



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Ali Bear Matuch	<p>Reason for Visit: CHRONIC BLOOD IN STOOL History: O STATES P HAS LOST WEIGHT P WAS 19 POUNDS A YEAR AGO. P HAD HOOKWORMS A YEAR AGO P HAD DIARRHEA P WAS TREATED FOR PARASITES BUT SOFT STOOL CONTINUED WITH BLOOD CONSISTENTLY OVER PAST YEAR. OTHER VET CHANGED DIET MULTIPLE TIMES BUT STILL NOT RESOLVED. GI PCR PANEL DONE O INTERESTED IN IMAGING.O STATES WHEN ON FLAGYL STOOLS IMPROVED AND NO BLOOD BUT CAME BACK AS SOON AS FLAGYL. P HAS ONLY VOMITED 3 TIMES OVER PAST YEAR. P IS ALWAYS PICKY EATER APPETITE NORMAL FOR P. O STATES P CRIES WHILE DEFECATING. C/S/V/D: SOFT STOOL WITH BLOOD.</p>
<b>SPECIES</b>	
Canine	
<b>BREED</b>	
Jack Russell Terrier	<p>Abnormal PE/Chem/CBC/UA Results: CV/Respiratory: Normal heart rate and rhythm, grade II/VI heart murmur, pulses strong and synchronous, normal bronchovesicular sounds. EENT: Clear OU and AU. No nasal discharge. No cough on tracheal palpation. Oral cavity: Mild dental tartar Musculoskeletal: BCS = 5/9. Ambulatory x 4 Uro/Perineum: No significant lesions Abd/GI: Soft, non-painful. Suspected mid-abdominal growth vs. fecal material?? No fluid wave palpated Lymph Nodes: No peripheral lymphadenopathy Neurological: Alert and appropriate. No significant abnormalities Skin: Good hair coat. No ectoparasites seen Mentation: BAR Hydration: N Rectal: No masses, soft stool, bloody Fecal: QNS</p>
<b>SEX</b>	
FS	
<b>AGE</b>	
9yr	<p><b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b></p> <p><b>Urinary System</b></p> <p>The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.</p> <p>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 4.0 cm in length. The right kidney measured 4.0 cm in length.</p> <p>The area of the aortic trifurcation was free of pathology.</p> <p>The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy.</p> <p><b>Adrenal Glands</b></p> <p>The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.49 cm width at the caudal pole. No overt pathology in the area of the right adrenal gland.</p> <p><b>Spleen</b></p> <p>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.</p> <p><b>Liver</b></p>
<b>WEIGHT</b>	
16.4lb	
<b>INTERPRETED BY</b>	<p>R. McKenzie Daniel, DVM, DABVP (Canine and Feline)</p>
<b>IMAGING PERFORMED BY</b>	
Dr. Rivera	
<b>HOSPITAL NAME</b>	
DPC Veterinary Hospital	
<b>REFERRING VET</b>	
Dr. Rivera	
<b>INVOICE</b>	
11942ag	
<b>DATE</b>	
10/20/2022	



**PATIENT**

Ali Bear Matuch

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.

**SPECIES**

Canine

**Gastrointestinal**

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

**BREED**

Jack Russell Terrier

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.

**SEX**

FS

The colon exhibited diffuse to variable thickened walls exhibiting non-homogeneous mural echogenicity and indistinct to loss of discernable wall layer detail. A segment of colon within the mid abdomen which may indicate proximal to transverse colon exhibited potential for segmental mural mass with moderate to marked mural hypertrophy measuring 1.6 cm in diameter wall width. By comparison thickened descending colon wall measured 0.47 cm in width. Subtle evidence of pericolonic hyperechoic mesentery was noted.

**AGE**

9yr

**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.

**WEIGHT**

16.4lb

**Free Abdomen**

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

**INTERPRETED BY**

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

**ULTRASONOGRAPHIC FINDINGS**

- Diffuse variably thickened colon, possible segmental proximal to transverse colon mural mass
- Overtly normal stomach and small bowel

**IMAGING PERFORMED BY**

Dr. Rivera

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The thickened colon may indicate variable likely moderate to severe chronic colitis with potential for neoplastic colon criteria. Colon biopsies required for definitive diagnosis +/- tissue C/S. Empirical treatment for colitis which may include hydrolyzed diet and probiotics as well as enrofloxacin trial +/- enrofloxacin/metronidazole combination (enrofloxacin 10 mg/kg PO SID) with sonographic monitoring of the colon and assessment of clinical response would be a more conservative approach. Broad spectrum prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative) is suggested. A guarded prognosis is indicated.

