



## PATIENT

Zoe Hausman

## SPECIES

Canine

## BREED

Mixed

## SEX

Spayed Female

## AGE

11 Years

## WEIGHT

16.1 kg

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP

## IMAGING PERFORMED BY

Dr. Maria Lara

## HOSPITAL NAME

Allure Veterinary  
Hospital & Urgent Care

## REFERRING VET

Dr. Maria Lara

## INVOICE

13238

## DATE

01/17/26

## PRESENTING CLINICAL SIGNS

Patient presented around 4am for acute vomiting and diarrhea, has a history of at least 2 years with elevated liver values, Dx IVDD 2 years ago. Zoe had 3 episodes of vomiting and start with hematochezia around midnight. Patient is currently receiving: Panoquell Pantoprazole Fenbendazole Ampicillin Sulbactam Buprenorphine Pro Pectalin Sucralfate Ondansetron Denamarin

Abnormal PE/Chem/CBC/UA Results: Patient has pink but tacky mucous membranes w/ 1/4 dental disease, mildly uncomfortable on abdominal palpation, has not had any vomiting or diarrhea since hospitalized, PE was otherwise unremarkable. RBC 9.34 (5.65 - 8.87 M/ $\mu$ L) H RDW 22.1 (13.6 - 21.7 %) H MPV 13.6 (8.7 - 13.2 fL) H ALP 1,599 (23 - 212 U/L) H Catalyst Pancreatic Lipase >2,000 (0 - 200 U/L)H

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured – cm in length. The right kidney measured – 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 0.60 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 0.59 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 & Gallbladder

The liver presented with subjective borderline enlargement. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.



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The gallbladder was non distended in size with mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

### **Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, mild nonshadowing ingesta without evidence of obstruction to pyloric outflow.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Mild duodenal nonshadowing chyme with overall empty intestinal tract to the level of the colon.

The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. The colon was primarily empty with lumen gas and segmental soft to nonformed fecal matter.

### **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.

### **Free Abdomen**

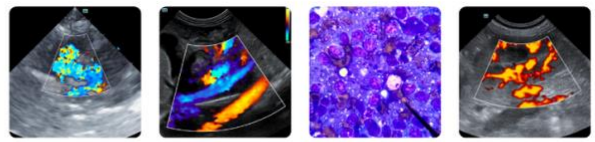
No overt lymphadenopathy or peritoneal effusion was present.

## **ULTRASONOGRAPHIC FINDINGS**

- Benign hepatopathy- suggestive of metabolic, reactive or vacuolar hepatopathy criteria.
- Mild nonorganized gallbladder debris (non-mucocele).
- Sonographically normal gastrointestinal tract with mild nonshadowing gastric ingesta.
- Mild colitis pattern.
- Sonographically normal pancreas.
- Mild age-related renal changes.
- Normal bilateral adrenal glands.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Dietary intolerance/indiscretion, infectious disease, enterotoxin, non-structural inflammatory bowel episode or IBD, mild pancreatitis which may present sonographically normal, are all potentials. No evidence of gastroenterocolic or abdominal neoplastic criteria. Gastrointestinal support and empirical therapy for possible mild pancreatitis recommended. A GI panel to include PLI, TLI, cobalamin and folate and screening cortisol level to assess for occult disease may be considered. Sonographic reassessment is recommended if non-response to supportive care or progressive gastrointestinal signs.



