



**PATIENT**

Casper Baez

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Neutered Male

**AGE**

8 Years 2 Months

**WEIGHT**

87.9 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Heart & Paw

**REFERRING VET**

Dr. Marmolejo

**INVOICE**

44631

**DATE**

8/14/23

**PRESENTING CLINICAL SIGNS**

Ongoing GI signs since 6/23/23 (very burpy/lethargic since). Hx of vomiting and inappetence. Has not eaten a full meal in ~2 weeks with 10# weight loss. Current meds: Cerenia, Famotidine, Cyproheptadine

Abnormal PE/Chem/CBC/UA Results: NSF; ACTH stim normal 8/13

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 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 6.9 cm. The right kidney measured 7.4 cm.

**Adrenal Glands**

The adrenal glands were overtly normal in size, position, and shape. The left adrenal gland measured 2.9 cm length x 0.53 cm at the caudal pole. The right adrenal gland measured 2.8 cm length x 0.72 cm at the caudal pole.

**Spleen**

The spleen was normal in size and contour. Subtle generalized mild splenic parenchyma heterogeneity. Intermittent to discrete non-disruptive isoechoic mildly non-homogeneous splenic nodules noted, example measured 1.9 cm in diameter. The nodules did not distort the splenic capsule.

**Liver**

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. Normal adequate vascular volume. 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 generalized variably thickened wall exhibiting indistinct to loss of gastric wall layer detail. Associated mild asymmetrical luminal surface contour. The stomach contained a moderate amount of retained primarily anechoic fluid and mild non-specific hyperechoic non-shadowing ingesta. No obvious evidence of mechanical pyloric outflow obstruction or obstructive pyloric mural pathology. Gastric body wall measured up to 1.9 cm. Pylorus wall measured 1.3 cm.



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The small intestine presented generalized intact wall layering with maintained 1:3 muscularis/mucosa ratio. Subjective reduced intestinal mucosa echogenicity. Primarily generalized variable small intestinal ileus with anechoic luminal fluid. Concurrent segments of empty small intestine were also present to the level of the colon.

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Normal visible colon wall layers were present with formed to semiformal fecal matter

**Pancreas**

**BREED**

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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.

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**Free Abdomen**

Intermittent scant pockets of peritoneal free fluid. No overtly visualized or significant omental lymphadenopathy. No evidence of omental masses.

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**ULTRASONOGRAPHIC FINDINGS**

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87.9 Pounds

- Thickened hypomotile stomach with moderate retained anechoic fluid and mild non-specific ingesta
- Intact small intestinal wall exhibiting primarily generalized variable intestinal ileus, concurrent segmental empty small intestine
- Sonographically unremarkable pancreas
- Mild hepatic parenchymal remodeling – subjectively benign.
- Intermittent isoechoic/non-homogeneous non-disruptive splenic nodules – non-specific, non-disruptive splenic nodules tend to trend benign with considerations including hyperplasia, hematopoiesis, small granulomas, focal splenitis, or similar. Emerging primary or metastatic splenic nodule or neoplastic criteria possible yet thought less likely.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Considerations for the generalized gastrointestinal tract may include acute non-specific gastroenteritis or inflammatory bowel episode, enterotoxic insult, infectious disease, occult parasitism, occult infiltrative neoplasia, or other gastroenteropathy. A definitive area of gastrointestinal mechanical obstruction (i.e., foreign body, mural pathology, etc.) was not definitively visualized, yet technically cannot be excluded.

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Given this presentation, exploratory laparotomy with gross inspection of the gastrointestinal tract and with gastrointestinal biopsies considered essential for diagnosis may be strongly considered. Assuming no evidence of pathology on 3-view chest radiographs as a contributing factor, continued gastrointestinal support including gastroprotectants, dietary therapy, empirical deworming, antiemetics, etc. and GI panel to include PLI, TLI, cobalamin and folate is recommended.

