



**PATIENT**

Millie Jackson

**SPECIES**

Canine

**BREED**

Basset Hound

**SEX**

FS

**AGE**

1.5 years

**WEIGHT**

15.2 kgs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Laura De Cordon,  
DVM

**HOSPITAL NAME**

Mason Dixon Animal  
Emergency Hospital

**REFERRING VET**

Laura De Cordon,  
DVM

**INVOICE**

13479

**DATE**

3/15/22

**PRESENTING CLINICAL SIGNS**

vomiting off and on couple weeks ago, then loose stool.....put on bland diet, transitioned back to food. 10 days later happened again. Last weekend had some blood in stool...worse Night time of 2/23, Not eating since 23rd. Vomiting one time recently. Rdmv fecal Giardia + Rdmv Cpli - normal

**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. Primarily anechoic urine was present in the lumen. Mild, nondependent, particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The area of the aortic trifurcation was free of pathology.

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 4.8 cm in length. The right kidney measured 5.0 cm in length.

**Adrenal Glands**

The left and right adrenal glands were not definitively visualized. No overt pathology was noted in the area of the left and right adrenal glands.

**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. 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 wall thickening secondary to mildly prominent mucosa. Intact wall layering was maintained and distinct. Mild gastric distension with minor retained anechoic fluid was present. The ventral gastric body wall including the mildly prominent mucosa measured 0.81 cm width.



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The small intestine presented intact wall layering with segmental propensity for mildly prominent mucosal layer exhibiting segmental mucosal speckling. The jejunum wall width measured up to 0.54 cm width.

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Normal visible colon wall layers were present with formed to semi-formed feces in lumen.

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**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 were evident.

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**Free Abdomen**

Focal to intermittent mesenteric nodes were present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of the lymph nodes measured 2.2 cm x 0.75 cm. No effusion was noted.

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**ULTRASONOGRAPHIC FINDINGS**

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**Primary Findings**

- Inflammatory gastroenteropathy pattern with suspect mild to intermittent colitis
- Associated focal to intermittent benign / reactive mesenteric lymph nodes

**INTERPRETED BY**

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

**Secondary Findings**

- Mild urinary bladder sediment - probable mild cellular crystalline debris or possible mucus

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DVM

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Dietary intolerance / food hypersensitivity, gastroenterocolitis, IBD, less likely potential for low-grade pancreatitis, or occult parasitism may be possible. Further assessment may include A GI panel to assess Cobalamin/Folate levels +/- resting cortisol level to rule out occult Addison's Disease if recurrent gastrointestinal signs are present.

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

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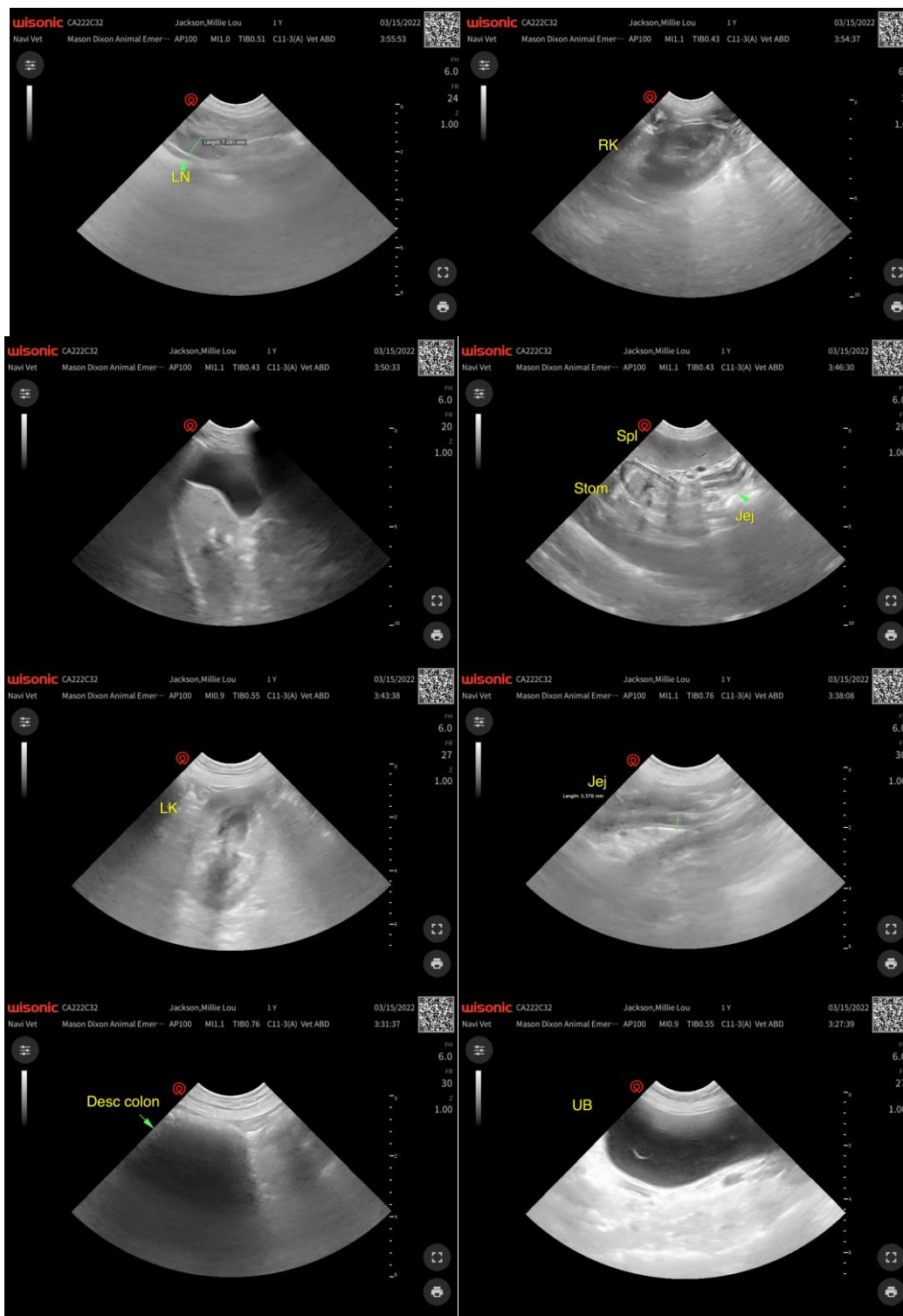
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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**info@SonoPath.com**

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