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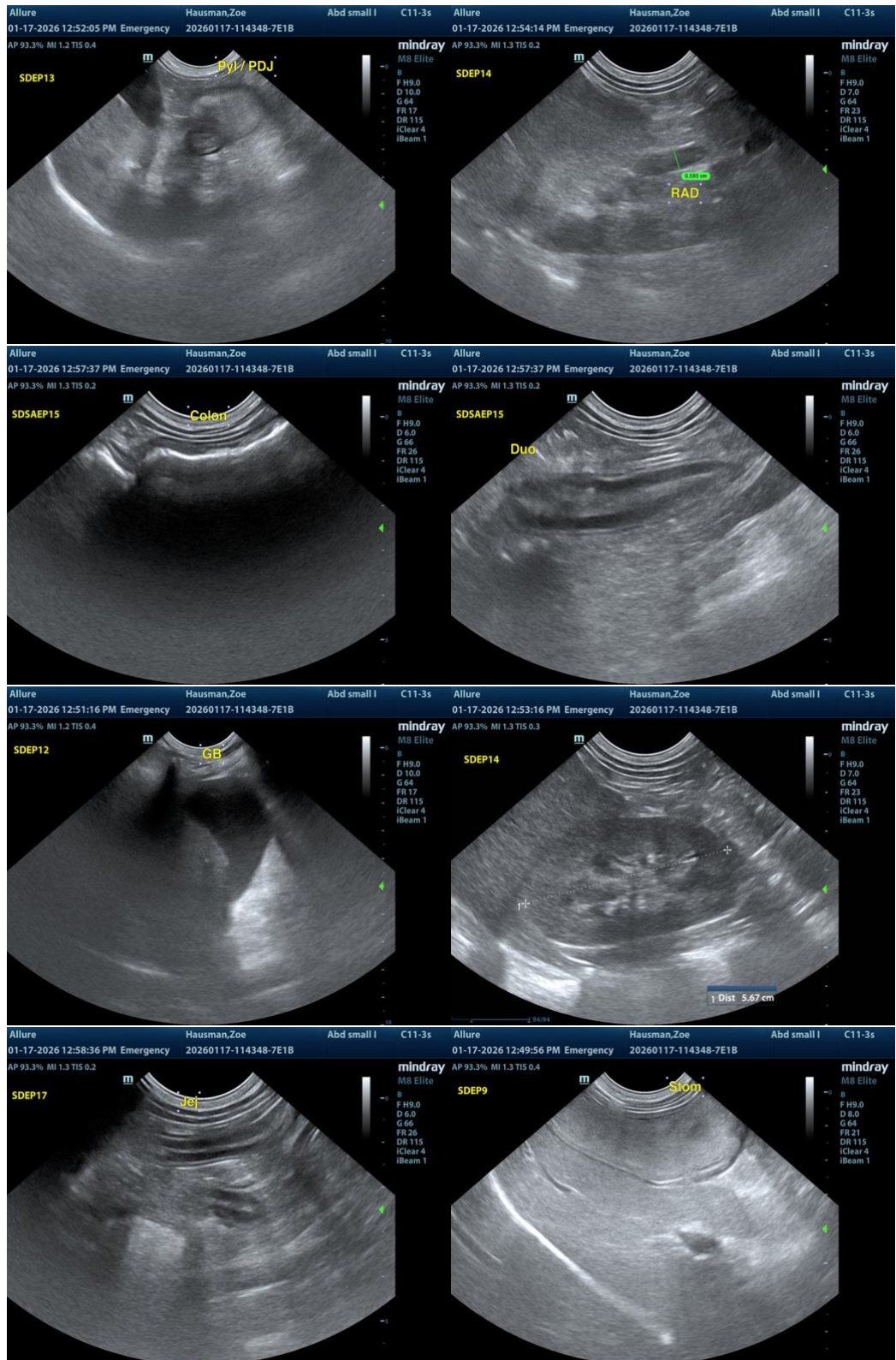
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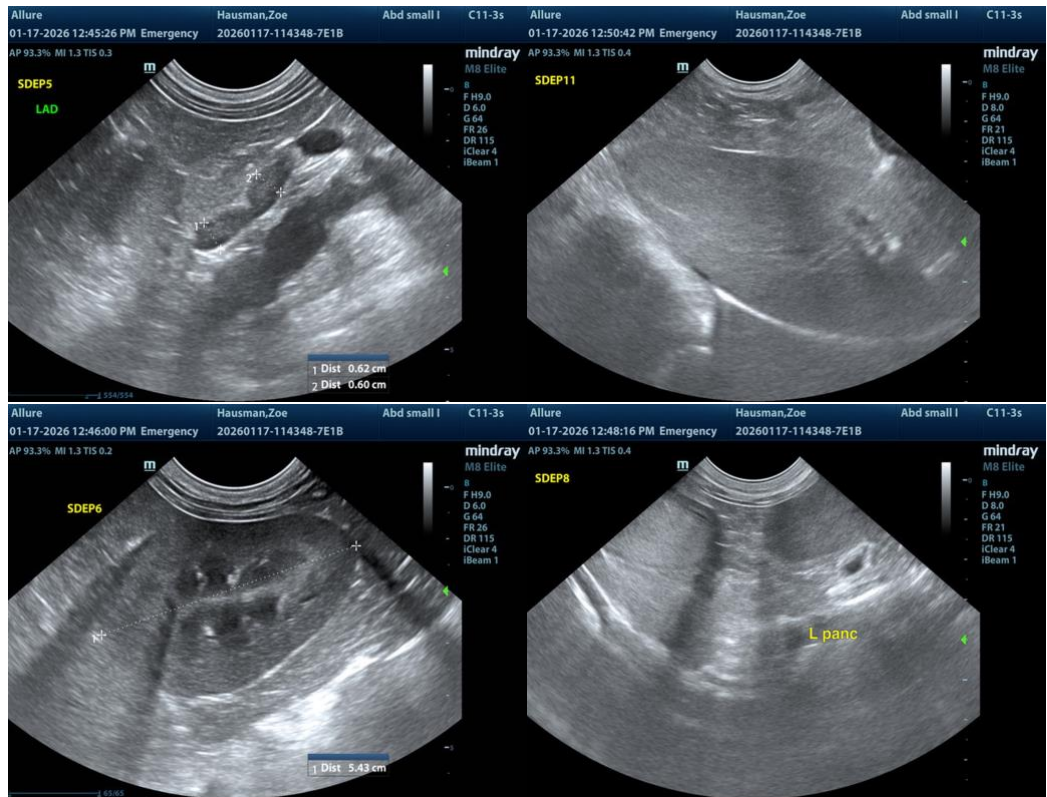
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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