



## PATIENT

Charlie Brunelle

## SPECIES

Canine

## BREED

Pitbull

## SEX

Spayed Female

## AGE

13 Years

## WEIGHT

35.6 kg

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP (Canine  
/ Feline Practice)

## IMAGING PERFORMED BY

Melissa Randolph

## HOSPITAL NAME

Shores Veterinary  
Emergency Center

## REFERRING VET

Dr. Julia Kerr

## INVOICE

13910

## DATE

02/21/26

## PRESENTING CLINICAL SIGNS

- Roughly 2.5 weeks ago patient was seen at Rossmoyne ER and diagnosed with Colitis; started on GI biome diet, metronidazole, and provia. Seen at rDVM 2/20 due to diarrhea with blood and lethargy. Given Buprenorphine, SQ fluids. rDVM concern for pancreatitis and urinary tract infection. rDVM rx'd metronidazole, Panacur, and enrofloxacin. After seen at rDVM 2/20 patient started vomiting 3-4 times at home. Brought to Shores and has vomited 4-5 times since arriving in hospital. admitted for supportive care: iv fluids, Cerenia, ondansetron, pantoprazole, Unasyn, and methadone PRN. prior history of amoxicillin resistant UTI.
- concern for pancreatitis, gastroenteritis, regurgitation, gastric outflow obstruction, fb, tumor, ileus, other

PE: mild pain 2/4; abd: tense/hard to palpate, very tense in cranial abdomen; subman lns moderately enlarged rdvm 2/20: ALP 261 H; hct 51.6%, mono 1.20 H, lymph 0.90 L; urine: wbc 38/hpf, rbc >50/hpf, bacteria: rods Shores liver panel: alp 189 H; epoc: Na 152 H, K+ 2.4 L; cpl: 459 abnormal; probnp: 515.3 normal rads: granular density at the pylorus and pylorus is thickened moderate distension of the stomach; empty small bowel

## 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 change were noted.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.4 cm in length. The right kidney measured 7.3 cm in length.

### Adrenal Glands

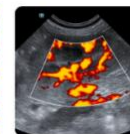
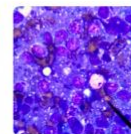
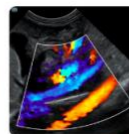
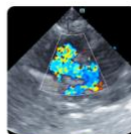
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.55 cm width at the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.67 cm width at the caudal pole.

### Spleen

The spleen exhibited a finely textured and primarily 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. A solitary noncapsule deforming hypoechoic nodule was present measuring 1.7 cm in diameter.

### Liver & Gallbladder



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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.

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Canine

The gallbladder was non distended in size with mild congealed cranial lumen biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

### **Gastrointestinal**

## BREED

Pitbull

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.

## SEX

Spayed Female

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.

Normal visible colon wall layers were present with current semi formed fecal matter in lumen.

## AGE

13 Years

### **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

35.6 kg

### **Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

## INTERPRETED BY

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## ULTRASONOGRAPHIC FINDINGS

- sonographically normal empty gastrointestinal tract.
- Normal visualized colon containing current semi formed fecal matter.
- Normal area of pancreas.
- Benign hepatopathy pattern with mild congealed gallbladder debris (non-mucocele).
- Age-related renal changes.
- Noncapsule deforming splenic nodule.

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of gastroenterocolic mural pathology, obstructive pattern, foreign material, or sonographic evidence of active pancreatitis. Potential considerations may include dietary intolerance / food hypersensitivity, infectious disease, dysbiosis, enterotoxin, inflammatory bowel disease, mild pancreatitis, occult parasitism, occult Addison's Disease, occult neoplasia, or other. A GI panel to include PLI/TLI/Cobalamin/Folate and cortisol level are recommended.

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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), and as needed gastroprotectants is suggested with clinical monitoring. Note that recent research has shown that indiscriminate use of antibiotics may actually cause harm.

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Potential etiologies for the splenic nodule may include benign processes such as nodular hyperplasia, extramedullary hematopoiesis, hematoma, infection, infarction, or neoplasia. Ultrasound guided FNA of the nodule using 25-gauge needle and assuming normal coagulation parameters may be considered.



