likely incidental given lack of cholestasis, potentially secondary to fasting

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of abdominal visceral pathology.

If current or persistent gastrointestinal signs, dietary intolerance/ food allergy, dysbiosis, structurally insignificant inflammatory gastrointestinal disease, low-grade to chronic pancreatitis both of which may present as sonographically normal, or occult parasitism could be considered.

Novel protein or hydrolyzed diet trial, high colony count probiotics such as Provable, and reassessment of GI signs following therapy for hypothyroidism would be reasonable. A GI panel to include PLI/TLI/Cobalamin/Folate could be considered if persistent GI signs.



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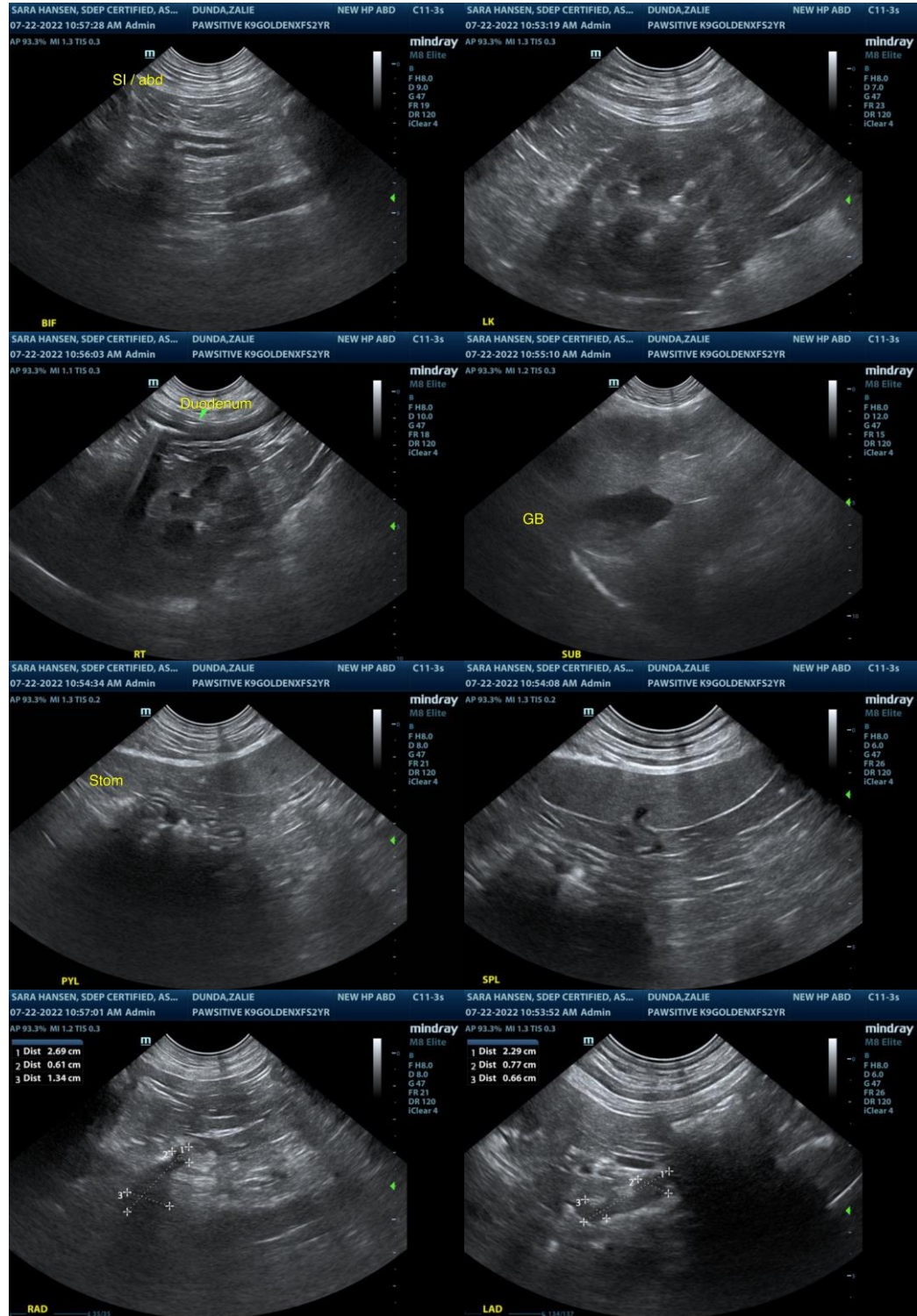
Dr Hewitt

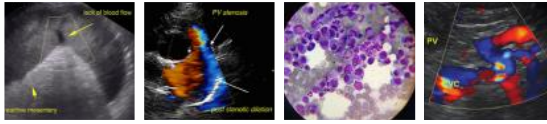
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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Canine

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.

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Golden Retriever

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info@SonoPath.com

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