



PATIENT

Cooper White

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

6 Years

WEIGHT

73.8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Crook – SDEP
Certified Clinical
Sonographer

HOSPITAL NAME

Rivers Edge Pet
Medical Center

REFERRING VET

Dr. Rob Siefken

INVOICE

24614

DATE

8/12/21

PRESENTING CLINICAL SIGNS

presents for several day history of poor appetite, lethargy and now 24 hours of vomiting. Was seen at another ER and treated as an outpatient with SQ fluids and cerenia
Abnormal PE/Chem/CBC/UA Results: Full labs in house - wnl including electrolytes radiographs of abdomen consistent with mild gastroenteritis, no gi obstruction See attached radiographs - no obstruction or torsion, some gas and fluid small bowel and proximal duodenum. No other significant findings

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 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 were noted.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture. The prostate measured 0.76 cm diameter.

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 6.1 cm. The right kidney measured 6.4 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 3.5 cm length x 0.41 cm at the caudal pole. The right adrenal gland measured 2.8 cm length x 0.38 cm 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.

Liver

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.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Minor retained echogenic ingesta/chyme was present along with mild luminal gas. Gastric body wall measured 0.32 cm.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. Generalized mild duodenojejunal ileus pattern was present, exhibited by mild retained, echogenic, non-shadowing chyme. Duodenum wall measured 0.34 cm. Jejunum wall measured 0.30 cm.



PATIENT

Cooper White

The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. The colon was primarily empty with minor subjective semiformal to soft feces. Descending colon wall measured 0.30 cm.

SPECIES

Canine

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 was evident.

BREED

Golden Retriever

Free Abdomen

Enlarged mid abdominal mesenteric to mesenteric root lymph nodes were present. Example measured 4.4 cm x 1.2 cm. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident.

SEX

Neutered Male

No evidence of effusion.

AGE

6 Years

- Gastroenterocolitis pattern with generalized gastrointestinal hypomotility/ileus, no overt evidence of mechanical obstruction or foreign material – dietary indiscretion, acute inflammatory bowel episode, infections gastroenterocolitis, enterotoxic insult, or occult parasitism possible.

WEIGHT

73.8 Pounds

- Associated mesenteric lymphadenopathy – suspect reactive lymphadenitis or moderate lymphoid hyperplasia. Potential for emerging neoplastic lymphadenopathy possible, yet considered less likely.

ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Fresh fecal analysis to assess for parasitic ova, giardia, or other parasites recommend, especially if development of diarrhea. If accessible, ultrasound guided FNA of the mesenteric lymph node could be considered for screening cytology +/- culture and sensitivity. However, the lymph nodes suggested hyperplasia or inflammatory criteria with unlikely potential for emerging neoplasia.

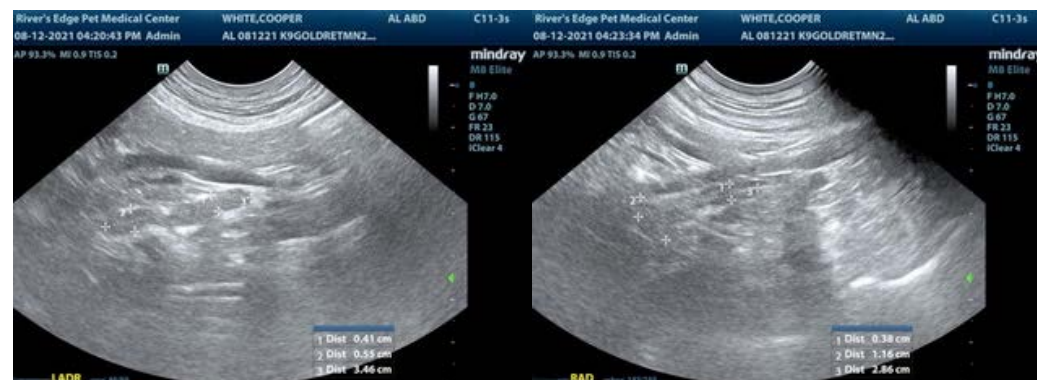
IMAGING PERFORMED BY

Amanda Crook – SDEP
Certified Clinical
Sonographer

Conservative therapy for gastroenterocolitis should prove beneficial in this case. Hospitalization with IV fluids, gastrointestinal support, broad-spectrum antibiotics to potentially cover salmon poisoning disease (if clinically indicated) would be appropriate. Recheck sonogram may be considered to assess for progressive inflammatory gastrointestinal or lymphatic changes if persistent clinical signs non-responsive to therapy are noted.