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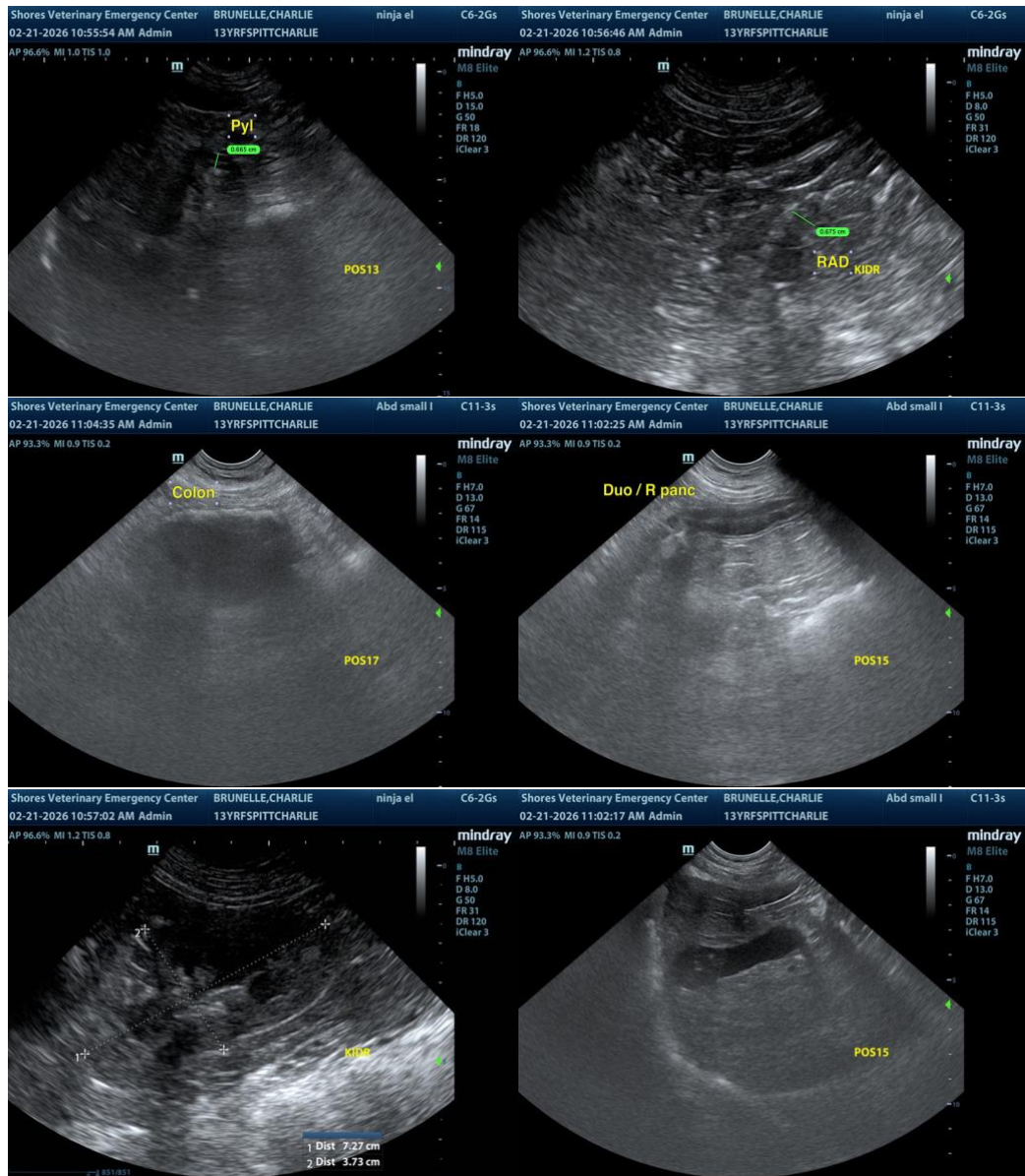
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Otherwise, sonographic monitoring of the splenic nodule for any changes in size or appearance with initial recheck in 3-4 weeks would be a more conservative approach.





