

PATIENT

Nadia Loser

SPECIES

Canine

BREED

Mixed Breed

SEX

Spayed Female

AGE

10 Years

WEIGHT

16.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Lindsay Powell CVT

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Cara Sinopoli

INVOICE

13571

DATE

02/04/26

PRESENTING CLINICAL SIGNS

- Presented to rDVM 2/3 for acute vomiting and anorexia. Bloody diarrhea developed during the day at rDVM. Initial PCV was 75%. P was hospitalized for IVF during the day and received a dose of Cerenia, simbadol.
- P was treated here in Nov 2023 (2 separate accounts currently) for AHDS and required Alb transfusion.

Abnormal PE/Chem/CBC/UA Results: NS OU Mucous membranes muddy pink/hypersalivating tachycardic dull to sedate mentation rDVM Initial PCV/TS 75%/6.4 Alb 3.7, Amy 1451 (H), Glu 114 (H), Glob 2.1 (L) Serial PCV/TS 66%/4.2 --> 55%/3.5 SNAP cPL: abnormal? Radiographs: gas dilation of colon on VD and R lateral; L lateral shows colon with gas dilation in a tortuous orientation just caudal to stomach HAEC EPOC: pCO2 24.8, BE -7.8 PCV/TS: 60%/3.8 Albumin: 1.9 POCUS: No FF seen in abdomen; urinary bladder large

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 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 5.7 cm in length. The right kidney measured 6.1 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 0.64 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 0.58 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 normal in appearance without signs of congestion.



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The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The stomach was moderately distended containing retained anechoic fluid.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A mild generalized ileus pattern is present without obstruction or overt foreign material. The duodenum wall measured 0.40 cm wall width. The jejunum wall measured 0.35 cm wall width.

The colon walls presented intact yet thickened wall layering. The colon was non-distended containing a mild amount of generalized non-formed fecal matter. The descending colon wall measured 0.42 cm wall 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 visualized significant or swollen mesenteric lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Acute gastroenterocolitis accentuated by subjective nonobstructive hypomotile stomach and generalized mild intestinal ileus.
- Unremarkable normal volume liver.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the gastrointestinal tract is non-specific with considerations including known/unknown dietary indiscretion, infectious disease, dysbiosis, enterotoxin, inflammatory bowel disease, protein losing enteropathy, mild pancreatitis, occult parasitism, occult neoplasia are all potentials.

No overt upper to generalized gastrointestinal obstructive criteria indicating generalized metabolic gastrointestinal ileus. Hospitalization with supportive care for acute hemorrhagic diarrhea syndrome +/- albumin transfusion with close clinical monitoring and as needed sonographic reassessment is recommended. Given history of recurrent gastrointestinal signs, a GI panel to include PLI, TLI, cobalamin and folate and screening cortisol level may be considered.



