



## PATIENT

Turtle Murray

## SPECIES

Canine

## BREED

Potcake

## SEX

Female

## AGE

12 Months

## WEIGHT

20.8 kg

## INTERPRETED BY

Karen Ebersole, DVM,  
DABVP (Canine and  
Feline practice)

## IMAGING PERFORMED BY

Natalia Franco

## HOSPITAL NAME

Eagleson VC

## REFERRING VET

Dr. Hazem Othman

## INVOICE

35759

## DATE

12/6/25

## PRESENTING CLINICAL SIGNS

History: Presented for anorexia, vomiting and diarrhea. Not-responsive to supportive treatment. Patient ate small amount overnight. DDX: Intussusception, FB, gastroenteritis, pancreatitis, metabolic or hormonal disease, other.

Abnormal PE/Chem/CBC/UA Results: Diagnostics performed yesterday: Radiography: Stomach moderate in size contain gas no obvious FB SI no distention or obvious FB Colon hard to likely contains liquid liver and spleen wnl Uterus not apparent BW: mild RBC elevation neutrophilia mild hyperglycemia.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The bladder was normal in size and shape. The bladder wall was normal in thickness for the volume of urine present. The trigone and visible urethra were normal in appearance. The urine was anechoic with no visible sediment or uroliths.

The uterus was not visible in these clips.

Both kidneys were normal in size and shape with a smooth capsule contour. There was normal cortical echotexture, with a normal 1:3 cortex to medulla ratio. There was no pelvic dilation. The left kidney measured 5.9 cm in length. The right kidney measured 6.5 cm in length.

The iliac trifurcation was visualized and evaluated. There was normal vascular perfusion with no evidence of thrombus formation. There was no visible lymphadenopathy.

### *Adrenal Glands*

Both adrenal glands were normal in size and shape, with a smooth capsule contour. The parenchyma was a normal echogenicity. There were no nodules or masses visible. The left adrenal gland measured 0.43 cm at the caudal pole and 0.52 cm at the cranial pole. The right adrenal gland measured 0.59 cm at the caudal pole and 0.89 cm at the cranial pole.

### *Spleen*

The spleen was normal in size and shape, with a smooth capsule contour. The parenchyma was finely textured and homogeneous. There were no visible masses, nodules or evidence of infiltrative disease. The vasculature showed good vascularity with power doppler.

### *Liver/Gallbladder*

The liver was normal in size and shape, with a smooth capsule contour. The hepatic parenchyma displayed normal echotexture and normal portal markings. The hepatic vasculature was normal in volume and structure. The gall bladder was normal in size and contents. The cystic and common bile ducts were normal with no evidence of obstruction or inflammation.

### *Gastrointestinal*

The stomach was moderately distended with suspected ingesta, fluid, and shadowing gas. Within the pyloric outflow, there is nonshadowing echogenic density, which could represent ingesta or a minor potential for foreign material. The stomach wall measured 0.49 cm in width. The duodenum appeared largely empty. The small intestinal walls were diffusely thickened with intact wall layering. The small



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intestine was primarily thickened due to mucosal hypertrophy. There was mild segmental ileus and hyperperistalsis with mild luminal fluid accumulation. There was no visible obstruction, mass, or foreign material in the intestines. The ICJ was clearly visualized and appeared normal. The colon wall was diffusely thickened with maintained wall layering. The mucosal layer was moderately thickened, while the submucosal layer was echogenic and prominent. Non-formed to liquid luminal contents were present.

### *Pancreas*

The pancreas was isoechoic to the surrounding mesentery with normal size, shape and capsule contour. There was no evidence of inflammation or masses within the right and left limbs or body of the pancreas.

### *Free Abdomen*

There was no visible free peritoneal fluid.

Focally enlarged mesenteric lymph nodes were present. The lymph nodes were homogenous, mildly hypoechoic with a smooth capsule contour. A normal width: length ratio was maintained (<0.5). There was mild adjacent mesenteric inflammation. An example of lymph node size was 4.4 cm x 0.9 cm.

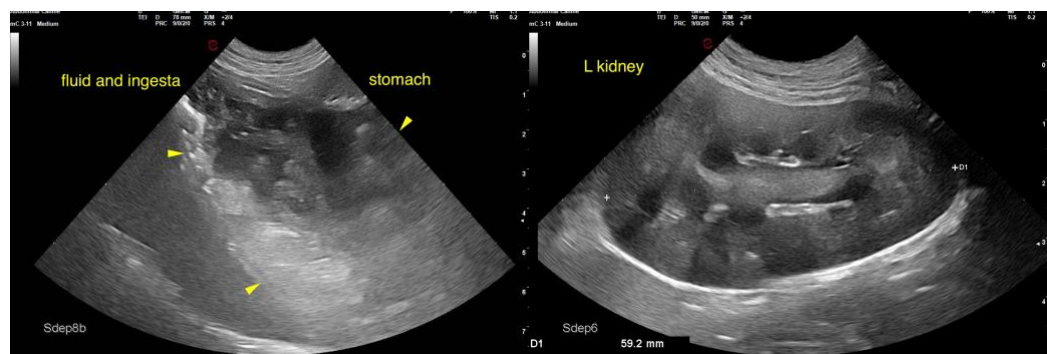
## ULTRASONOGRAPHIC FINDINGS

- Moderate gastric distention with suspected ingesta, fluid and gas.
- Soft, non-shadowing density in pyloric outflow - suspect ingesta but can't completely rule out foreign material
- Enterocolitis pattern
- Mesenteric lymphadenopathy - reactive pattern