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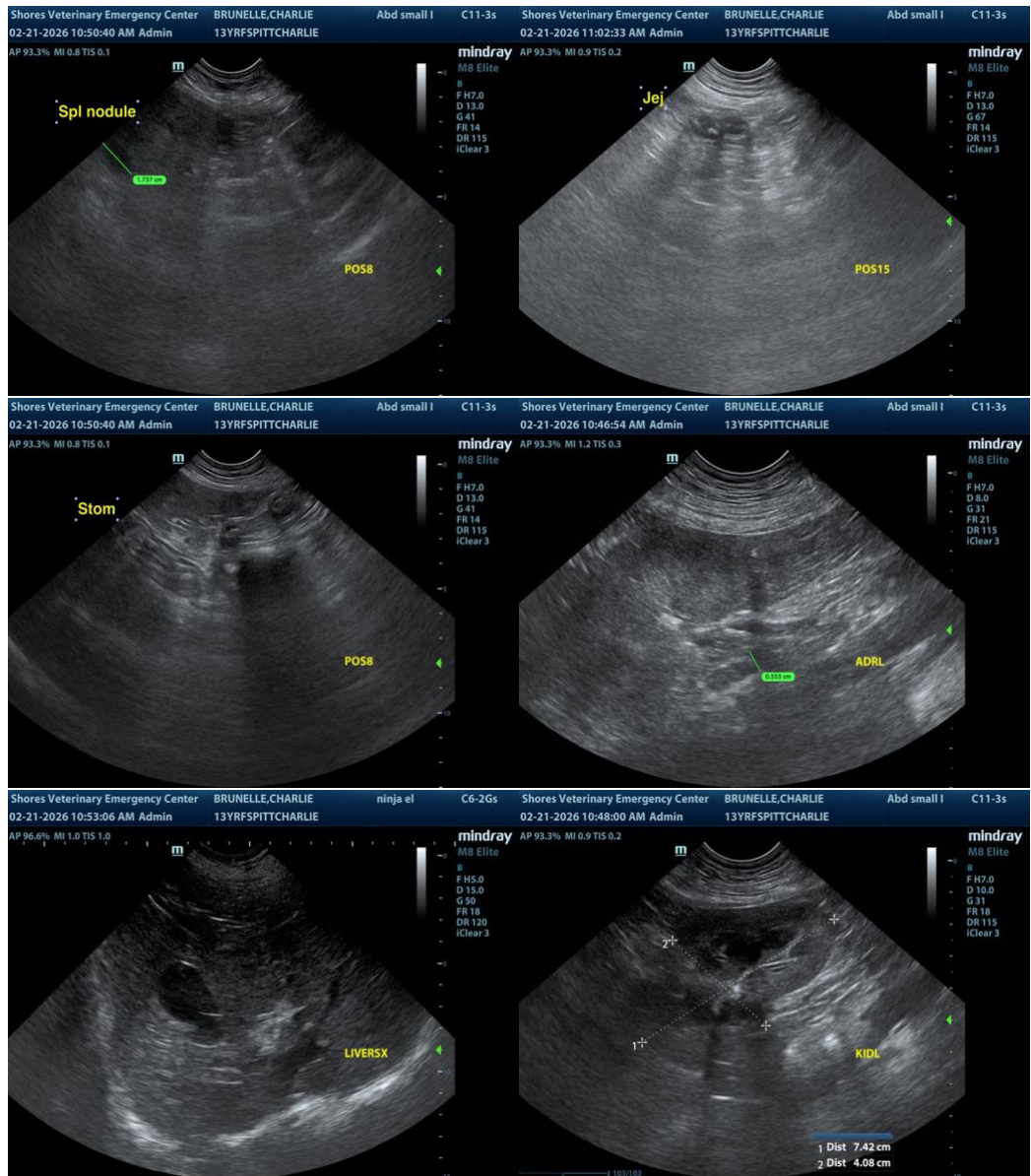
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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