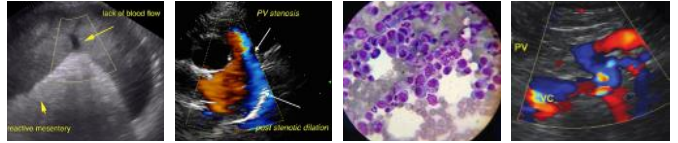




PATIENT	PRESENTING CLINICAL SIGNS
Basil Bridge	Basil, 18mo FS Golden Doodle, presented for continued lethargy, poor appetite, seeming uncomfortable. She was seen with BBVSH yesterday for the same symptoms as well as drooling. Her temp was 104F, her abdomen was slightly uncomfortable, and rectal exam revealed black foam/plastic pieces about 1 inch in length. She has eaten a small amount of canned chicken and rice last night and this morning. Not drinking. Normal urination. There has been no vomiting. No BM since yesterday's visit. She doesn't seem to want to lie down, is more comfortable standing or flat on her side.
SPECIES	
Canine	
BREED	
Golden Doodle	Fever w Temp 104 on presentation, abdominal discomfort. Hx heart murmur grade 2/6 right base noted historically and was present today, owner says murmur was thought to have only been present when Basil was a puppy. Was bred locally, has not left Washington except for a trip to Idaho last summer.
SEX	
FS	Abdominal rads showed no obstructive pattern but possible intestinal bunching. UA: USG >1050, cloudy, WBC 8/hpf, RBC >50/hpf, protein 30 mg/dL, leukocyte esterase 100 Leu/uL, no bacteria seen. She received Entyce, SQF and Rx of Gabapentin and Augmentin for possible UTI.
AGE	
1yr	Baseline cortisol was 0.8; ACTH stim is in process.
WEIGHT	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
28kg	Urinary System The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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. 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 6.7 cm in length. The right kidney measured 7.5 cm in length.
INTERPRETED BY	Adrenal Glands The area of the aortic trifurcation was free of pathology. The left adrenal gland exhibited potential for subnormal size and was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.28 cm width at the caudal pole and 0.41 cm width at the cranial pole. The right adrenal gland was not definitively visualized.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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.
IMAGING PERFORMED BY	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
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DATE	
08/14/2022	



PATIENT

Basil Bridge

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

SPECIES

Canine

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate nonshadowing ingesta 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.

BREED

Golden Doodle

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

Pancreas

SEX

FS

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.

AGE

1yr

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

WEIGHT

28kg

ULTRASONOGRAPHIC FINDINGS

- Probable gastroenteritis with mild / moderate gastric ingesta.
- Overtly normal colon containing nonformed fecal matter
- Subjective borderline subnormal left adrenal gland

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gastric ingesta may correlate with recent small meal ingestion and was overall non shadowing. No obvious GI foreign body although technically small amount of nonobstructive gastric foreign material could be present in the ingesta. No evidence of SI mechanical or metabolic ileus or foreign material. No overt indication for immediate surgical intervention although monitoring of gastric emptying vs persistent retained gastric ingesta over next 24 hours is warranted. No sonographic signs of pancreatitis although low grade inflammation may be present and sonographically normal. Low grade pancreatitis could be considered if abdominal discomfort is cranial abdominal / subxiphoid. Correlation with a Spec CPL or full GI panel to include folate / B12 to assess for occult GI disease could be considered pending ACTH stim. An obvious cause of the fever was not evident.

