



**PATIENT PRESENTING CLINICAL SIGNS**

Sam Grissom Chronic GI Issues Anorexia Acute Weight loss Current Medications Entyce, Prednisone 20mg BID  
Abnormal PE/Chem/CBC/UA Results: Chem – Amylase 278, Precision PSL 28, unremarkable CBC. UA  
– USG 1.050, 1+ protein, 3+ blood.

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

Golden Retriever X

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.

**SEX**

Neutered Male

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture. The prostate measured 1.7 cm diameter.

**AGE**

3 Years

The area of the aortic trifurcation was free of pathology.

**WEIGHT**

92 Pounds

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 7.9 cm. The right kidney measured 6.2 cm.

**INTERPRETED BY**

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

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 3.0 cm length x 1.0 cm at the caudal pole. The right adrenal gland was not definitively visualized owing to patient size. .

**IMAGING PERFORMED BY**

Heidi Putnam

**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.

**HOSPITAL NAME**

VCA Salem AH

**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.

**REFERRING VET**

Dr. Vill Williams

**Gastrointestinal**

**INVOICE**

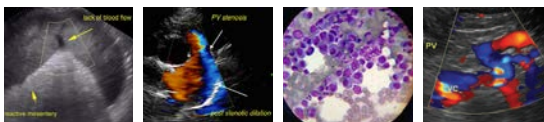
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The stomach presented intact wall layering with a normal wall layer ratio. Minor retained echogenic chyme and luminal gas present. Gastric body wall measured 0.45 cm.

**DATE**

8/18/21

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Mild segmental gas pattern noted. No evidence of ileus, obstruction or foreign material. Duodenum wall measured 0.5 cm. Jejunum wall measured 0.39 cm.



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

Sam Grissom **Pancreas**

**SPECIES** 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.

Canine

**BREED** **Free Abdomen**

Golden Retriever X

No evidence of intraabdominal masses, lymphadenopathy or effusion.

**SEX**

- Sonographically unremarkable abdomen

Neutered Male

- Minor retained gastric chyme and segmental mild small intestinal gas

**AGE**

3 Years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

92 Pounds

No overt evidence of visceral pathology, specifically gastrointestinal or pancreatic pathology as an obvious cause of the patient's clinical signs and weight loss. Given the history of chronic gastrointestinal signs, potential for dietary intolerance/food hypersensitivity, occult parasitism, or underlying inflammatory gastrointestinal process without evidence of mural changes may be possible. Further assessment may include (if not recently done) fresh fecal analysis to assess for parasitic ova/giardia, GI panel to include PLI, TLI, cobalamin and folate, and although considered unlikely, resting cortisol to rule out occult Addison's disease.

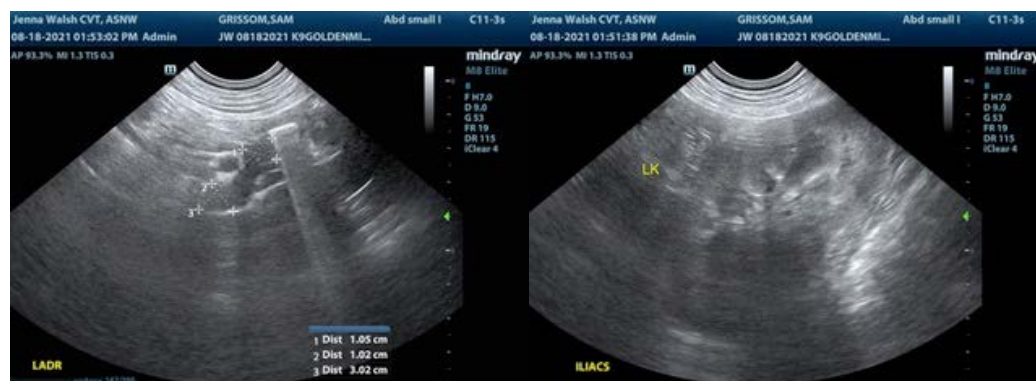
**INTERPRETED BY**

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

The appearance of the gastrointestinal tract was non-specific with considerations including dietary intolerance / food hypersensitivity, occult parasitism, inflammatory bowel disease without evidence of mural changes or other. A GI panel to include PLI/TLI/Cobalamin/Folate, fresh fecal analysis to assess for parasitic ova / Giardia and resting cortisol to rule out occult Addison's Disease is warranted.

