



PATIENT

Roxy Mota

SPECIES

Canine

BREED

Rottie

SEX

Spayed Female

AGE

3 Years

WEIGHT

86.6 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Kristin Evans

HOSPITAL NAME

Emergency Animal
Hospital of Crystal
Falls

REFERRING VET

Dr. Chelsea Pearce

INVOICE

12901

DATE

01/01/26

PRESENTING CLINICAL SIGNS

Roxy had a MCT stage 4 removed about 4 months ago. A couple weeks ago was treated for diarrhea as an outpatient, at that time ultrasound was recommended could do at rDVM since cheaper. P responded to outpatient care, ultrasound not completed. No change to diet other than takes medication in turkey, but that is not new. Since this morning O reports that Roxy has been vomiting straight blood and straight bloody diarrhea.

Abnormal PE/Chem/CBC/UA Results: no blood work done at this time

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 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 change were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was 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 6.9 cm in length. The right kidney measured 7.0 cm in length.

Adrenal Glands

The left adrenal gland was overtly normal in size, position and shape. The left adrenal gland subjectively measured 0.66 cm width at the caudal pole.

The right adrenal gland was indistinctly visualized with no obvious pathology. The right adrenal gland subjectively measured 0.54 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

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.

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild lumen gas and with no signs of ileus, obstruction or foreign material.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. Mild segmental intestinal ileus and intestinal gas to the level of the colon.

The visualized colon exhibited intact wall layering with mild generalized colon distention containing nonformed fecal matter.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

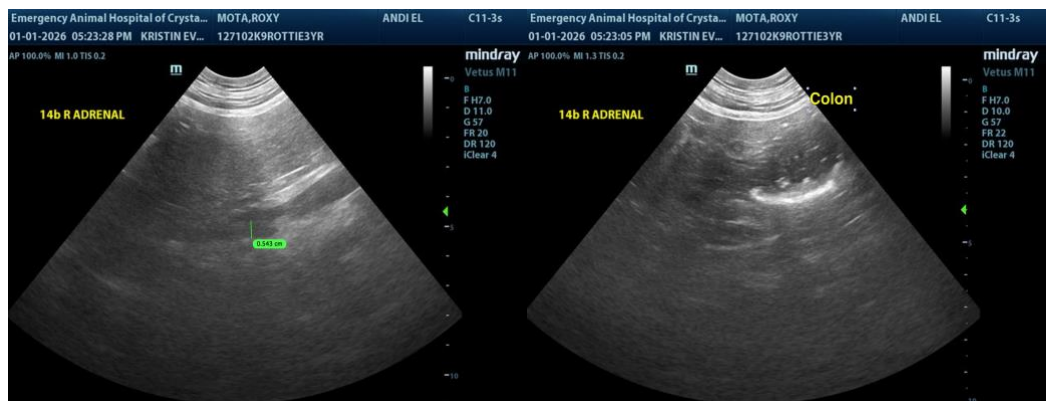
Intermittent mildly enlarged mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). No evidence of peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Acute to subacute nonspecific gastroenterocolitis.
- Sonographically unremarkable spleen.
- Intermittent mild mesenteric lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unknown dietary indiscretion, infectious disease, enterotoxin, acute to subacute possibly recurrent inflammatory bowel episode, occult parasitism, occult Addison's disease are all potentials. No evidence of intra-abdominal primary or metastatic neoplastic criteria with mild secondary benign or reactive mesenteric lymphadenopathy probable. No definitive visualized gastroenterocolic mural pathology i.e. intussusception or foreign body which is thought less likely. Gastrointestinal support is indicated with clinical monitoring. Correlation with labwork, screening cortisol level, a GI panel to include PLI, TLI, cobalamin and folate and fresh fecal analysis are warranted. Sonographic reassessment or monitoring is recommended if nonresponsive or progressive gastrointestinal signs.





