



PATIENT	PRESENTING CLINICAL SIGNS
Bella Rowe	Bella presented 10 days ago for mild diarrhea and was prescribed probiotics and Metronidazole. Her stool improved, and she finished the medications on Tuesday. Bella has not eaten anything since Saturday when she began having bloody diarrhea. Bella is not straining, but she will walk and won't be able to hold her bowel movements. Bella has not vomited. Her abdomen is very tense on palpation, but she is a nervous dog and it is difficult to differentiate if it is from nerves or pain. Her bloodwork done this morning was all WNL and the snap CPL came back normal. Fecal was negative as well
SPECIES	
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Havanese	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.
SEX	
FS	
AGE	
4yr	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 3.7 cm in length. The right kidney measured 4.0 cm in length.
WEIGHT	
10.80	The area of the aortic trifurcation was free of pathology.
	Adrenal Glands
	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.43 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 0.45 cm width at the caudal pole.
INTERPRETED BY	
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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.
IMAGING PERFORMED BY	
Dr. Fearing	
HOSPITAL NAME	
Lanier Animal Hospital	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. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
REFERRING VET	
Dr. Joncas	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.
INVOICE	
12906ag	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.
DATE	
02/06/2023	



PATIENT

Bella Rowe

The distal descending colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. Semi formed fecal matter was present in the colon lumen with lumen dilation. The descending colon wall measured 0.21 cm in width.

SPECIES

Canine

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.

BREED

Havanese

Free Abdomen

No omental masses or peritoneal effusion was present.

SEX

FS

Focal to intermittent, mildly prominent to enlarged 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 1.3 cm x 0.5 cm.

ULTRASONOGRAPHIC FINDINGS

AGE

4yr

- Colitis-subjectively mild
- Structurally unremarkable stomach/small bowel
- Focal to intermittent minor benign/reactive mesenteric lymph nodes

WEIGHT

10.80

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no overt evidence of significant abdominal visceral, specifically gastroenterocolic pathology is present. Persistent mild colitis is suspected given the sonographic appearance of the colon and reported bloody diarrhea. Assessment of cobalamin and folate levels may be considered.

INTERPRETED BY

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

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 (Provable or Visbiome), and empirical therapy for colitis which may include Tylosin trial with assessment of clinical response may prove beneficial. Recheck sonogram to assess for progressive inflammatory enterocolic changes suggested if clinical signs persist.

