



**PATIENT**

Benji Froggatt

**PRESENTING CLINICAL SIGNS**

Vomiting and diarrhea last week. Improved today

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: Not performed

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

Golden Retriever

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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**

MN

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 7.3 cm in length. The right kidney measured 7.8 cm in length.

**AGE**

8.5yr

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology.

**WEIGHT**

83lb

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.70 cm width at the caudal pole and 3.0 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.81 cm width at the caudal pole and 2.7 cm length.

**INTERPRETED BY**

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**

A. Rodriguez

**Liver/Gallbladder**

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. Normal vascular volume. 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**

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**REFERRING VET**

A. Rodriguez

**Gastrointestinal**

**INVOICE**

14689ag

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate non-shadowing ingesta sonographically suggestive of food with no signs of ileus, obstruction or foreign material.

**DATE**

08/21/2023



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained similar appearing segmental ingesta 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.

**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 was evident.

**BREED**

Golden Retriever

**Free Abdomen**

No omental masses or peritoneal effusion was present.

**SEX**

MN

Intermittent mildly prominent to enlarged mesenteric nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

**AGE**

8.5yr

**ULTRASONOGRAPHIC FINDINGS**

- Structurally unremarkable GI tract with gastric and mild segmental intestinal ingesta.
- Intermittent subjectively benign/reactive mesenteric lymphadenopathy-likely secondary lymphoid hyperplasia or possible mild reactive lymphadenitis.

**WEIGHT**

83lb

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Overall, there is no overt evidence of significant abdominal visceral pathology as a definitive cause of the patient's clinical signs. No evidence of mural pathology or obstructive criteria. Continued GI supportive care including dietary therapy is recommended. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Although considered unlikely considering normal adrenal presentation, a resting cortisol level to rule out occult Addison's disease could be considered if current GI signs are present.

