



PATIENT

Frankie Doyle

PRESENTING CLINICAL SIGNS

Recent bloody diarrhea. Tense abdomen. Bloodwork pending.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Golden Retriever

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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.

SEX

F/S

The area of the aortic trifurcation was free of pathology.

AGE

2 years

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 6.3 cm in length. The right kidney measured 6.7 cm in length.

WEIGHT

28 kg

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.55 cm width at the caudal pole and 0.45 cm width at the cranial pole. The right adrenal gland was indistinctly visualized yet overtly normal in size, position, and shape, subjectively measuring 0.60 cm width at the caudal pole.

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

Dave Stasiuk RDMS,
RDCS

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. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing mild, non-dependent, mildly echogenic debris primarily in the caudal lumen and gallbladder neck. The gallbladder debris is likely incidental potentially secondary to fasting. The cystic and common bile ducts were normal.

HOSPITAL NAME

Woodlands
Veterinary Hospital

REFERRING VET

Dr. Tom LeBoldus

INVOICE

14879

Gastrointestinal

DATE

9-14-22

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild luminal gas. No evidence of gastric distention with retained ingesta, fluid, or foreign material.



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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.

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 were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

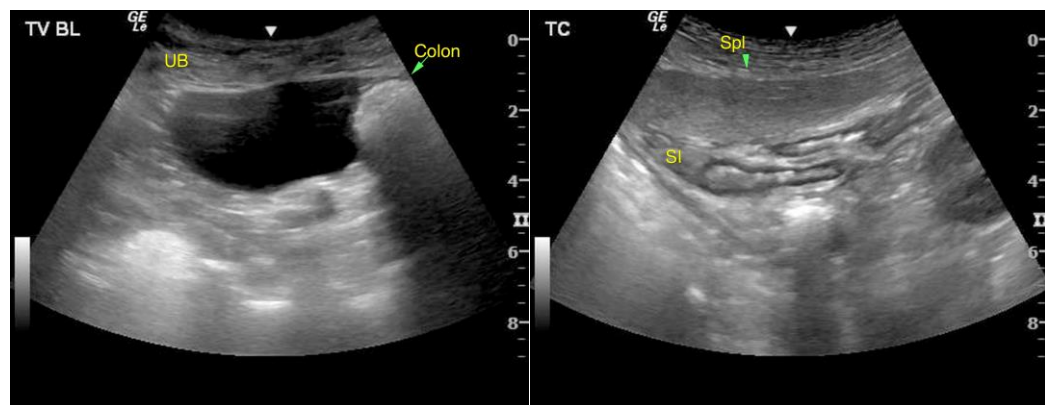
ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of structural gastrointestinal or colic pathology. Potential resolving inflammatory enterocolic episode, dietary indiscretion, enterotoxic insult, and occult parasitism are possible. If recurrent or consistent gastrointestinal signs, IBD or low-grade pancreatitis, both of which may present as sonographically normal, may be considered.

Spec cPL would be reasonable to assess for occult pancreatic inflammation, given the tense abdomen. Continued conservative GI supportive therapy and/or treatment for low-grade to resolving colitis with assessment of clinical response and/or for recurrent gastrointestinal signs would be reasonable.





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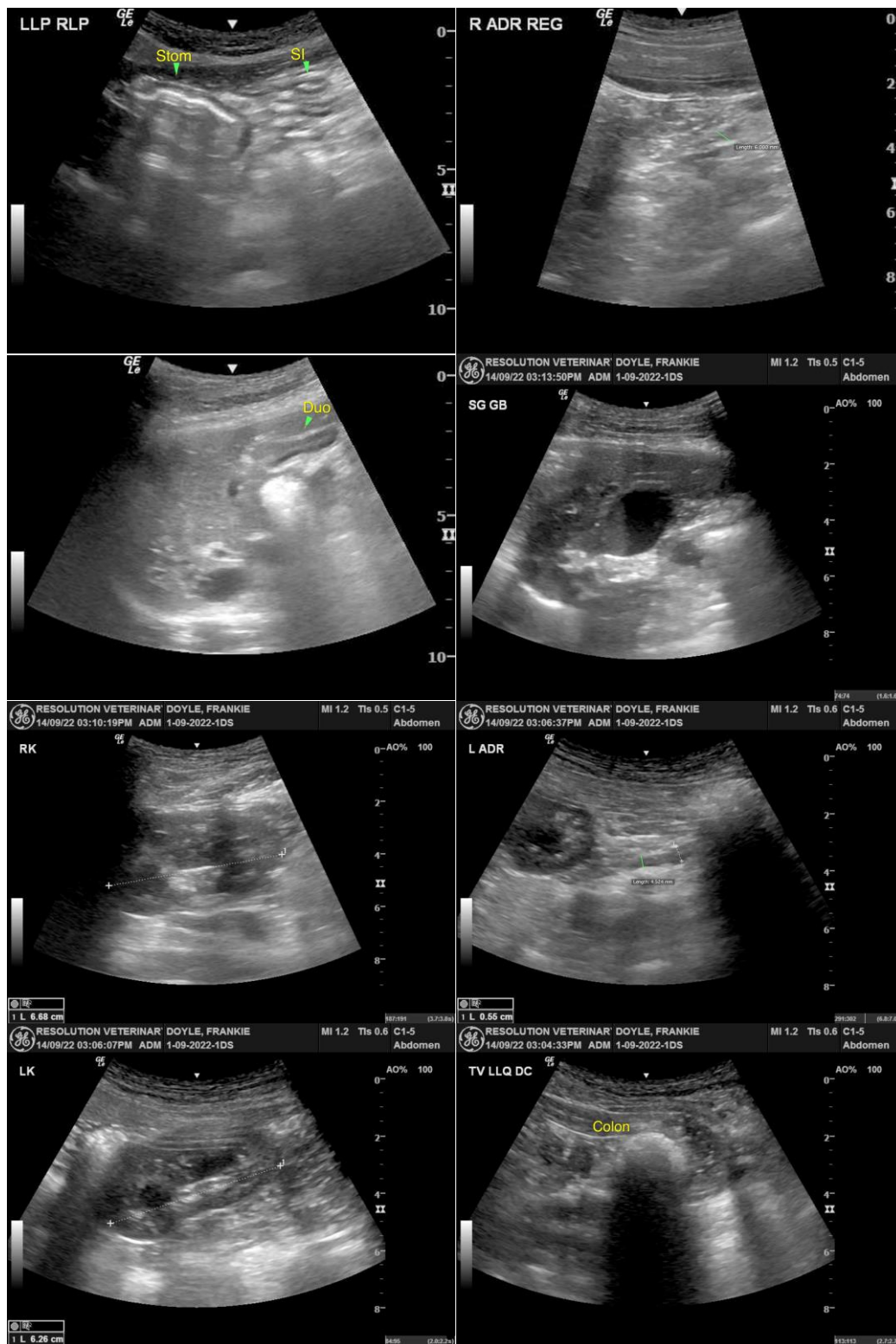
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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info@SonoPath.com

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