**PATIENT**

Willow Graham

**SPECIES**

Canine

**BREED**

Newfoundland

**SEX**

Spayed Female

**AGE**

8 Years

**WEIGHT**

75 kg

**INTERPRETED BY**R. McKenzie Daniel,  
DVM, DABVP (Canine /  
Feline Practice)**IMAGING  
PERFORMED BY**

Sarah Pender, CVT

**HOSPITAL NAME**

SVS Imaging CT

**REFERRING VET**

Madison VS-Dr. Resop

**INVOICE**

14338

**DATE**

3/17/22

**PRESENTING CLINICAL SIGNS**

History: Onset of anorexia 3 days ago with onset of vomiting 2 days ago. Patient has continued to vomiting through Cerenia.

**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 changes were noted. Aortic trifurcation was normal.

Normal size and margination were 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 border demarcation expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.3 cm in length. The right kidney measured 7.4 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 0.49 cm width at the caudal pole and 0.4 cm width at the cranial 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 and 0.59 cm width at the cranial pole.

**Spleen**

The spleen was normal in size and contour with primarily maintained, finely textured, homogeneous parenchyma. A solitary, nonhomogeneous to microcystic non-expansive nodule noted mid to cranial spleen, measuring 1.5 cm in diameter.

**Liver**

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.

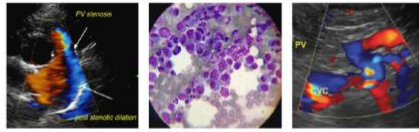
**Gastrointestinal**

The stomach presented intact yet mildly prominent wall layering. The lumen of the stomach was primarily empty with mild to moderate luminal gas. No overt evidence of retained ingesta, fluid or foreign material in the stomach.

The small intestine presented intact wall layering and maintained 1:3 muscularis/mucosa ratio to the level of the ileocolic junction. The lumen of the small intestine was primarily empty with segments of mild jejunal ileus, which was not consistent with obstructive pattern. Intact yet subjective mild to prominent ileum walls to the level of the ileocolic junction. No evidence of loss if intestinal wall layering or intestinal masses. The duodenum wall measured 0.53 cm. The jejunum wall measured 0.38cm. The ileum wall measured 0.40 cm.

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The colon exhibited normal wall layering with generalized mild distention, containing non-formed feces consistent with emerging to chronic diarrhea. The descending colon wall measured 0.28 cm.

**Pancreas**

**SPECIES**

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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.

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**Free Abdomen**

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Intermittent, mildly prominent to enlarged mid abdominal mesenteric 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 lymph node size measured 3.3 cm x 0.76 cm.

No free fluid noted.

**AGE**

8 Years

**ULTRASONOGRAPHIC FINDINGS**

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75 kg

- Acute gastroenteritis pattern, exhibiting mild segmental nonobstructive jejunal ileus and suspect mild ileitis
- Generalized mild colonic distention with non-formed to liquid feces
- Associated intermittent subjectively benign/reactive mesenteric lymph nodes
- Subtle to microcystic solitary splenic nodule- subjectively benign and incidental. Potential for subtle area of hematopoiesis or hyperplasia suspected.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

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

No evidence of mechanical obstructive pattern or overt foreign material. Acute gastrointestinal insult, dietary indiscretion, infectious gastroenteritis or other inflammatory gastroenteropathy possible. No indication for immediate surgical intervention. Hospitalization with continued supportive care for acute gastroenteritis with monitoring for current or emerging diarrhea would be reasonable.

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Additional diagnostics pending clinical response to therapy may include resting cortisol to screen for occult Addisons disease, GI panel to include PLI, TLI, cobalamin and folate as well as fresh fecal analysis.

