



**PATIENT**

Lumi Mcleod

**SPECIES**

Canine

**BREED**

Lab Retriever

**SEX**

FS

**AGE**

4 months

**WEIGHT**

13 kg

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)

**IMAGING PERFORMED BY**

Dr. Sarah Barthelemy

**HOSPITAL NAME**

Crowchild Trail VC

**REFERRING VET**

Dr. Rondot

**INVOICE**

15893

**DATE**

1/20/23

**PRESENTING CLINICAL SIGNS**

Acute onset vomiting started this morning. No known dietary indiscretion.

Abnormal PE/Chem/CBC/UA Results: Mild anemia at 31%. Mild ALT elevation.

**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, sediment, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The area of the aortic trifurcation was free of pathology.

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 5.8 cm in length. The right kidney measured 5.6 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 0.31 cm width at the caudal pole and 0.35 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.36 cm width at the caudal pole and 0.35 cm width at the cranial 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 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**

The stomach presented wall mild thickening secondary to mild echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The stomach was empty with mild luminal gas.



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The small intestine presented intact wall layering and subjective maintained 1:3 muscularis/mucosa ratio with minor segmental nonobstructive intestinal ileus pattern and luminal gas.

Normal visible colon wall layers were present with apparent formed feces in lumen.

**Pancreas**

The pancreas base and right pancreatic limb exhibited heterogeneous regionally hypoechoic parenchyma compared to adjacent omentum.

**Free Abdomen**

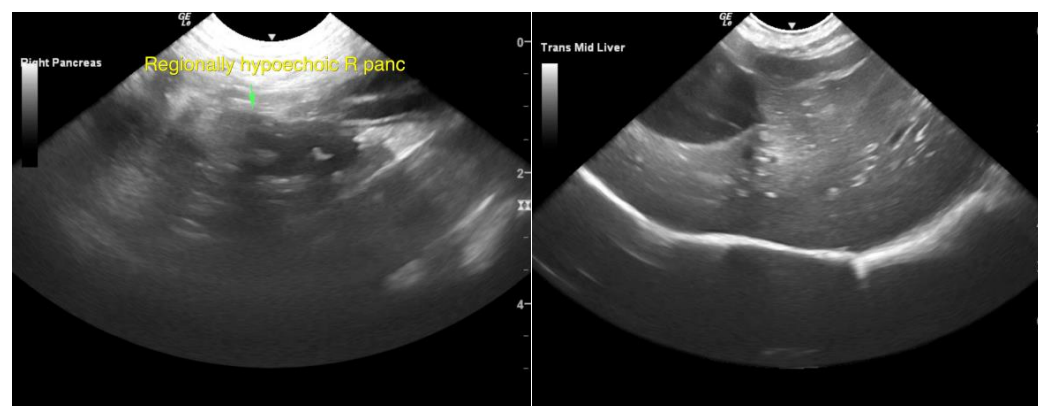
Several, mid-abdominal mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 1.5 cm x 0.75 cm. No evidence of peritoneal effusion was noted.

**ULTRASONOGRAPHIC FINDINGS**

- Mild acute gastroenteritis pattern - no evidence of mechanical gastrointestinal obstructive pattern or foreign material
- Mildly heterogeneous regionally hypoechoic pancreas base / right pancreatic limb - nonspecific, patient variant, potential for mild to variable low-grade pancreatitis
- Intermittent prominent to hypoechoic mesenteric lymph nodes - possible secondary reactive lymphadenitis owing to inflammatory bowel episode vs. immunologic immaturity
- Sonographically normal liver

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of gastrointestinal foreign body or indication for surgical intervention. Empirical therapy for acute inflammatory bowel episode and/or low-grade pancreatitis should prove beneficial. Suspect secondary mild reactive hepatopathy with potential for mild hepatic inflammation or insult. As-needed gastrointestinal supportive care and monitoring of ALT levels is suggested.