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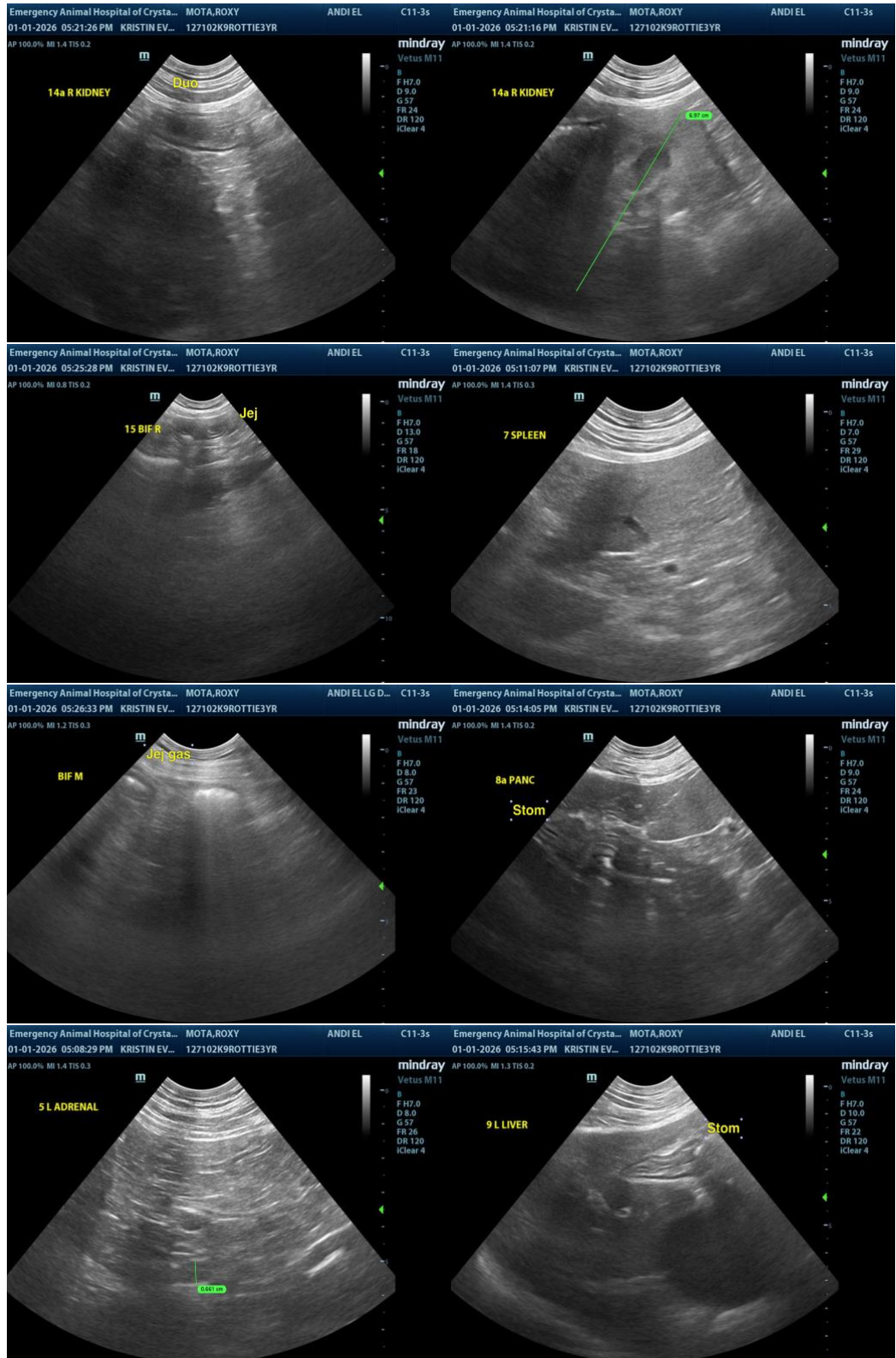
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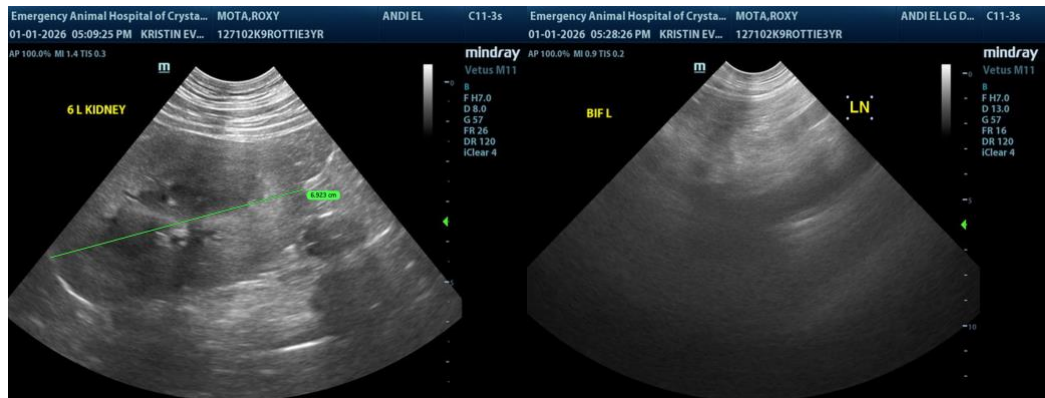
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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