



**PATIENT**

Nutmeg Friday

**SPECIES**

Canine

**BREED**

Schnauzer

**SEX**

FS

**AGE**

6 years

**WEIGHT**

5 lbs.

**PRESENTING CLINICAL SIGNS**

Bloody/mucousy diarrhea going on since January. Happens about 1-2 times weekly and is very gassy. Issues of keeping weight on her since they've had her. All this is getting worse. Occasional vomiting. Diarrhea off and on, red frank blood in clots. Last abnormal BM was Monday. Hx of anal gland issues as well.

Abnormal PE/Chem/CBC/UA Results: Fatty lump about 1.5 cm just to the right of midline on ventral abdomen. Can palpate a stock coming from midline - o states it happened after the spay. Cbc and chem are normal few months back at the other vet. TLI normal.

**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 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.

**INTERPRETED BY**

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

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 3.2 cm in length. The right kidney measured 3.1 cm in length.

**IMAGING PERFORMED BY**

Rachel Runnells, RVT

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.44 cm width at the caudal pole and 0.32 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 0.53 cm width at the caudal pole and 0.53 cm width at the cranial pole.

**HOSPITAL NAME**

SVS Imaging KC

**Spleen**

**REFERRING VET**

Dr. Jennifer Simon

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.

**INVOICE**

10409

**Liver/ Gallbladder**

**DATE**

10/20/21

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 mild to moderate, echogenic, nondependent yet non-organized gallbladder debris. The cystic and common bile ducts were normal.



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***Gastrointestinal***

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The stomach presented intact wall layering with a normal wall layer ratio. The stomach was empty contained mild luminal gas without evidence of mural hypertrophy, loss of gastric wall layering or retained ingesta / fluid. The gastric body wall width measured 0.36 cm.

**SPECIES**

Canine

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. The duodenum wall width measured 0.35 cm. The jejunum wall width measured 0.29 cm.

**BREED**

Schnauzer

The colon exhibited mildly prominent yet intact wall layering with subjective formed to semi-formed, potentially soft feces present in the colon. The descending colon wall width measured 0.23 cm.

**SEX**

FS

***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***

No overt lymphadenopathy or peritoneal effusion was present.

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A solitary, small subcutaneous nodule consistent with fat echogenicity was noted in the ventral subcutaneous space.

**ULTRASONOGRAPHIC FINDINGS**

***Primary Findings***

- Mild colitis with potential concurrent structurally insignificant inflammatory enteropathy
- Mild to moderate gallbladder debris (non-mucocele)

**IMAGING PERFORMED BY**

Rachel Runnells, RVT

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**HOSPITAL NAME**

SVS Imaging KC

The gallbladder debris may be secondary to fasting or indicate nonclinical cholestasis.

**REFERRING VET**

Dr. Jennifer Simon

Dietary intolerance / food hypersensitivity, occult parasitism, or other structurally insignificant gastroenteropathy are possible. No evidence of gastrointestinal ulceration was noted. The hematochezia is consistent with colitis.

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Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Proviale or Visbiome), antibiotic trial (metronidazole or Tylosin), and as needed gastrointestinal support with an assessment of clinical response may prove beneficial. Endoscopic, primarily lower intestinal tract biopsies may be indicated if GI signs or signs of colitis continue despite empirical therapy.

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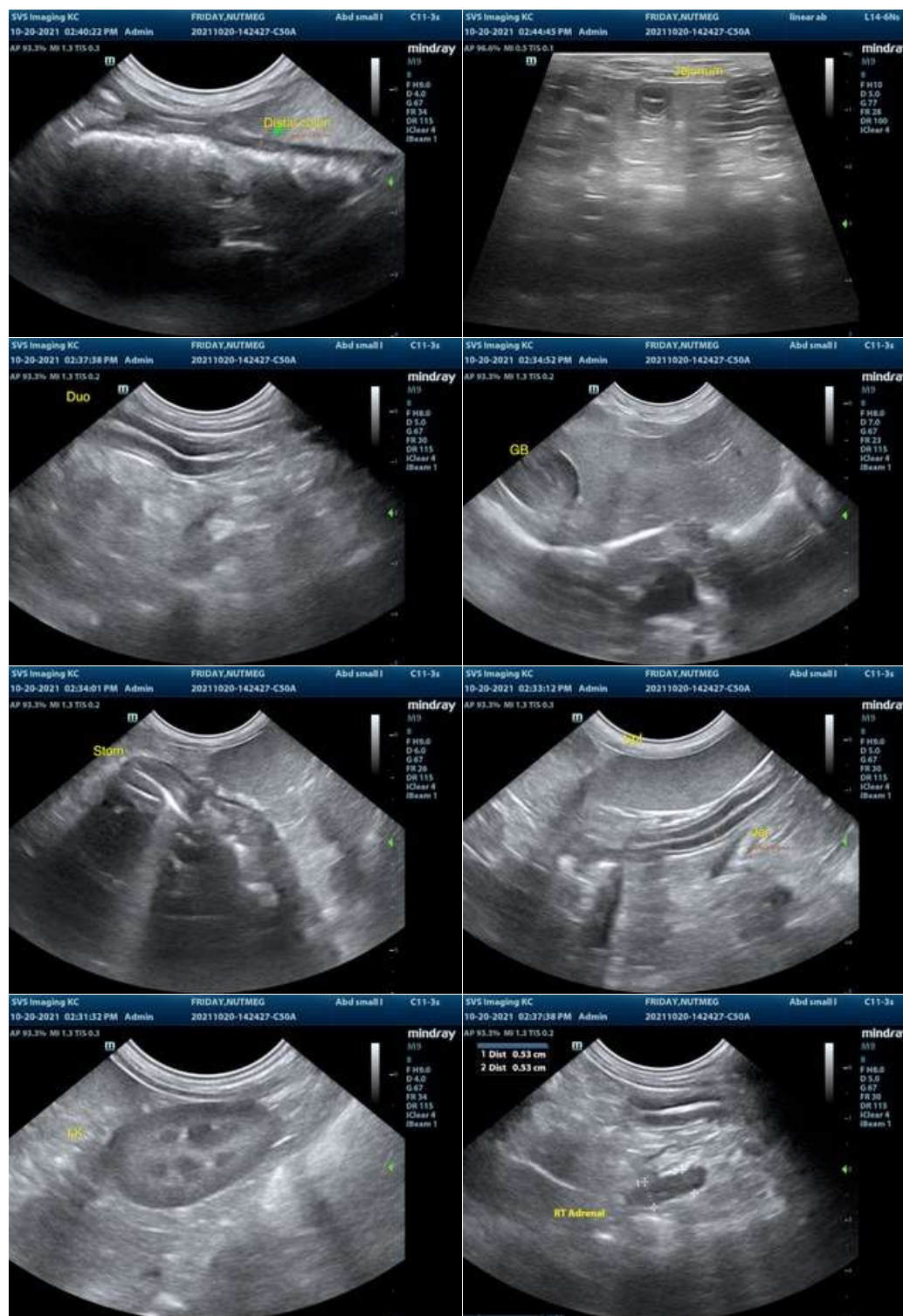
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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