



**PATIENT**

Sammy Wolk

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

MN

**AGE**

14 years

**WEIGHT**

32 kg

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dave Stasiuk RDMS,  
RDCS

**HOSPITAL NAME**

Resolution Vet  
Ultrasound LTD

**REFERRING VET**

Dr. Liz Cumyn

**INVOICE**

16579

**DATE**

7/28/22

**PRESENTING CLINICAL SIGNS**

Diarrhea improving. Poor antibiotic response. Inappetence. Lethargy. No regenerative anemia.

**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.

No overt pathology in the area of the residual prostate.

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 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 6.7 cm in length. The right kidney measured 6.9 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 0.7 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 0.60 cm width at the caudal pole.

**Spleen**

The spleen was normal in size with mild areas of medial capsule asymmetry and generalized mild parenchyma heterogeneity. Splenic vascularity was normal. No masses were noted.

**Liver/ Gallbladder**

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Intermittent nondisruptive variably echogenic intraparenchymal nodules, an example of liver nodule measured 2.5 cm in diameter.

The gallbladder was non distended in size with echogenic, nonmineralized, nondependent biliary sludge. The biliary sludge was non organized with a hypoechoic to anechoic, irregular to interrupted rim visible between the nondependent sludge and inner wall. No signs of gallbladder or peripheral inflammation.

**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 gastric body wall measured 0.38 cm width.



**PATIENT**

Sammy Wolk

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 measured 0.41 cm width.

**SPECIES**

Canine

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

**Pancreas**

**BREED**

Golden Retriever

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

**Free Abdomen**

**SEX**

MN

A solitary thinly walled cyst versus cystic lymph node was present, adjacent to the ileocolic junction, measuring 2.5 cm in diameter. Anechoic fluid was noted within the cyst or cystic lymph node. No overt intraabdominal lymphadenopathy, masses or evidence of peritoneal free fluid.

**AGE**

14 years

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

32 kg

- Hepatic parenchymal remodeling with intermittent variably echogenic intraparenchymal nodules- nodules are suggestive of areas of nodular to regenerative hyperplasia, lipogranulomas or potential hematopoiesis. Neoplastic criteria is thought less likely, yet cannot be definitively excluded.
- Moderate nondependent, mildly congeal gallbladder debris and mucus- possible very early gallbladder mucocele
- Mild pancreatic remodeling- age-related pancreatic changes, remodeling owing to previous inflammation or low grade to chronic pancreatitis is possible
- Mild heterogeneous spleen- suspect age-related splenic changes, potential for hematopoiesis or hyperplasia. Emerging neoplastic criteria is thought less likely.
- Overtly normal GI tract
- Mild chronic renal changes
- A solitary small periileocolic omental cyst versus cystic colic lymph node- benign

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dave Stasiuk RDMS,  
RDCS

**HOSPITAL NAME**

Resolution Vet  
Ultrasound LTD

**REFERRING VET**

Dr. Liz Cumyn

**INVOICE**

16579

**DATE**

7/28/22

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Overall, largely geriatric abdomen without evidence of significant abdominal visceral, specifically gastroenterocolic pathology. Assuming normal clotting status and using a 25-gauge needle, FNA cytology of the liver nodule and spleen could be considered, primarily to ensure only benign changes are present. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Monitoring of hepatic enzymes for evidence of increasing cholestasis and/or cranial abdominal/subxiphoid discomfort on palpation is warranted. Novel protein or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming, high colony count probiotic (such as Provable), as needed antibiotics and GI support may prove beneficial if persistent diarrhea.



**PATIENT**

Sammy Wolk

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

MN

**AGE**

14 years

**WEIGHT**

32 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dave Stasiuk RDMS,  
RDCS