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PATIENT

Basil Bridge

SPECIES

Canine

BREED

Golden Doodle

SEX

FS

AGE

1yr

WEIGHT

28kg

INTERPRETED BY

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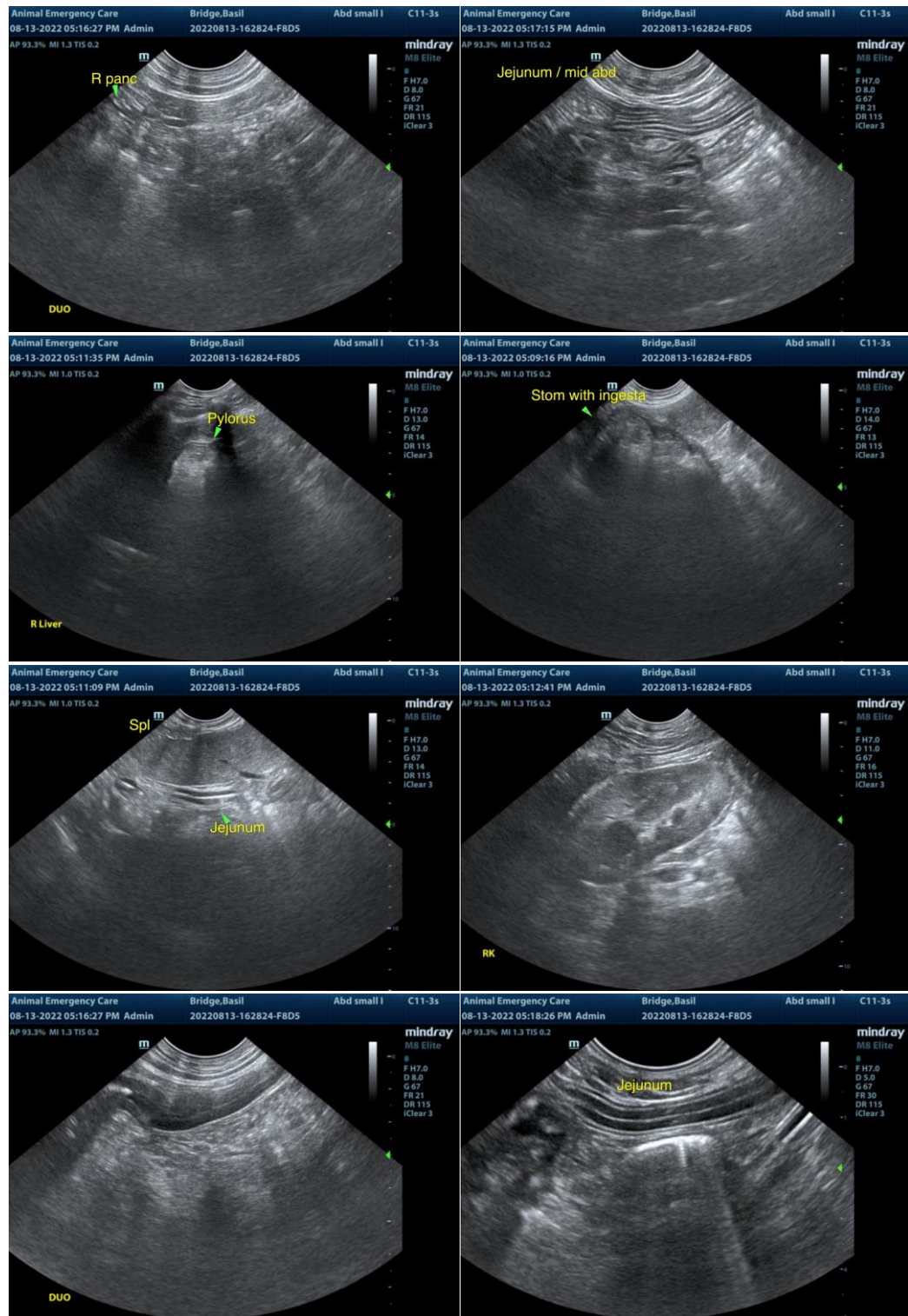
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PATIENT

Basil Bridge

SPECIES

Canine

BREED

Golden Doodle

SEX

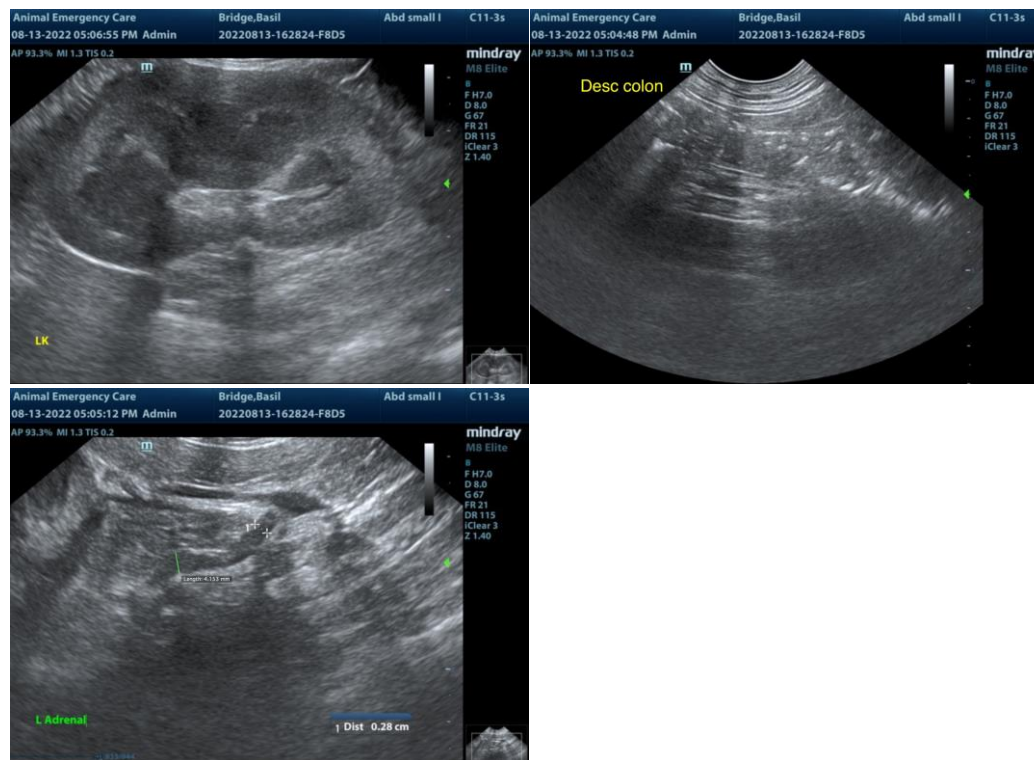
FS

AGE

1yr

WEIGHT

28kg



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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.

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