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with the amount of water and food that was eaten overnight is recommended. The stomach contents could be ingesta, which may be moving through slowly due to the GI inflammation. Continued supportive care and electrolyte management are recommended to improve gastric motility.

Given the widespread GI inflammation (stomach, SI and colon), I suspect this is gastroenterocolitis - which could be secondary to dietary indiscretion, GI parasites, infectious, etc. There is no visible evidence of an intussusception.





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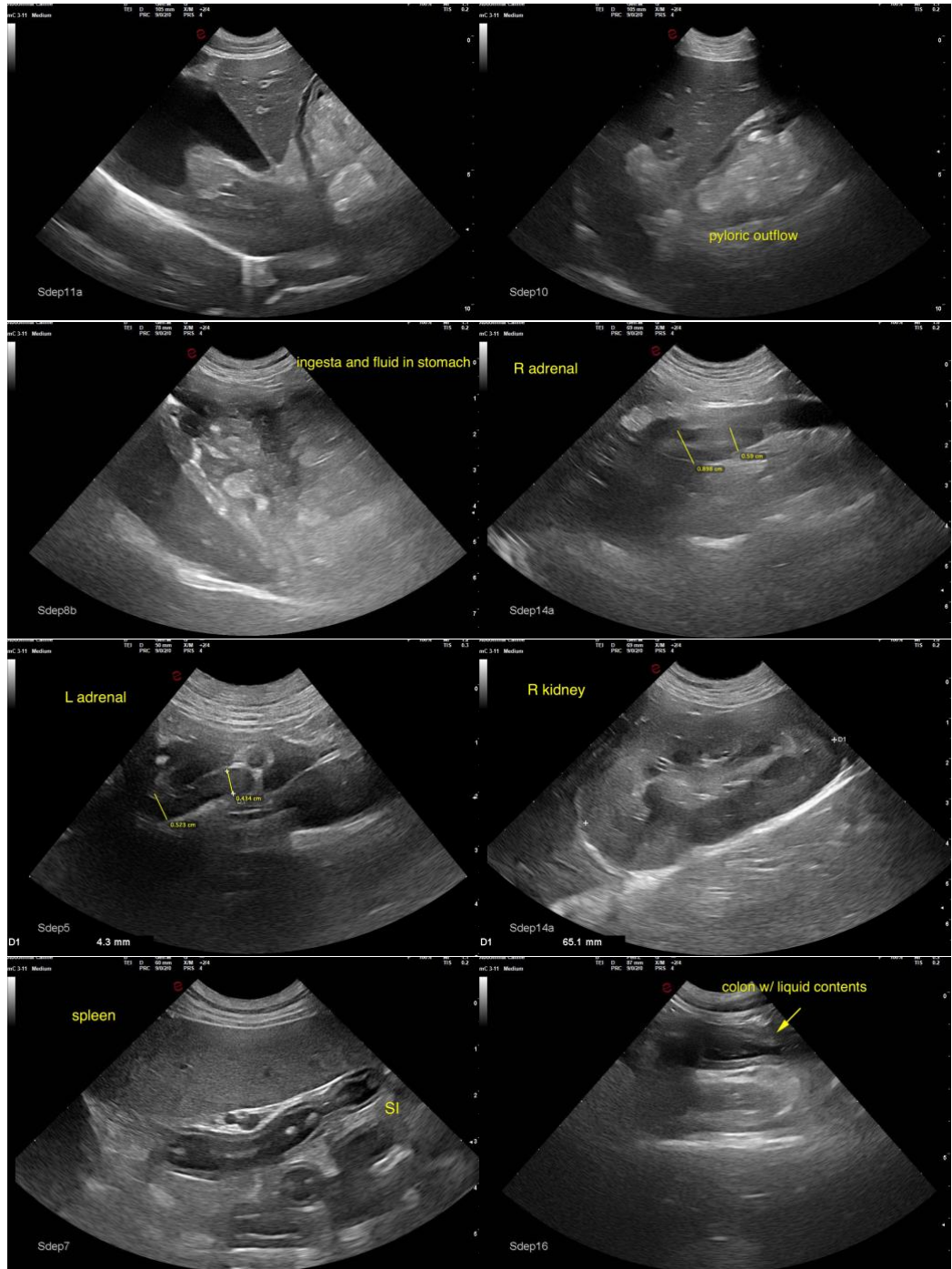
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Karen Ebersole, DVM, DABVP (Canine and Feline practice)

info@SonoPath.com