

**PATIENT**

Bella Bybee

**SPECIES**

Canine

**BREED**

Yorkie

**SEX**

Spayed Female

**AGE**

7 Years

**WEIGHT**

6.8 Lbs.

**INTERPRETED BY**R. McKenzie Daniel, DVM,  
DABVP (Canine and Feline)**IMAGING  
PERFORMED BY**

Sarah Pender, CVT

**HOSPITAL NAME**

SVS Imaging QC

**REFERRING VET**

Dr. Adam White

**INVOICE**

13390

**DATE**

1/12/22

**PRESENTING CLINICAL SIGNS**

History: vomit & bloody diarrhea Treated with metronidazole and cerenia unsuccessful  
 Abnormal PE/Chem/CBC/UA Results: RBC10.11 HCT 67.2% HGB 22.8 PLT 42 PCT 0.05% ALT 323  
 GGT 34 TBIL 1.4 AMYL >2500 LIPA 5723

**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 were noted.

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 3.6 cm in length. The right kidney measured 3.9 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 1.3 cm in length x 0.42 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 1.4 cm in length x 0.45 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 mild echogenic, nonmineralized biliary sludge. The gallbladder was otherwise normal. The cystic duct and common bile ducts were normal without evidence of dilation.

**Gastrointestinal**

The stomach exhibited intact and sonographically unremarkable wall layering. The stomach was empty contained a moderate amount of retained echogenic fluid and chyme. No overt evidence of mechanical pyloric outflow obstruction. The pylorus wall measured 0.32 cm.

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. The duodenum wall measured 0.42 cm. The jejunum wall measured 0.35 cm.

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The colon exhibited intact and sonographically unremarkable wall layering containing generalized semi-formed feces.

**Pancreas****SPECIES**

Canine

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

**Free Abdomen****BREED**

Yorkie

No overt lymphadenopathy or peritoneal effusion was present.

**SEX**

Spayed Female

- Mild gastroenterocolitis pattern with moderate retained gastric fluid/chyme
- Benign hepatopathy
- Mild gallbladder debris (non-mucocele)
- Heterogeneous pancreas

**AGE**

7 Years

**ULTRASONOGRAPHIC FINDINGS****INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS****WEIGHT**

6.8 Lbs.

Hospitalization with medical therapy for hemorrhagic gastroenteritis given the hematochezia and evidence of dehydration recommended. The appearance of the pancreas is not overtly consistent with active pancreatitis yet potential for low-grade or chronic pancreatitis possible. Suspect secondary reactive or potential low-grade inflammatory hepatopathy. The minor gallbladder debris may suggest some degree of concurrent cholestasis yet may be secondary to fasting. Dietary indiscretion/food intolerance, occult parasitism or structurally insignificant inflammatory bowel possible. In patients with chronic to recurrent gastrointestinal signs, mild pancreatitis, dysbiosis, food hypersensitivity, IBD or less likely intestinal neoplasia may be present. Correlation with GI panel, to include PLI, TLI, cobalamin and folate could be considered.

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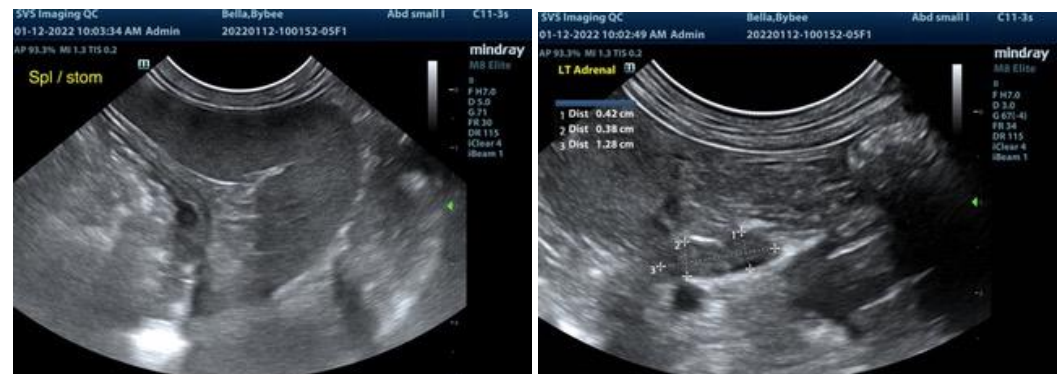
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Long term limited antigen or hydrolyzed diet, prophylactic deworming (i.e., Panacur at 50 mg per kg, POSID, for 5 consecutive days), high colony count probiotics (such as Provable) may prove beneficial.

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not

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visible in the image/video clips provided.

Bella Bybee

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.

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**info@SonoPath.com**

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