**IMAGING PERFORMED BY**

Heidi Putnam



**HOSPITAL NAME**

VCA Salem AH

**REFERRING VET**

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**DATE**

8/18/21



**PATIENT**

Sam Grissom

**SPECIES**

Canine

**BREED**

Golden Retriever X

**SEX**

Neutered Male

**AGE**

3 Years

**WEIGHT**

92 Pounds

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**HOSPITAL NAME**

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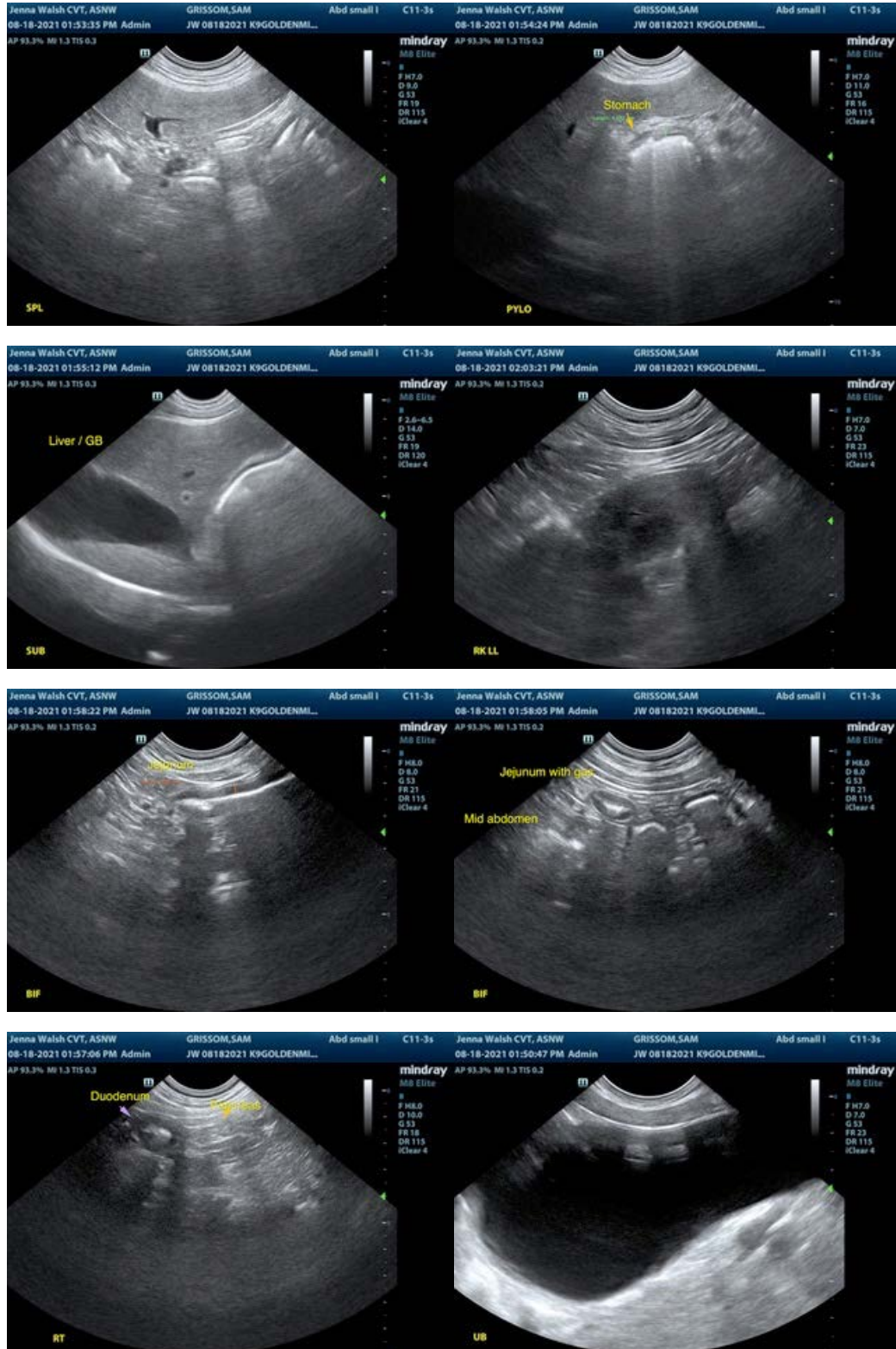
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**PATIENT**

Sam Grissom

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.

**BREED**

Golden Retriever X

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

**SEX**

Neutered Male

**AGE**

3 Years

**WEIGHT**

92 Pounds

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