



**PATIENT PRESENTING CLINICAL SIGNS**

**Bella Harshaw** was on a hike Monday and running around in tall grass and came home with an inflamed ventral abdomen and possible contact allergy to the grass Vomited food Tuesday AM that was eaten Monday. Then vomited twice with bile. could have eaten things at the park when running around but no history of garbage access a bit of soft stool on intestinal palpation

**SPECIES**

Canine Abnormal PE/Chem/CBC/UA Results: Elevated SDMA 20 and Amylase 3523 as well as very elevated cpL 1158(0-200) CBC within normal limits.

**BREED**

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Boxer

**Urinary System**

**SEX**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4 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.

FS

**AGE**

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 5.9 cm in length. The right kidney measured 6.3 cm in length.

2yr

**WEIGHT**

The area of the aortic trifurcation was free of pathology.

28.4kg

**Adrenal Glands**

**INTERPRETED BY**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.57 cm width at the caudal pole and 0.62 cm width at the cranial pole. No overt pathology in the area of the right adrenal gland.

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

**Spleen**

**IMAGING PERFORMED BY**

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.

Crystal Hill

**HOSPITAL NAME**

**Liver**

Bronte Village Animal  
Hospital

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.

**REFERRING VET**

Dr. McGrath

**Gastrointestinal**

**INVOICE**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate gastric ingesta/chyme exhibiting areas of distal acoustic shadowing with no signs of ileus, obstruction or foreign material.

12059ag

**DATE**

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.

10/31/2022



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

Bella Harshaw

**Pancreas**

**SPECIES**

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.

Canine

**Free Abdomen**

**BREED**

No omental masses or peritoneal effusion was present.

Boxer

Focal, mildly prominent to enlarged mid abdominal mesenteric 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 of a lymph node measured 3.0 cm x 0.72 cm.

**SEX**

**ULTRASONOGRAPHIC FINDINGS**

FS

- Sonographically unremarkable GI tract with mild to moderate gastric ingesta/chyme
- Sonographically normal pancreas
- Intermittent benign/reactive mesenteric lymphadenopathy

**AGE**

2yr

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

28.4kg

Potential for resolving inflammatory bowel episode or low grade to chronic pancreatitis both of which may present sonographically normal may be possible. Overall, no evidence of significant GI or pancreatic pathology was present. No evidence of obstructive pattern or foreign material was noted. Depending upon time of last meal ingestion some degree of metabolic gastric stasis may be possible given the presence of gastric ingesta/chyme if documented NPO.

**INTERPRETED BY**

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(Canine and Feline)

Supportive GI care and/or therapy for low grade pancreatitis should prove beneficial. Recheck sonogram and/or resting cortisol level to rule out occult Addison's disease recommended if persistent/progressive GI signs despite supportive care.

**IMAGING PERFORMED BY**

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Bronte Village Animal  
Hospital

