



**PATIENT**

Bella Riley

**SPECIES**

Canine

**BREED**

Pitbull

**SEX**

Female Spayed

**AGE**

7y

**WEIGHT**

39 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Meghan Morse, LVT,  
 CVT

**HOSPITAL NAME**

Kingston AH

**REFERRING VET**

Dr. Alden

**INVOICE**

13189

**DATE**

2/11/26

**PRESENTING CLINICAL SIGNS**

History:

- Bloody diarrhea, thin, not able to gain weight, muscle loss

Abnormal PE/Chem/CBC/UA Results: Anaplasma +

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was 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 5.5 cm in length. The right kidney measured 5.6 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 0.48 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 0.43 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**

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, hyperechoic, gravity dependent, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

**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.

The colon walls presented intact primarily borderline thickened visible wall. Formed to semi-formed fecal matter was present in the colon lumen. Solitary visualized ventral descending colon mural lesion at the level of the urinary bladder was present measuring 2.4 cm x 1.0 cm. Visible ventral descending colon wall measured 0.30 cm width.

**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.

**Free Abdomen**

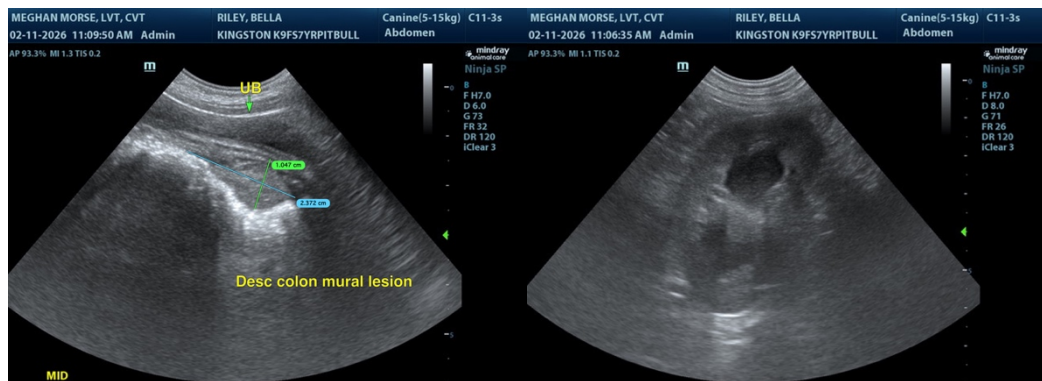
No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

- Ventral descending colon mural lesion at the level of the urinary bladder – inflammation, granuloma, emerging mass, all potentials
- Sonographically normal gastrointestinal tract

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Colonoscopy with further assessment of the colon mural lesion or for evidence of additional non-visualized mural lesions owing to foreign to formed to semi-formed fecal matter and potential biopsies are recommended for further clarification. A GI panel to include PLI/TLI/Cobalamin/Folate to assess for non-structural intestinal disease as a contributing factor and suggested 3-view chest radiographs are recommended. Assessment of caloric plane, dietary trial, high colony count probiotic such as Provable, empirical therapy for colitis with consideration for empirical antibiotics, i.e. Metronidazole/Enrofloxacin in combination with sonographic monitoring of the colon mural lesion for evidence of progression would be more conservative.





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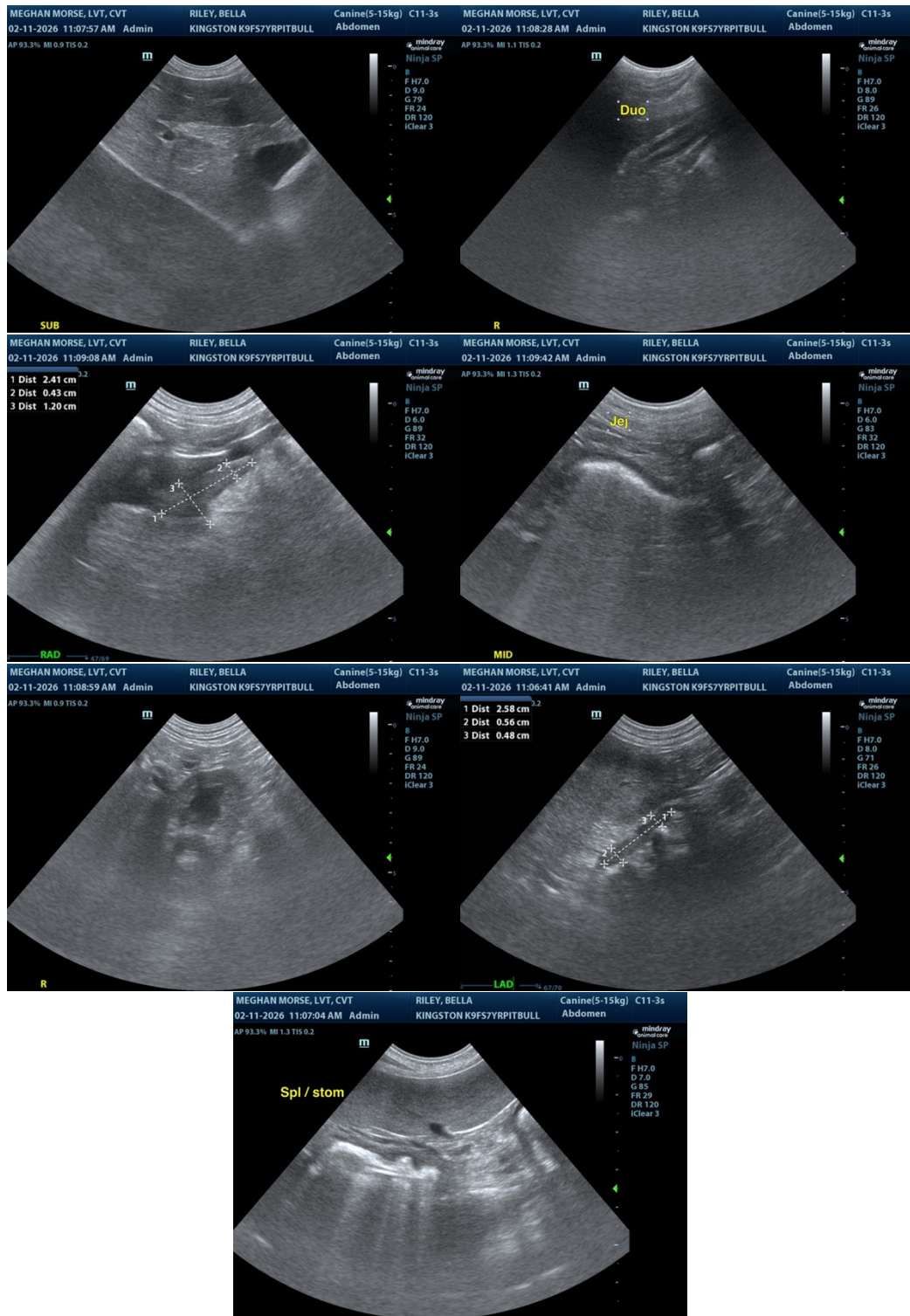
Dr. Alden

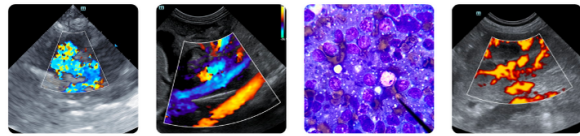
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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[info@sonopath.com](mailto:info@sonopath.com)

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