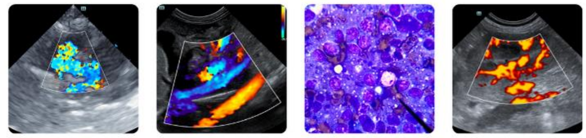


PATIENT

Violet Myers

SPECIES

Canine

BREED

Flat Coated Retriever

SEX

FS

AGE

10y, 1m

WEIGHT

32.7 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Pet Stat Animal Urgent Care

REFERRING VET

Dr. Doug Payne

INVOICE

10573

DATE

1/22/26

PRESENTING CLINICAL SIGNS

- BCS 6/9
- Chronic GI-hospitalized
- Diarrhea
- Vomiting

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

No evidence of pathology in the area of the aortic trifurcation.

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 6.7 cm in length. The right kidney measured 6.8 cm in length.

Adrenal Glands

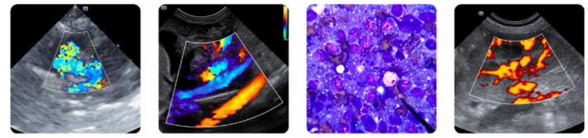
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.59 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.48 cm width 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 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.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate, nonshadowing ingesta without signs of obstruction or foreign material. There was no obvious obstruction to pyloric outflow. The gastric body wall width measured 0.48 cm in width.

The small intestine presented intact wall layering with overall maintained 1:3 muscularis/mucosa ratio to the level of the ileum. The duodenum wall measured 0.52 cm width. The jejunum wall measured 0.39 cm width. Intact, mildly thickened distal ileum to ileocolic wall was noted, measuring 0.56 cm wall width.

Intact borderline mild thickened colon wall was noted with generalized soft fecal matter. The colon wall width measured up to 0.40 cm.

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 were evident.

Free Abdomen

Intermittent jejunocolic 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). An example lymph node measured 1.0 cm diameter. Normal omental echogenicity was noted. No evidence of peritoneal effusion was noted.

ULTRASONOGRAPHIC FINDINGS

- Intact mildly thickened ileocolic wall with soft fecal matter in colon
- Nonshadowing gastric ingesta - consistent with food echogenicity
- Normal area of pancreas
- Mild jejunocolic lymphadenopathy - subjective benign

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of significant visceral pathology. The intact, mildly thickened ileum and colon wall may suggest nonspecific ileocolitis, i.e., inflammatory disease, infectious disease, etc. A GI panel to include PLI/TLI/Cobalamin/Folate and fresh fecal analysis is recommended.

Although considered unlikely given the normal adrenal presentation, screening cortisol level to rule out occult Addison's Disease is suggested. There is no evidence of neoplastic criteria. If documented NPO, mild nonobstructive metabolic or functional gastric ileus may be possible. A novel protein or hydrolyzed diet trial with likely long-term dietary therapy, high colony count probiotic such as Proviable, cobalamin supplementation pending assessment of cobalamin level, deworming despite fecal testing (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks), and continued gastroprotectants with clinical monitoring may prove beneficial.

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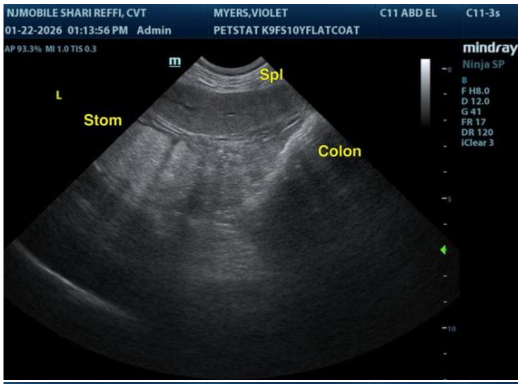