**REFERRING VET**

Dr. McGrath

**INVOICE**

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**PATIENT**

Bella Harshaw

**SPECIES**

Canine

**BREED**

Boxer

**SEX**

FS

**AGE**

2yr

**WEIGHT**

28.4kg

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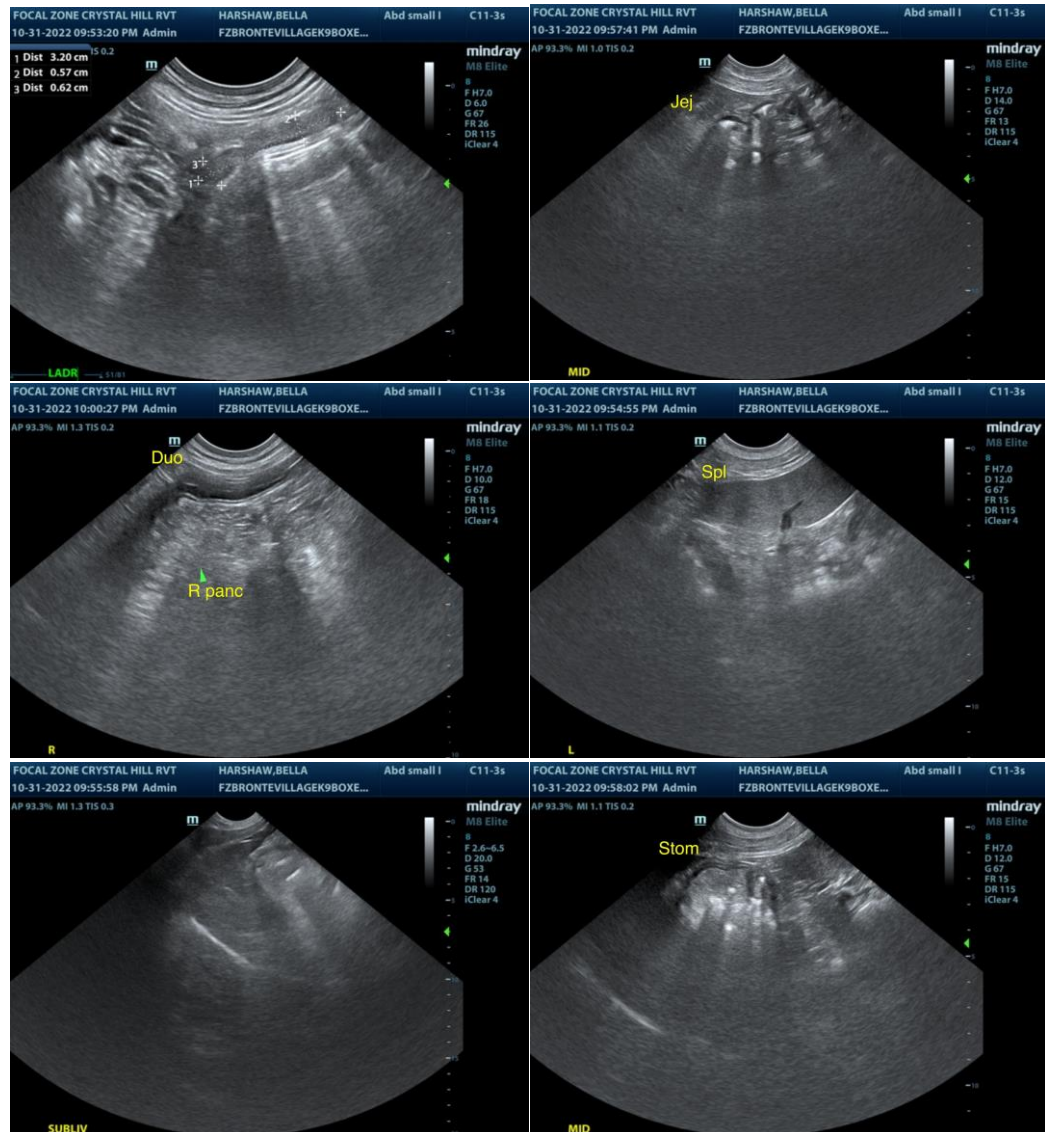
Dr. McGrath

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**PATIENT**

Bella Harshaw

**SPECIES**

Canine

**BREED**

Boxer

**SEX**

FS

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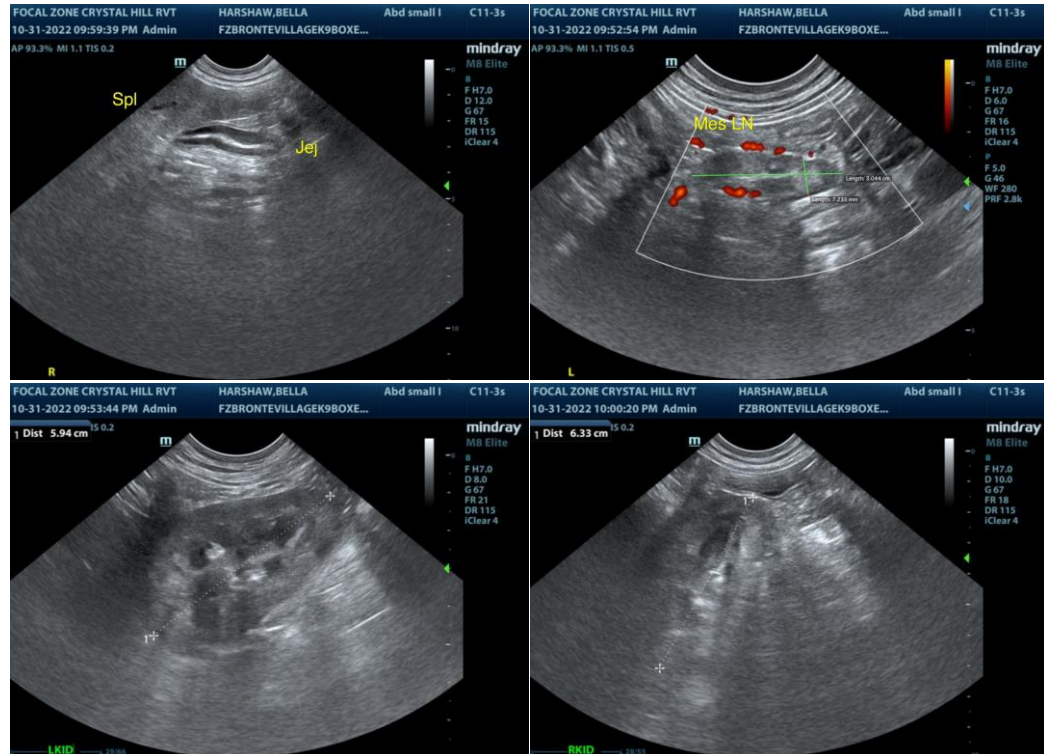
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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