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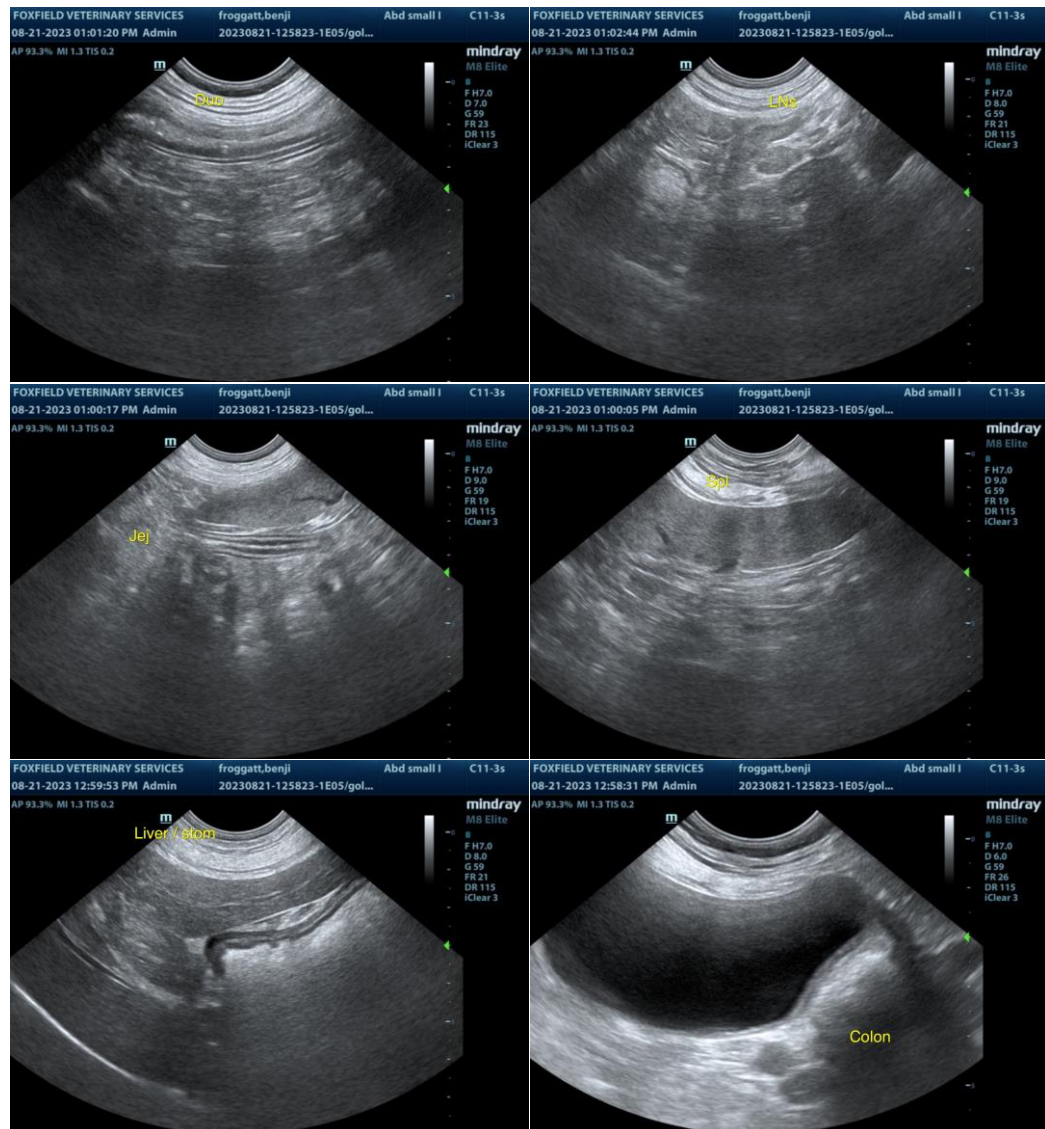
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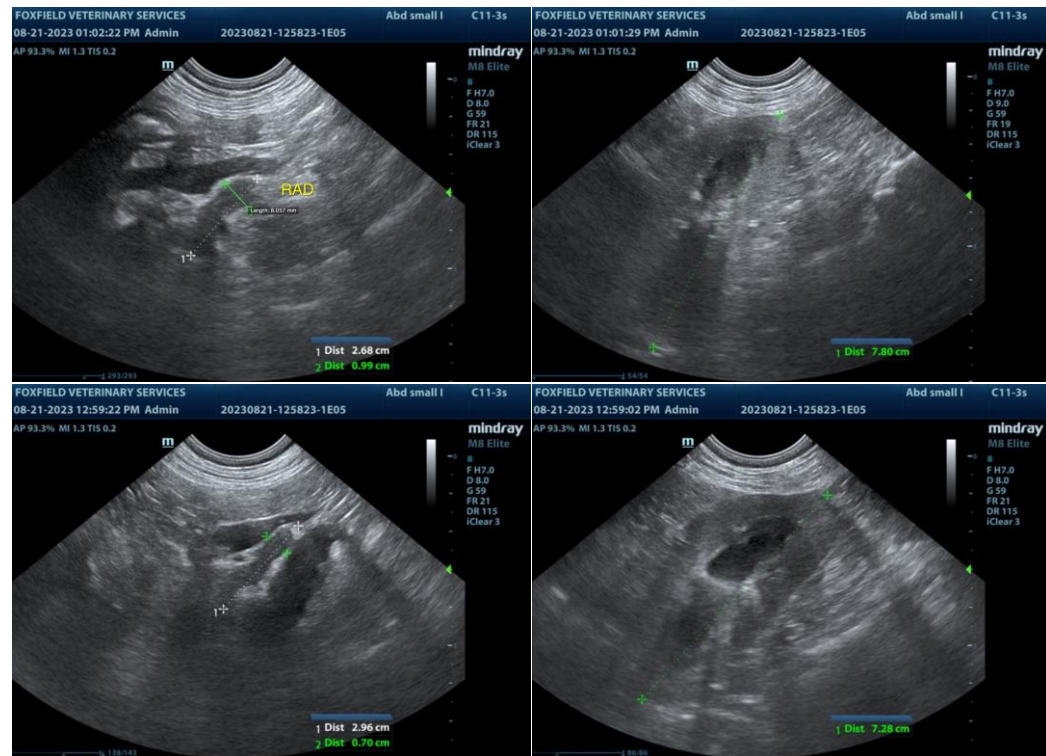
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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DVM, DABVP  
(Canine and Feline)

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.

**IMAGING PERFORMED BY**

A. Rodriguez

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)  
[info@sonopath.com](mailto:info@sonopath.com)

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