

**PATIENT**

Goldie Cutter

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

FS

**AGE**

10 years

**WEIGHT**

78.2 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenna Walsh, CVT

**HOSPITAL NAME**

Hello Vet for Pets  
LLC

**REFERRING VET**

Dr. Christensen

**INVOICE**

14779

**DATE**

8/2/23

**PRESENTING CLINICAL SIGNS**

Enlarged Spleen on Radiographs Lack of appetite Diarrhea for a few weeks Radiographic Findings Enlarged Spleen

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**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 was 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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.4 cm in length. The right kidney measured 7.2 cm in length.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.3 cm length x 0.70 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.1 cm length x 0.71 cm width 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/ Gallbladder**

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.

The gallbladder was non-distended in size containing primarily anechoic content with mild gallbladder sediment. The cystic and common bile ducts were normal.



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***Gastrointestinal***

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The stomach presented intact sonographically normal wall layering with a normal wall layer ratio. The stomach was primarily empty with minor retained anechoic pyloric fluid. No evidence of mechanical pyloric outflow obstruction or obstructive pyloric mural pathology was noted.

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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.

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

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***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 were evident.

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***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

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**ULTRASONOGRAPHIC FINDINGS**

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- Sonographically unremarkable spleen - no evidence of splenomegaly or tumors
- Mild hepatic parenchymal remodeling - benign
- Mild gallbladder sediment (non mucocele)
- Sonographically unremarkable gastrointestinal tract / pancreas
- Mild chronic renal changes

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Largely mild geriatric abdomen without evidence of significant visceral pathology, including no evidence of intrabdominal neoplastic criteria or tumors.

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A definitive cause of the patient's gastrointestinal signs was not obvious. At times, the gastrointestinal presentation may not correlate with current or chronic gastrointestinal signs. Dietary intolerance / food hypersensitivity, dysbiosis, nonstructural inflammatory bowel / gastroenteritis, occult parasitism, low-grade to chronic pancreatitis, which may present as sonographically normal, and infiltrative neoplasia (less likely) are possible. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

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Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Provable or Visbiome), antibiotic trial and as needed gastrointestinal support with assessment of clinical response may prove beneficial.

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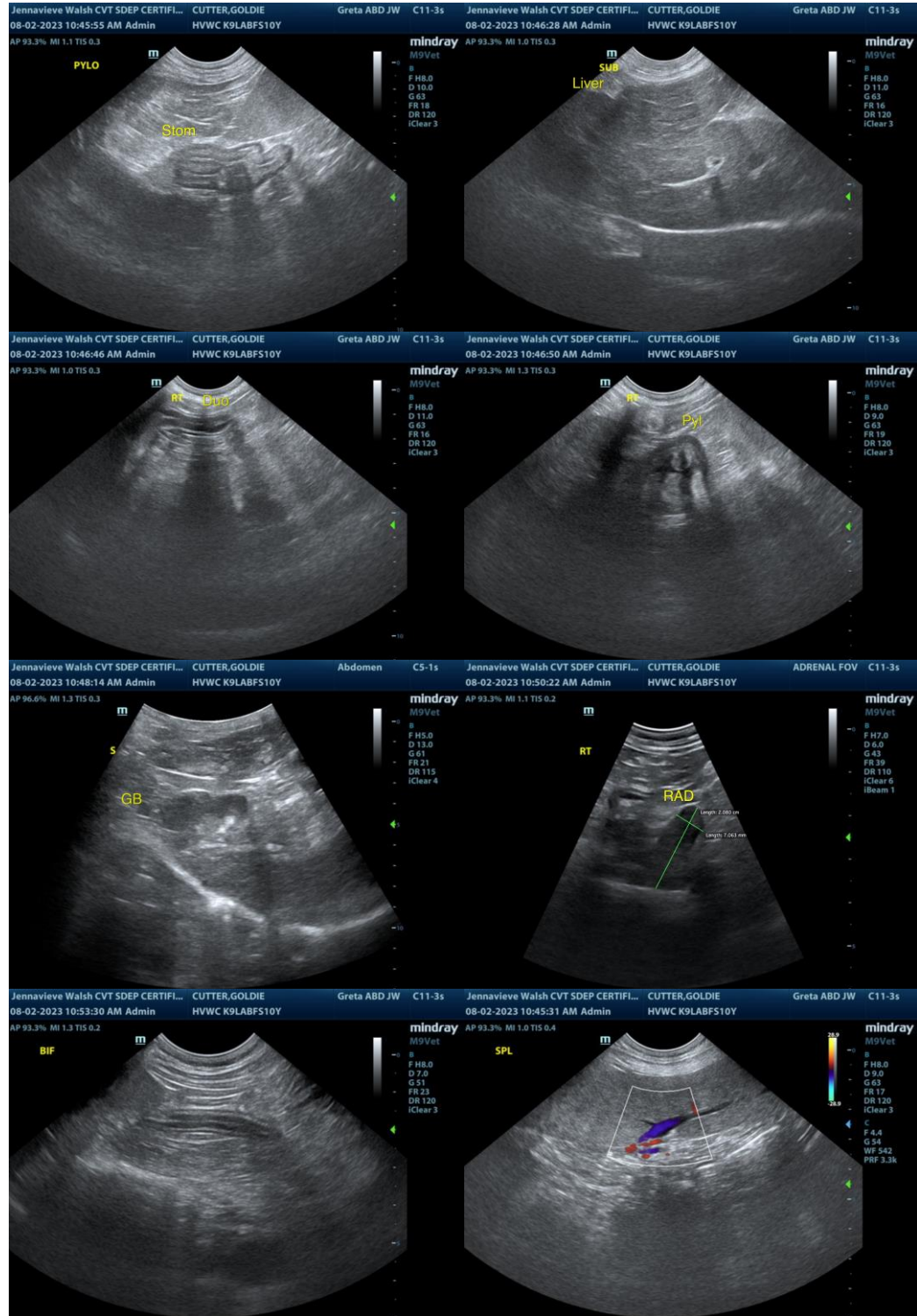
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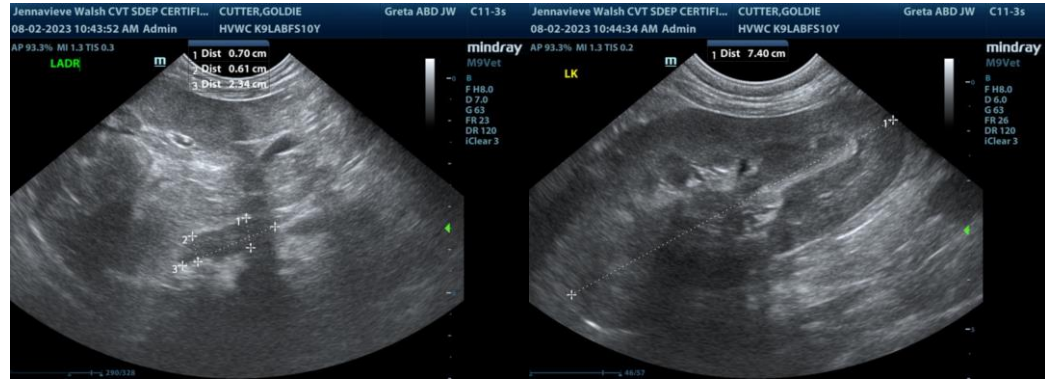
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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