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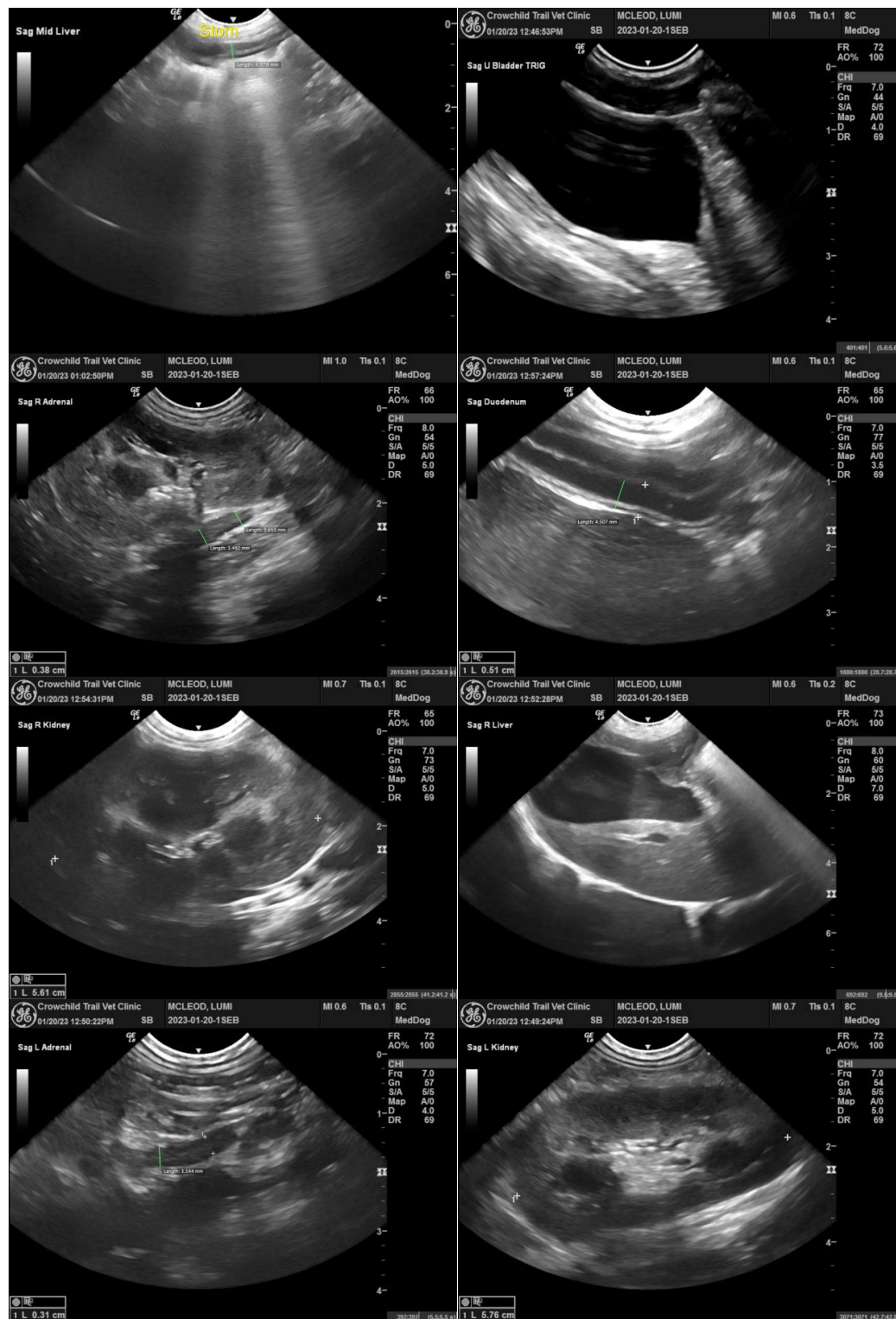
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The information and recommendations provided are based on the images presented by the



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**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**