**HOSPITAL NAME**

Resolution Vet  
Ultrasound LTD

**REFERRING VET**

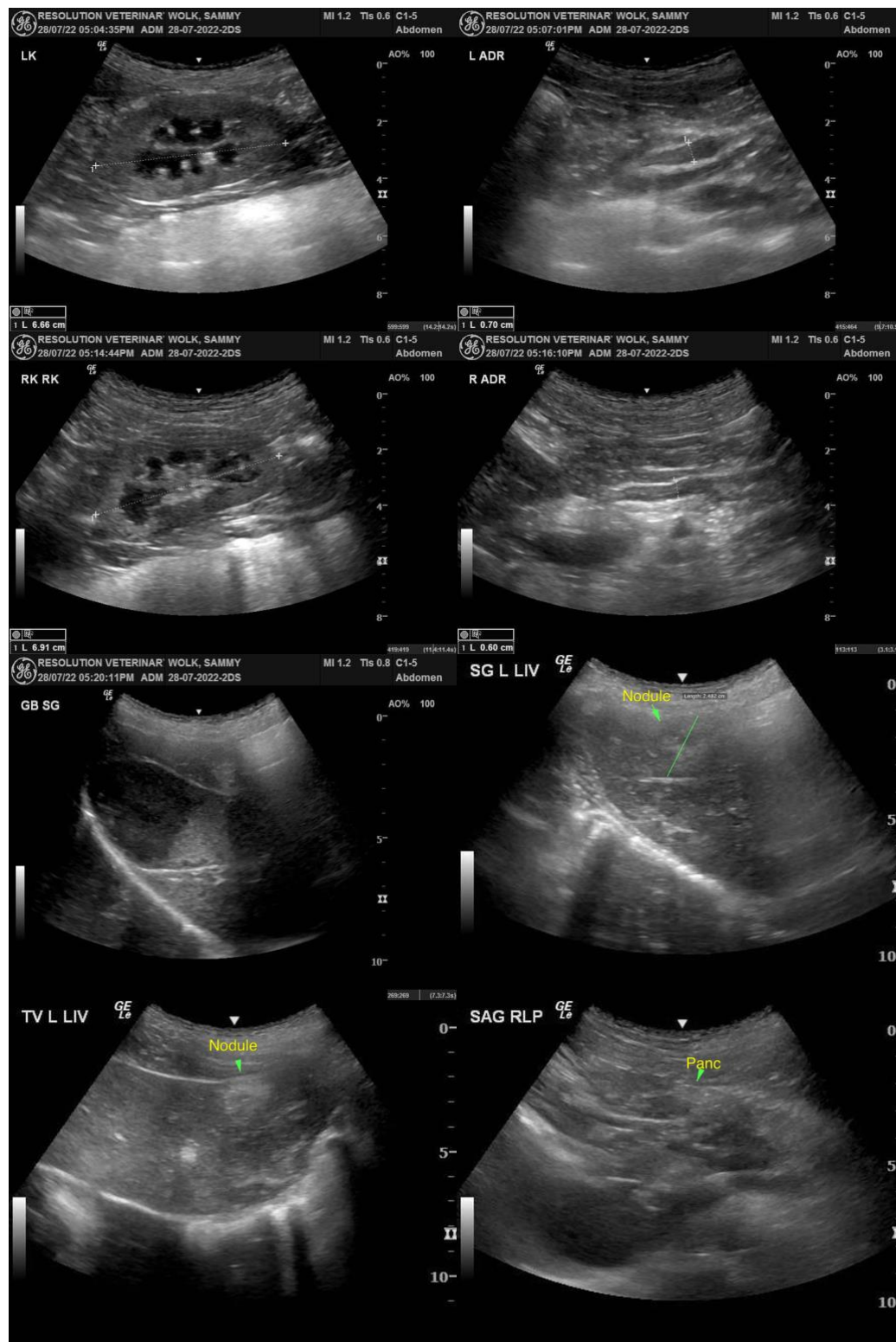
Dr. Liz Cumyn

**INVOICE**

16579

**DATE**

7/28/22





**PATIENT**

Sammy Wolk

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

MN

**AGE**

14 years

**WEIGHT**

32 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dave Stasiuk RDMS,  
RDCS

**HOSPITAL NAME**

Resolution Vet  
Ultrasound LTD

**REFERRING VET**

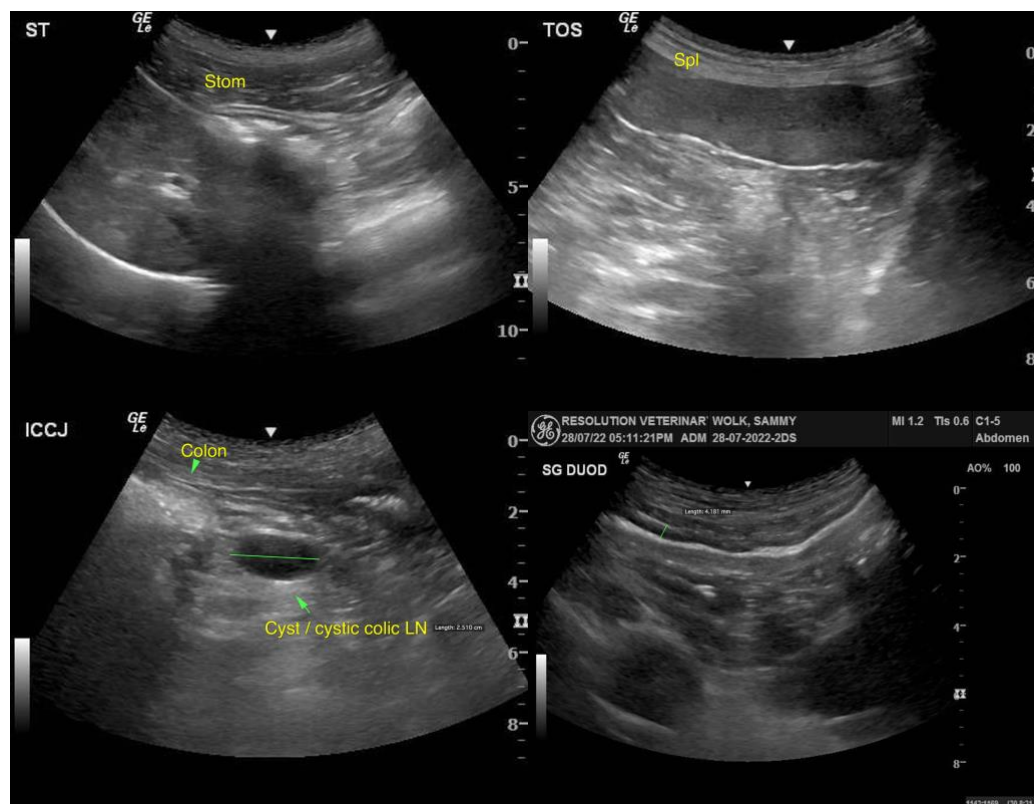
Dr. Liz Cumyn

**INVOICE**

16579

**DATE**

7/28/22



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