IMAGING PERFORMED BY

Dr. Fearing

HOSPITAL NAME

Lanier Animal Hospital

REFERRING VET

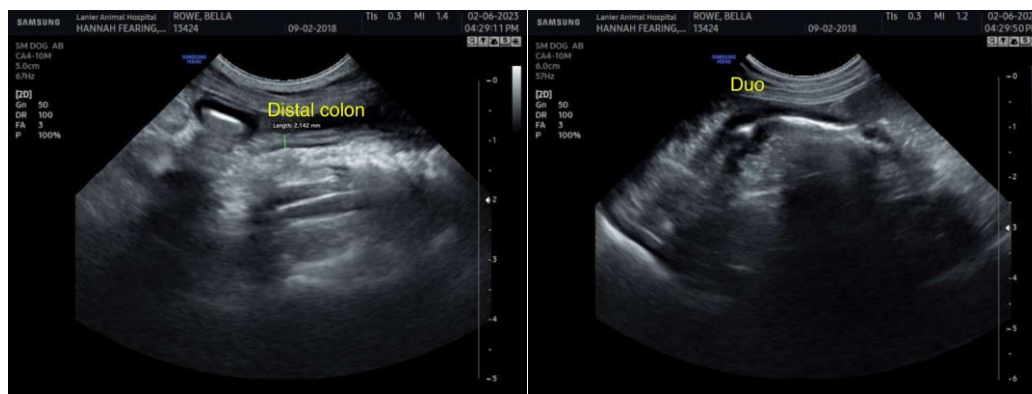
Dr. Joncas

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Bella Rowe

SPECIES

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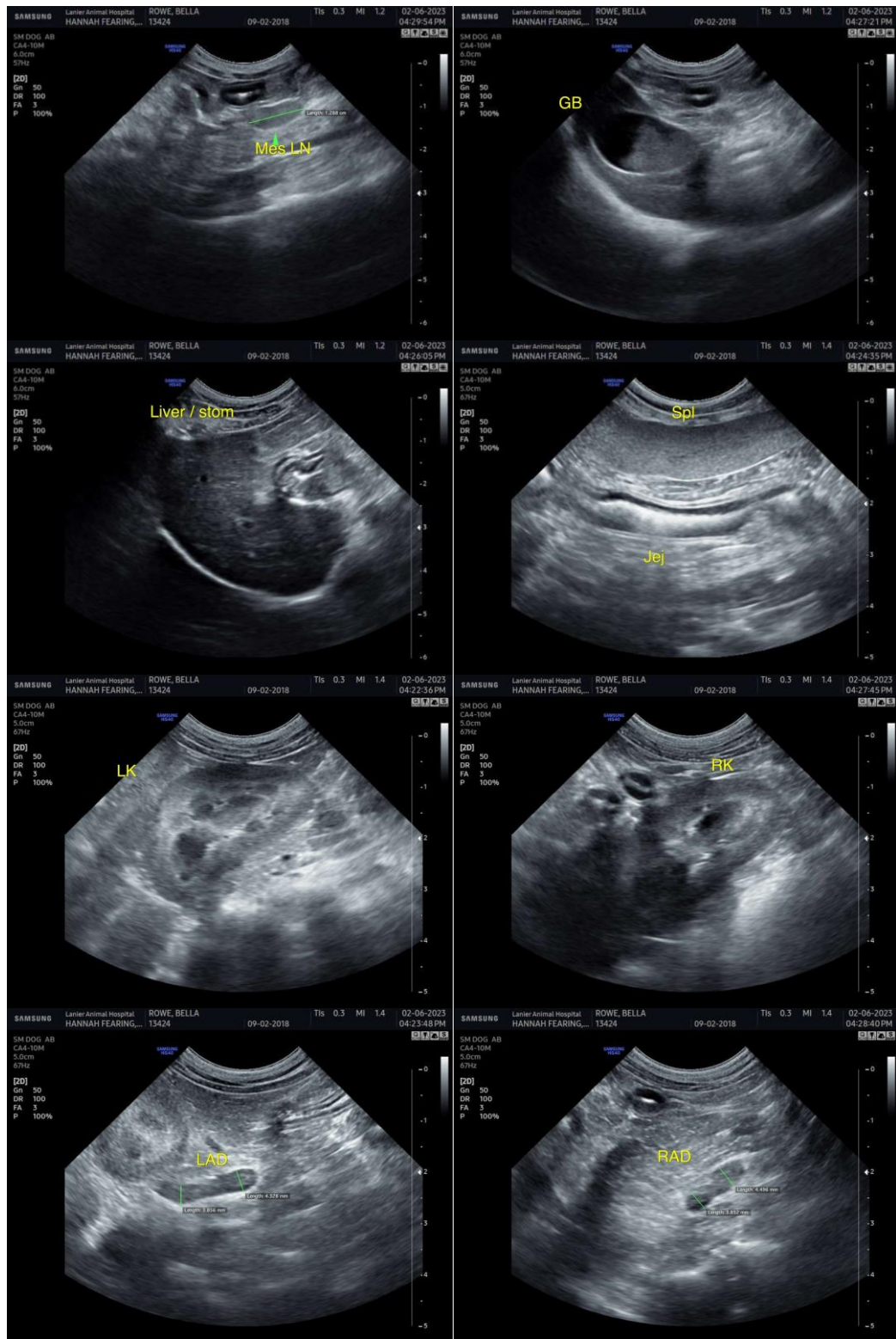
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



PATIENT

Bella Rowe

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.

SPECIES

Canine

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mac.daniel@sonopath.com

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Havanese

SEX

FS

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4yr

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