



PATIENT	PRESENTING CLINICAL SIGNS
Sam Berge	Intermittent vomiting and lethargy since August 8 last 48 hrs vomiting is more intense and patient is drooling and retching. Abdominal x rays non diagnostic.
SPECIES	Abnormal PE/Chem/CBC/UA Results: Marked neutrophilia in last 48 hrs
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Golden X	Urinary System
SEX	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of – 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.
Spayed Female	
AGE	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 5.9 cm. The right kidney measured 5.7 cm.
8 Years	
WEIGHT	Adrenal Glands
23.6 kg	The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.50 cm at the cranial pole and 0.41 cm at the caudal pole. The right adrenal gland measured 0.53 cm at the caudal pole.
INTERPRETED BY	Spleen
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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.
IMAGING PERFORMED BY	Liver
Dr. Belan	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.
HOSPITAL NAME	Gastrointestinal
Fish Creek AH	The stomach exhibited variable moderately thickened gastric wall exhibiting loss of regional gastric wall layer detail. The lumen was primarily empty with mild gas. Ventral gastric body wall measured up to 1.1 cm. Pylorus wall measured 0.70 cm.
REFERRING VET	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.
Dr. McKay	Normal visible colon wall layers were present with apparent formed feces in lumen.
INVOICE	
44635	
DATE	
8/13/23	



PATIENT *Pancreas*

Sam Berge

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

SPECIES

Canine

Free Abdomen

BREED

Golden X

Intermittent, mildly prominent to enlarged perigastric, omental, and medial iliac lymph nodes were present. Example measured 1.5 cm x 0.56 cm. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

SEX

Spayed Female

Mild regional perigastric hyperechoic omentum.

ULTRASONOGRAPHIC FINDINGS

AGE

8 Years

- Variable, moderate thickened stomach wall with regional loss of wall layering - moderate to severe gastritis vs gastric neoplasia
- Normal small intestine
- Regional perigastric hyperechoic omentum and mild lymphadenopathy
- Mild heterogeneous pancreas - not consistent with active pancreatitis

WEIGHT

23.6 kg

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further assessment, gastric neoplastic criteria is met and considered most probable given variable yet moderate wall thickening and loss of wall layer detail. Endoscopic or ideally surgical biopsies of the stomach wall are required for definitive diagnosis. Gastroprotectant protocol Omeprazole 1 mg/kg PO SID and novel protein / hydrolyzed diet with avoidance of dry food and possible slurry feeding +/- empirical coverage for Helicobacter with clinical and sonographic monitoring would be a more conservative approach. A resting cortisol level could be considered to rule out occult Addison's disease although the bilateral adrenal glands were normal.