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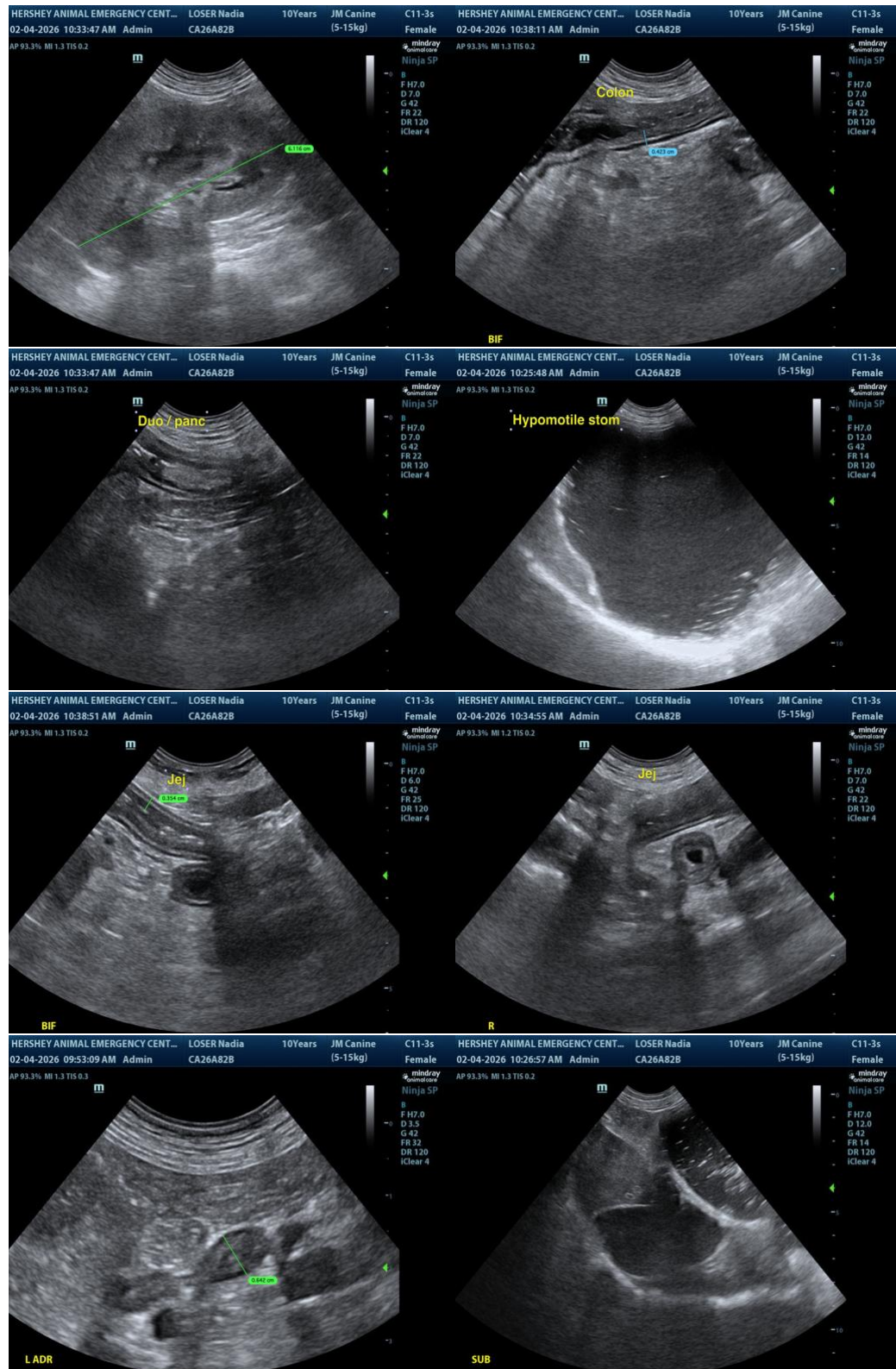
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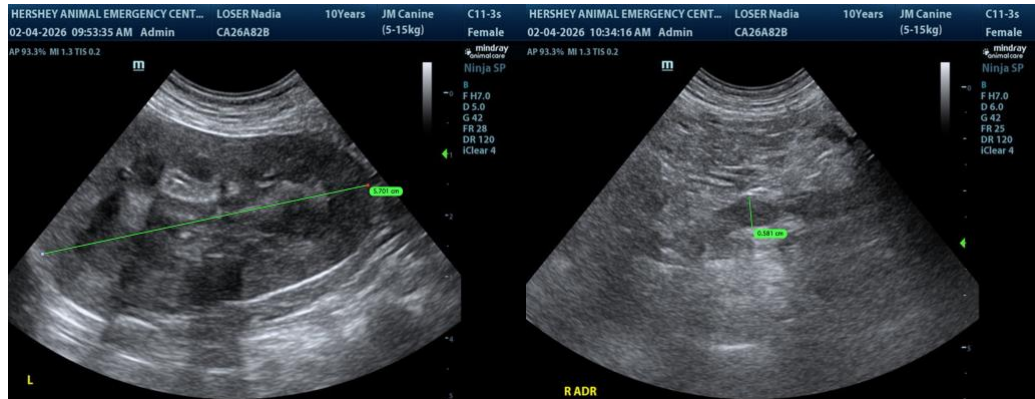
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com