HOSPITAL NAME

Rivers Edge Pet
Medical Center



REFERRING VET

Dr. Rob Siefken

INVOICE

24614

DATE

8/12/21



PATIENT

Cooper White

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

6 Years

WEIGHT

73.8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Crook – SDEP
Certified Clinical
Sonographer

HOSPITAL NAME

Rivers Edge Pet
Medical Center

REFERRING VET

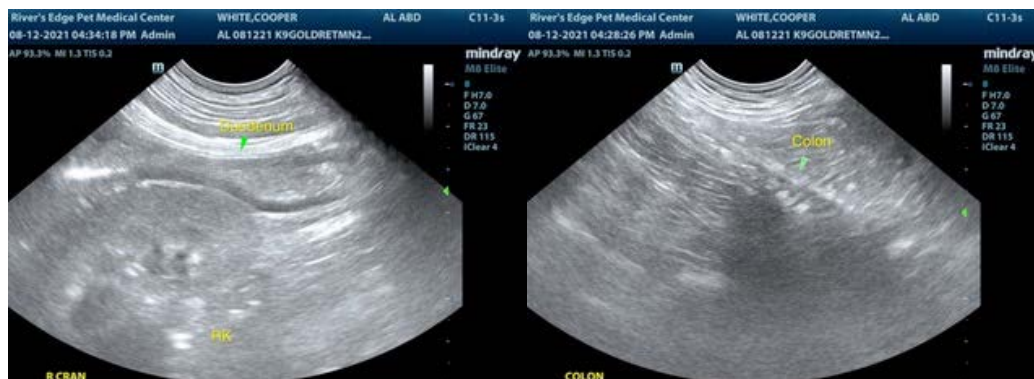
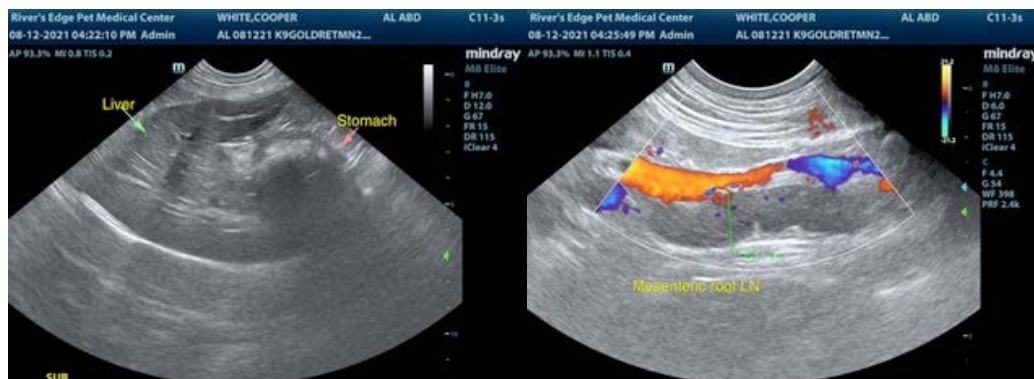
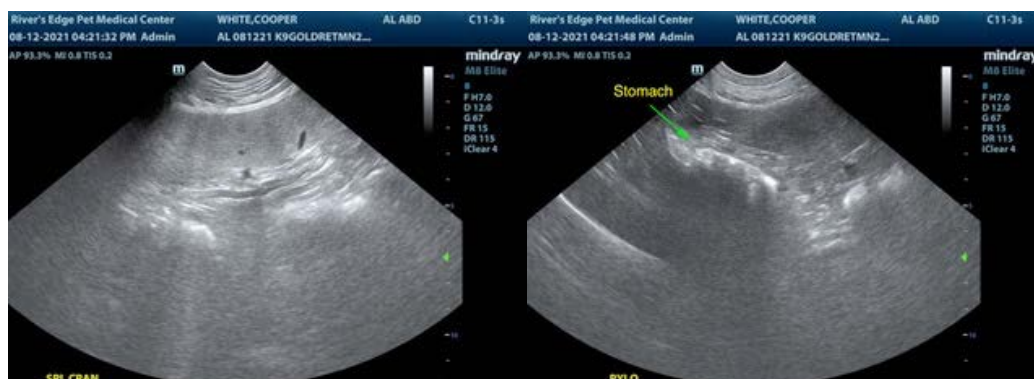
Dr. Rob Siefken

INVOICE

24614

DATE

8/12/21





PATIENT

Cooper White

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.

SPECIES

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com

BREED

Golden Retriever

SEX

Neutered Male

AGE

6 Years

WEIGHT

73.8 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Amanda Crook – SDEP
Certified Clinical
Sonographer

HOSPITAL NAME

Rivers Edge Pet
Medical Center

REFERRING VET

Dr. Rob Siefken

INVOICE

24614

DATE

8/12/21