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**SPECIES**

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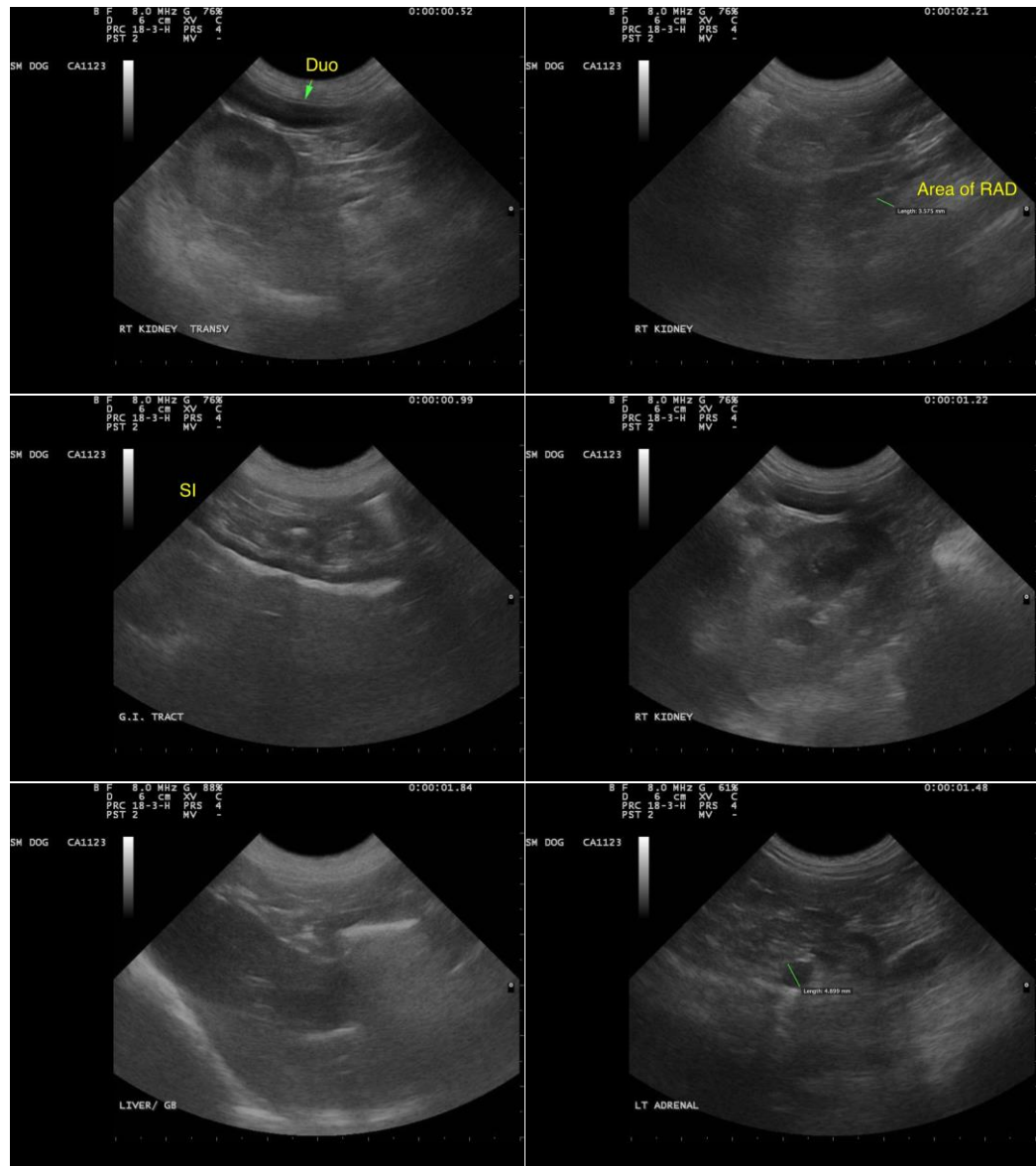
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**SEX**

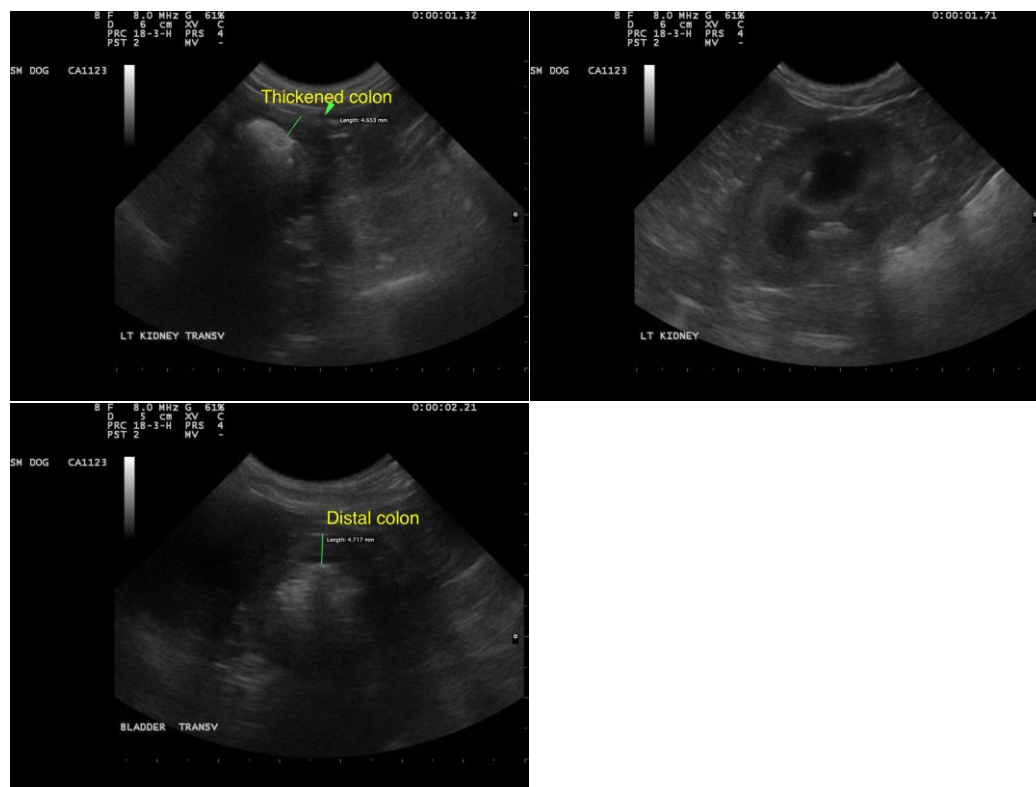
FS

**AGE**

9yr

**WEIGHT**

16.4lb



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

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DVM, DABVP  
(Canine and Feline)

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