



**PATIENT PRESENTING CLINICAL SIGNS**

Luna Klotz History of bloody, mucus stool today, lethargic with sporadic episodes of vomiting over past 2 weeks  
 Mild increased SDMA, Radiographs revealed irregular opacities and gas pattern

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Canine **Urinary System**

**BREED** 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 were noted.

Lab X

**SEX** The area of the iliac trifurcation was free of pathology.

FS

**AGE**

11 years

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 6.5 cm in length. The right kidney measured 5.1 cm in length.

**WEIGHT Adrenal Glands**

66 lbs.

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.3 cm length x 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 2.2 cm length x 0.45 cm 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**

Rebekah Jakum, CVT  
 ARDMS/RVT

**HOSPITAL NAME Liver/ Gallbladder**

Easton AH

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. Craig

**Gastrointestinal**

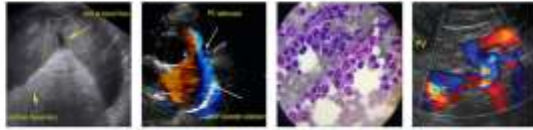
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The stomach presented mild wall thickening secondary to mild echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The gastric body wall measured 0.47 cm width. The stomach was primarily empty with mild luminal gas.

**DATE**

2/8/22



**PATIENT** Luna Klotz  
 The small intestine presented intact wall layering with primarily maintained 1:3 muscularis/mucosa ratio. No overt evidence of mechanical / metabolic small intestinal ileus, obstruction, or overt foreign material was noted.

**SPECIES**  
 Strongly shadowing feces was present in the colon. The colon exhibited Intact yet mildly prominent wall layering.

Canine  
**Pancreas**

**BREED** Lab X  
 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.

**SEX** FS  
**Free Abdomen**  
 Multiple midabdominal mesenteric to mesenteric root 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 lymph node measured 3.0 cm x 1.0 cm. No effusion was noted.

**AGE** 11 years  
**ULTRASONOGRAPHIC FINDINGS**

- WEIGHT** 66 lbs.
- Gastroenterocolitis pattern
  - Associated subjectively benign mesenteric to mesenteric root lymphadenopathy - lymphoid hyperplasia or reactive lymphadenitis potentially owing to inflammatory gastroenterocolic episode, not overtly suggestive of neoplastic criteria

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 DVM, DABVP  
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No overt evidence of gastrointestinal mechanical obstruction or overt foreign material was noted. Dietary indiscretion / food intolerance, occult parasitism, structurally insignificant inflammatory bowel episode, IBD, or other gastroenterocolonopathy possible.

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
 ARDMS/RVT

Supportive care for gastroenteritis should prove beneficial. 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), antibiotic trial and as needed gastrointestinal support with assessment of clinical response may prove beneficial. Intestinal biopsies may be indicated if GI signs continue despite empirical therapy.

**HOSPITAL NAME**

Easton AH

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If continued gastrointestinal signs, further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate. Fresh fecal analysis to rule out parasitic ova / Giardia +/- resting cortisol to rule out occult Addison's Disease are suggested.

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**PATIENT**

Luna Klotz

**SPECIES**

Canine

**BREED**

Lab X

**SEX**

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**AGE**

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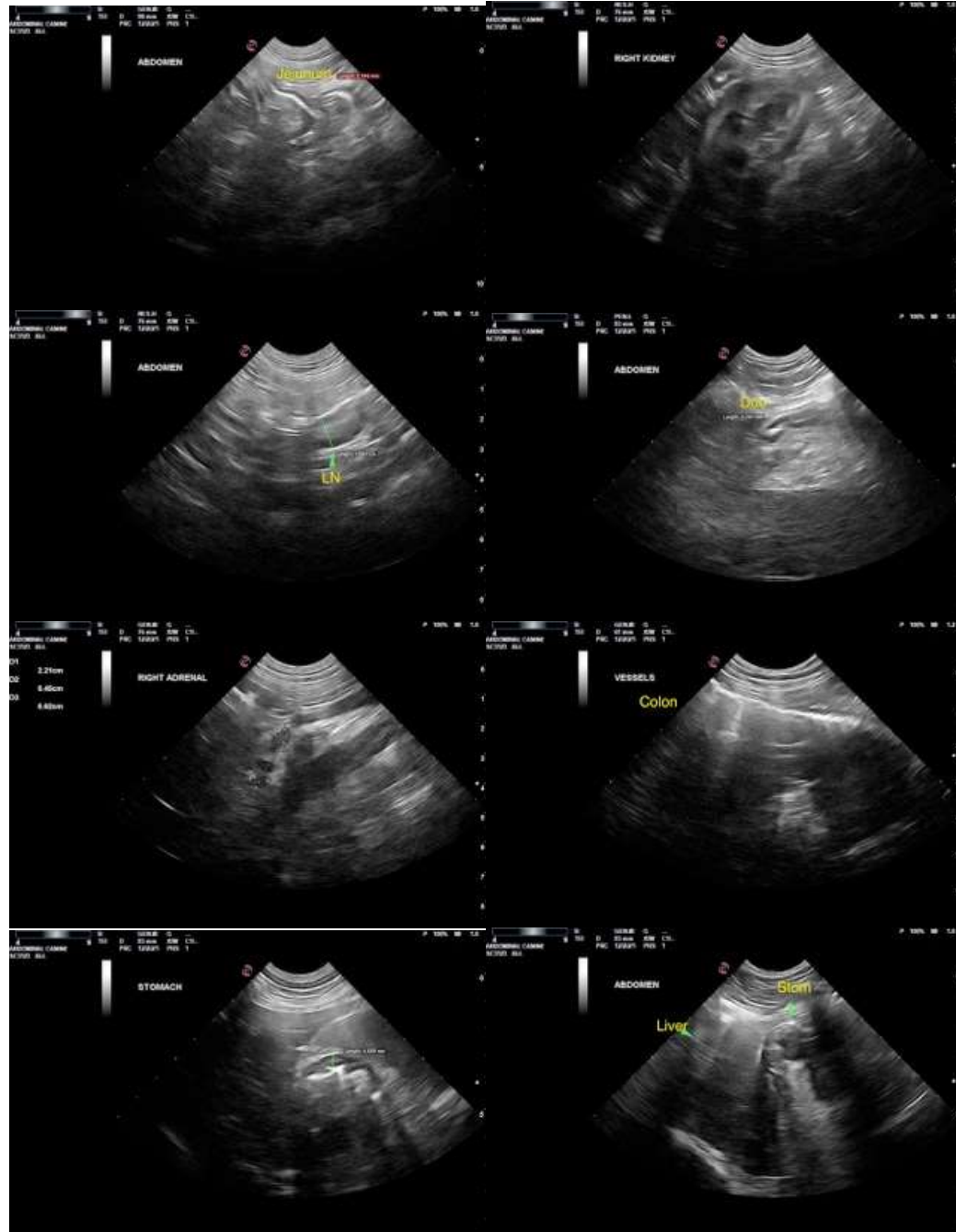
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**PATIENT**

Luna Klotz

**SPECIES**

Canine

**BREED**

Lab X

**SEX**

FS

**AGE**

11 years

**WEIGHT**

66 lbs.



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.

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