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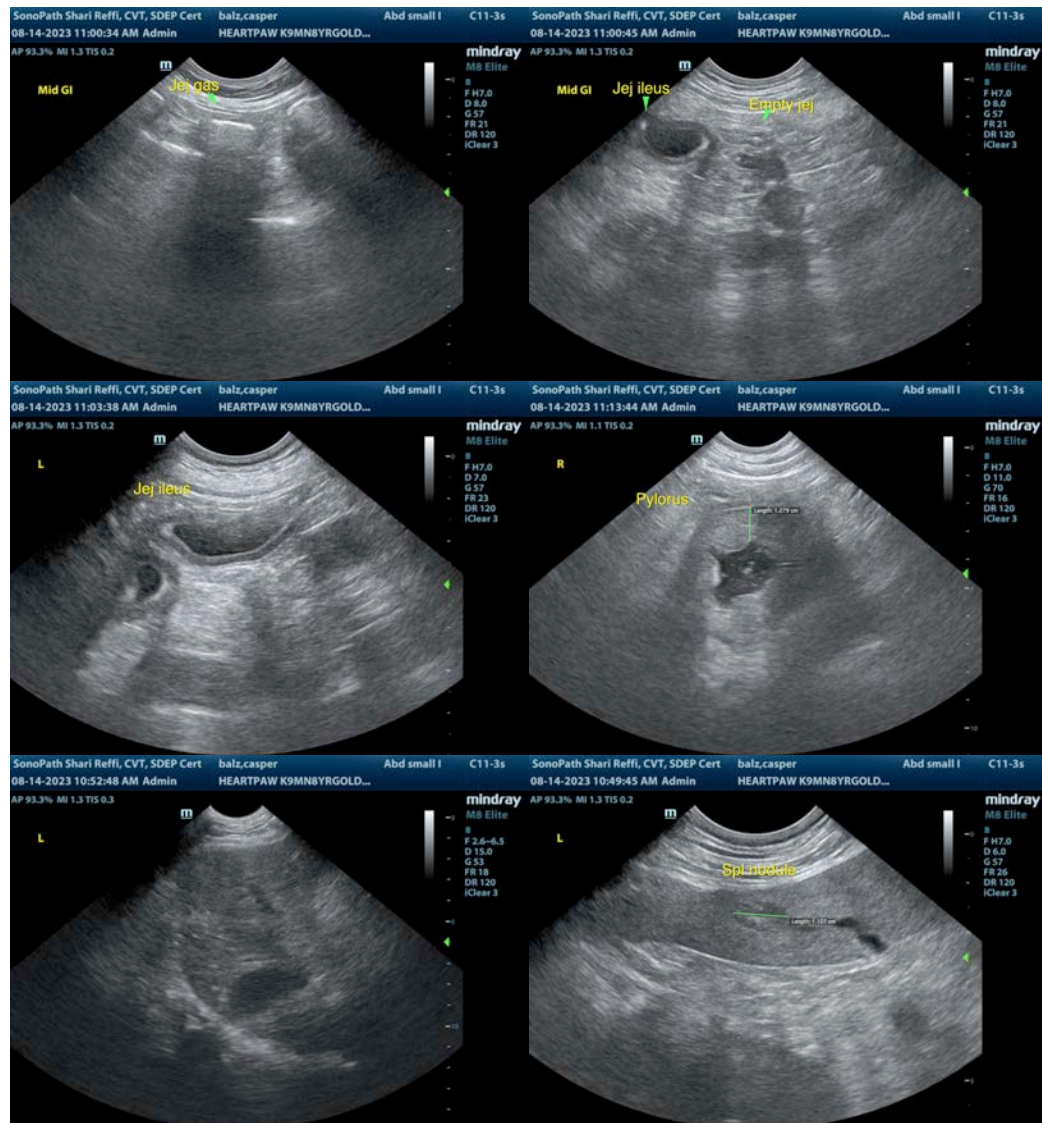
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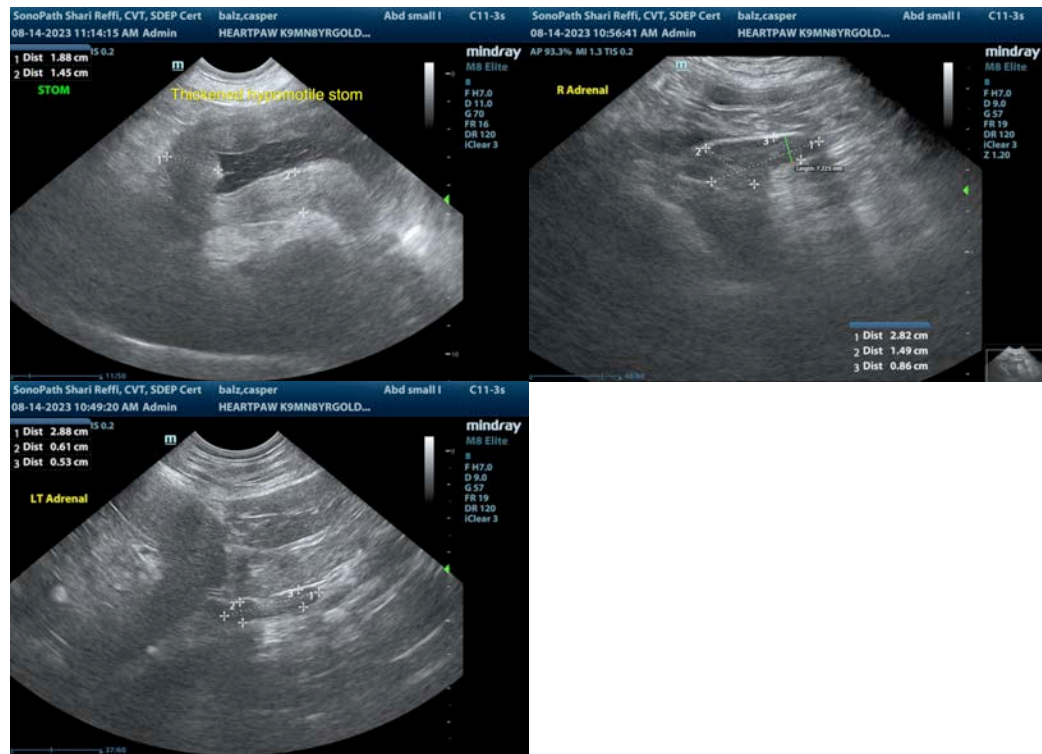
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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