

**PATIENT PRESENTING CLINICAL SIGNS**

Ginger Rei Mass effect mid abdomen. ? large urinary bladder vs other.

**SPECIES *Urinary System***

Canine The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.

**BREED**

Golden Retriever No evidence of pathology was noted in the area of the uterine stump or aortic trifurcation.

**SEX**

A visualized medial iliac lymph node was sonographically unremarkable in size, position, and shape exhibiting uniform isoechoic echogenicity, measuring 0.57 cm in diameter.

Spayed Female

**AGE**

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 5.8 cm in length. The right kidney measured 6.0 cm in length.

10 years

**WEIGHT**

***Adrenal Glands***

62 lbs.

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.54 cm width at the caudal pole and 0.44 cm width at the cranial pole. No overt pathology was noted in the area of the right adrenal gland, although not overtly visualized.

**INTERPRETED BY**

***Spleen***

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

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

**IMAGING**

**PERFORMED BY**

Pamela Harrigan, RDCS

**HOSPITAL NAME**

***Liver/ Gallbladder***

Greenwich Bay AH

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.

**REFERRING VET**

Jonathan Chyten, DVM

The gallbladder was non distended in size with moderate, echogenic to congealed biliary sludge. The area of gallbladder debris measured approximately 2.5 cm in diameter. The cystic duct and common bile ducts were normal without evidence of dilation.

**INVOICE**

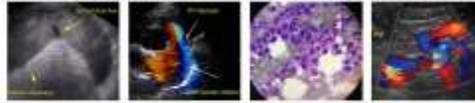
***Gastrointestinal***

12105

**DATE**

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 0.46 cm.

8/10/21



**PATIENT**

Ginger Rei

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 0.31 cm width. The jejunum wall measured 0.25 cm width. The ileocolic wall measured 0.30 cm width.

**SPECIES**

Canine

The colon exhibited sonographically unremarkable wall layering with generalized mild to moderate distention containing semi-formed to soft feces.

**BREED**

Golden Retriever

***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.

**SEX**

Spayed Female

***Free Abdomen***

No evidence of intraabdominal masses, lymphadenopathy or peritoneal effusion was present.

**AGE**

10 years

**ULTRASONOGRAPHIC FINDINGS**

***Primary Findings***

- Mild age-related kidneys
- Minor age-related hepatosplenic parenchymal changes, no evidence of hepatosplenic masses
- Sonographically unremarkable gastrointestinal tract with generalized mild to moderate colonic distention containing semi-formed / soft feces
- No lymphadenopathy or peritoneal effusion
- Moderate congealed gallbladder debris

**WEIGHT**

62 lbs.

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Largely mild geriatric abdomen without evidence of significant visceral pathology including no evidence of intraabdominal masses.

**IMAGING**

**PERFORMED BY**

Pamela Harrigan, RDCS

**HOSPITAL NAME**

Greenwich Bay AH

The semi-formed to soft feces present in the mildly distended colon is of unclear clinical significance given the lack of reported gastrointestinal signs or diarrhea. Monitoring for evidence of diarrhea +/- fresh fecal analysis to assess for parasitic ova / Giardia may be indicated.

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Jonathan Chyten, DVM

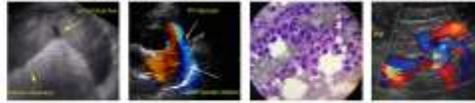
The presence of mild congealed gallbladder debris not consistent with a gallbladder mucocele may be secondary to fasting or indicated potential nonclinical cholestasis. Ursodiol therapy is suggested if evidence of cholestasis.

**INVOICE**

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**PATIENT**

Ginger Rei

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Spayed Female

**AGE**

10 years

**WEIGHT**

62 lbs.