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Fish Creek AH

REFERRING VET

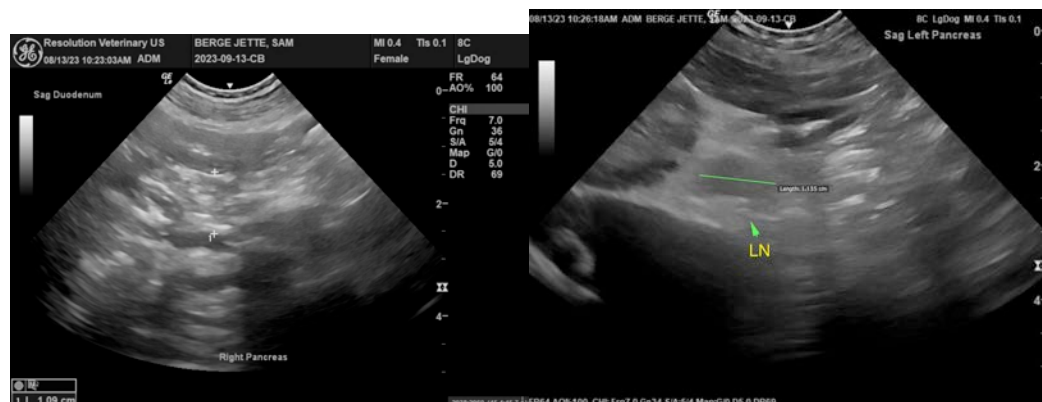
Dr. McKay

INVOICE

44635

DATE

8/13/23





PATIENT

Sam Berge

SPECIES

Canine

BREED

Golden X

SEX

Spayed Female

AGE

8 Years

WEIGHT

23.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Fish Creek AH

REFERRING VET

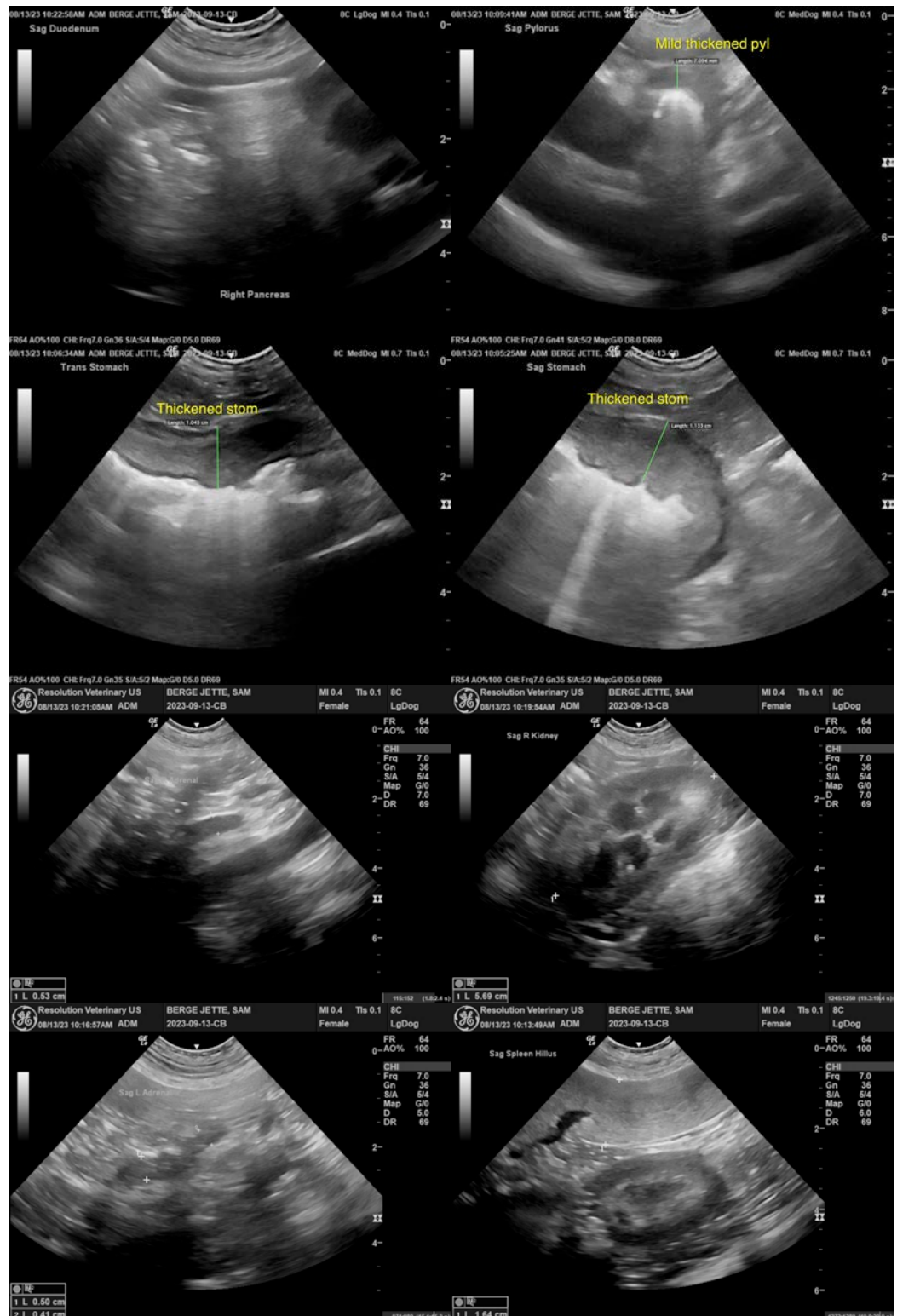
Dr. McKay

INVOICE

44635

DATE

8/13/23





PATIENT

Sam Berge

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.

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.

BREED

Golden X

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com

SEX

Spayed Female

AGE

8 Years

WEIGHT

23.6 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Belan

HOSPITAL NAME

Fish Creek AH

REFERRING VET

Dr. McKay

INVOICE

44635

DATE

8/13/23