



PATIENT

Maggie Mae
Mitchell

SPECIES

Canine

BREED

Cockapoo

SEX

FS

AGE

3 yr 9 mo

WEIGHT

12.8 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Donna Maarkland,
DVM

HOSPITAL NAME
Island Mobile Paws
Veterinary Services

REFERRING VET

Central Island
Veterinary Emergency
Hospital

INVOICE

15333

DATE

11/2/22

PRESENTING CLINICAL SIGNS

Presented for hemorrhagic gastroenteritis on October 22. PE unremarkable except abdominal pain. Discharged on October 25th after improvement with the following therapy: IV fluids, cerenia, pantoprazole, metronidazole, ampicillin, and methadone. Represented October 28th. Started therapy again. Bloodwork showed high resting cortisol (in house) and low albumin/TP, mildly increased ALT, and neutrophilia/monocytosis. PCR diarrhea panel is pending. Maggie Mae was discharged again on the 31st. She is doing better at home, but seemed to have a sore abdomen last night. She is bright and alert today and was sedated with dexdomitor and butorphanol for this exam.

Abnormal PE/Chem/CBC/UA Results: October 29: Neutrophils=14.37 with suspected bands (2.95-11.64) Monocytes=1.34 (0.16-1.12) TP=42 (52-82) Alb=17 (23-40) ALT=156 (10-125)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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 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 4.5 cm in length. The right kidney measured 5.4 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 2.3 cm length x 0.45 cm width at the caudal pole. Subjective mild prominent right adrenal caudal pole width measurement was noted, likely a patient variant with no evidence of adrenal pathology, exhibiting a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.1 cm length x 0.84 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



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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 was empty with no signs of ileus, obstruction, or foreign material.

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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.

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Normal visible colon wall layers were present with subjective semi-formed to soft fecal matter in the descending colon and subjective formed in the ascending transverse colon.

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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.

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Free Abdomen

Intermittent, mildly prominent, uniform, isoechoic to mildly hypoechoic 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 1.8 cm x 0.6 cm.

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ULTRASONOGRAPHIC FINDINGS

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Primary Findings

- Sonographically unremarkable gastrointestinal tract / colon
- Intermittent benign / reactive mesenteric lymphadenopathy - likely secondary or resolving hyperplasia or reactive lymphadenitis owing to inflammatory bowel episode
- Low-grade hepatopathy - low-grade inflammatory or reactive hepatopathy likely, possibly resolving

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of overt visceral pathology, specifically gastroenterocolic or pancreatic pathology. Potential resolving inflammatory bowel episode or hemorrhagic gastroenteritis is likely. Continued as-needed GI supportive care would be reasonable. Potential for more chronic Inflammatory enteropathy / IBD could be considered if persistent or recurrent GI signs are noted.

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Sonographically, the appearance of the small intestine was not classic for protein-losing enteropathy. However, continued monitoring of albumin levels is suggested.



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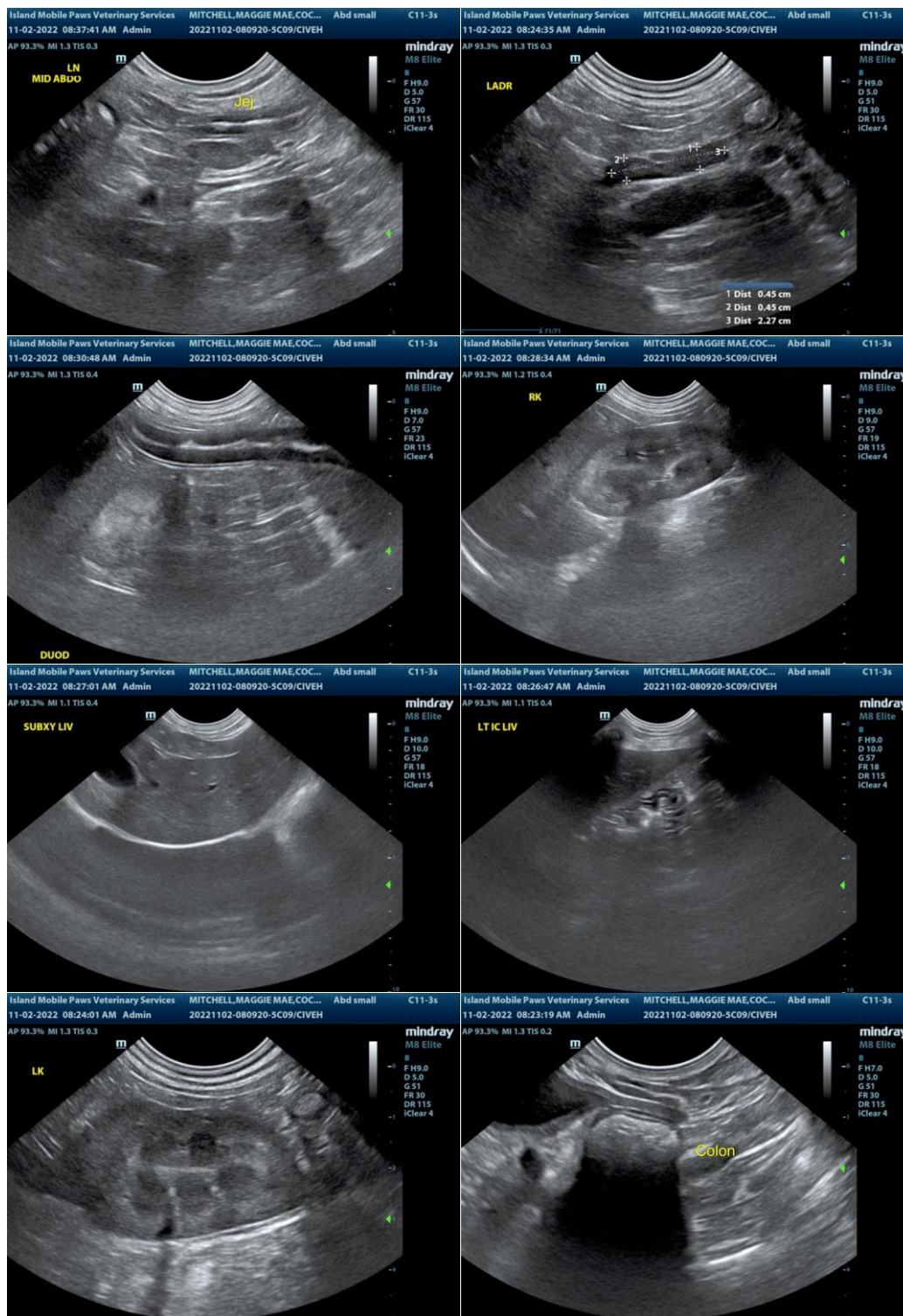
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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