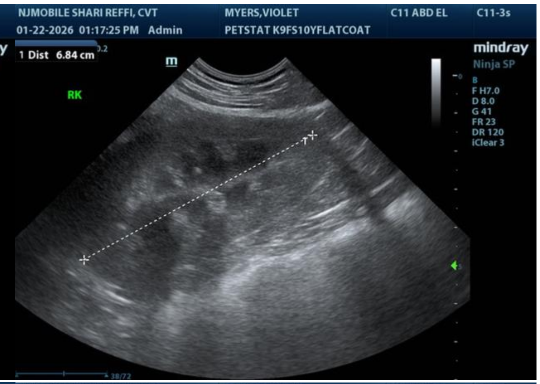

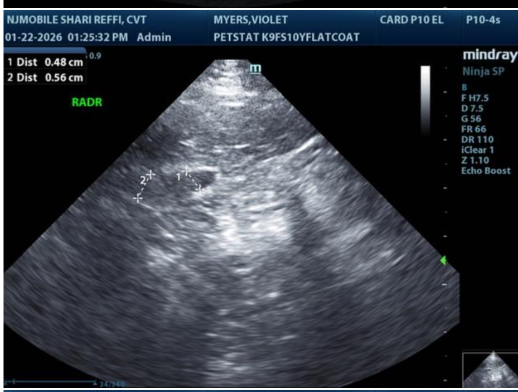

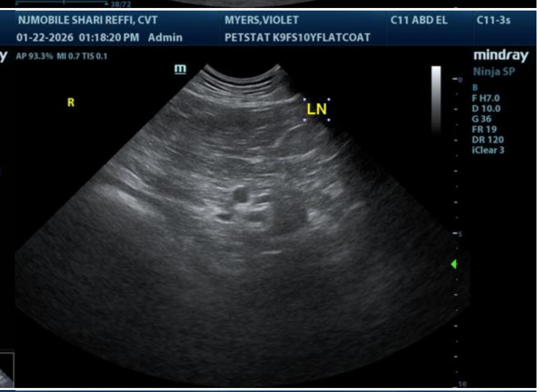

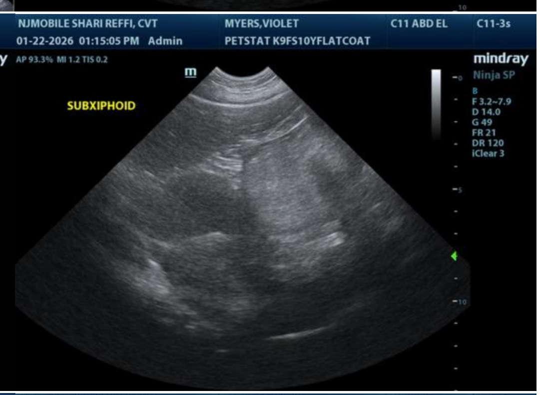

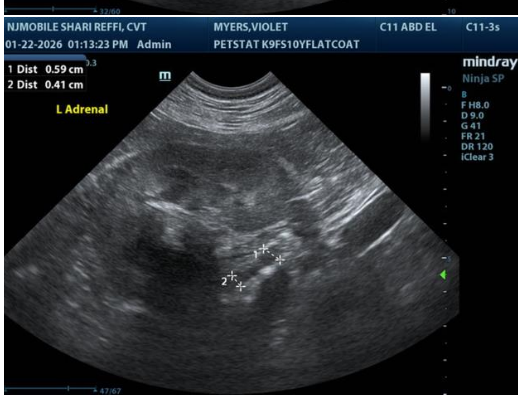

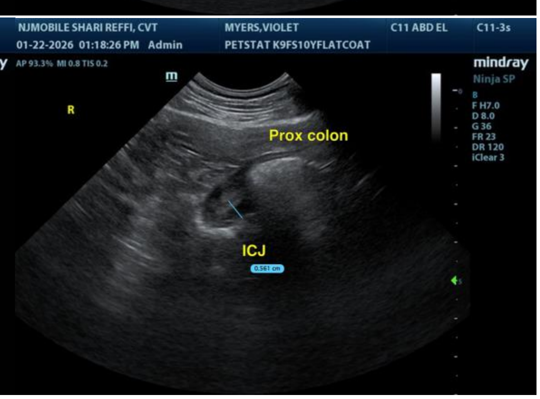

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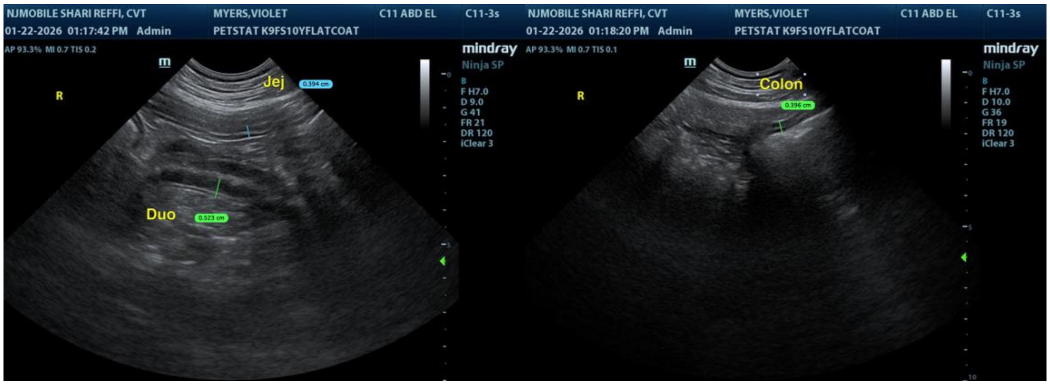

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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