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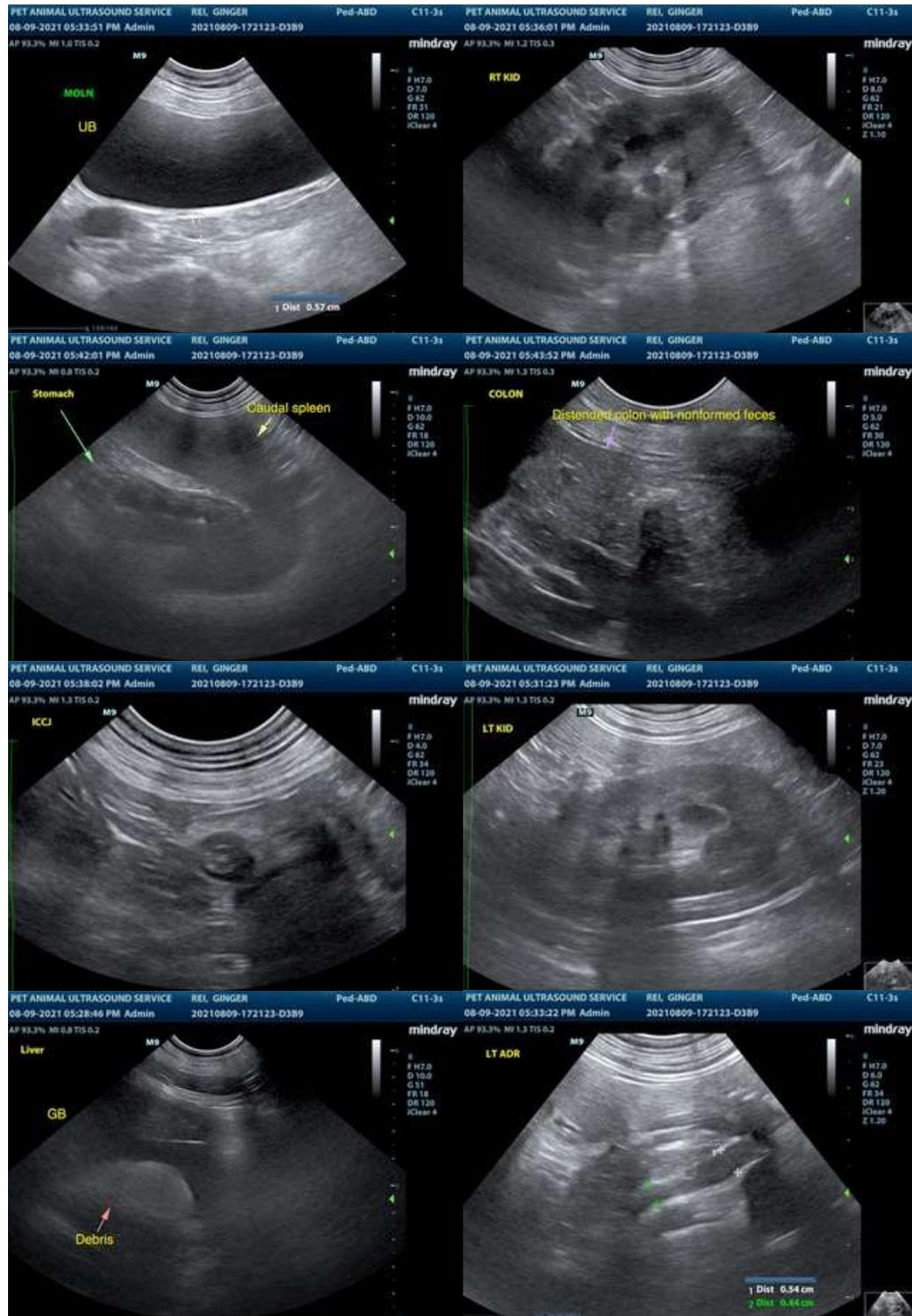
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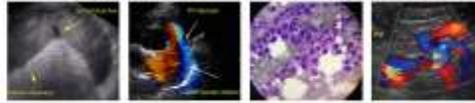
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**