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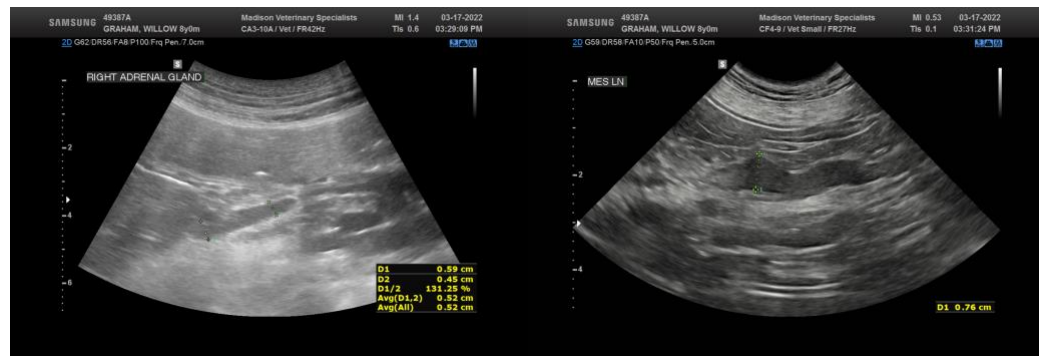
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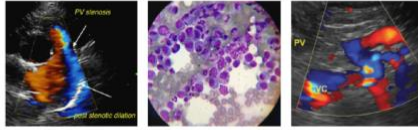
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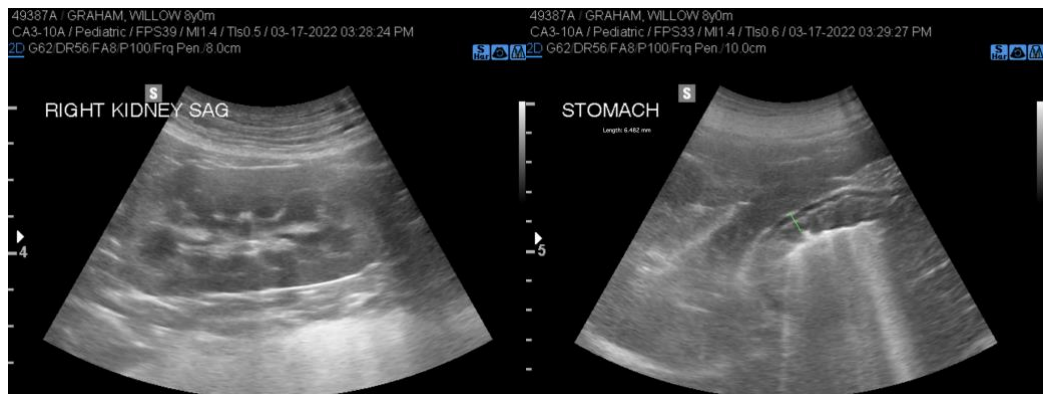
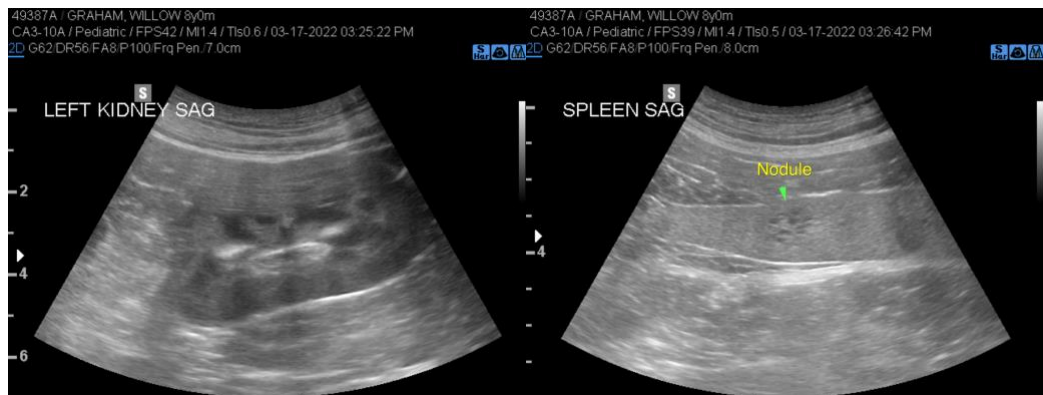
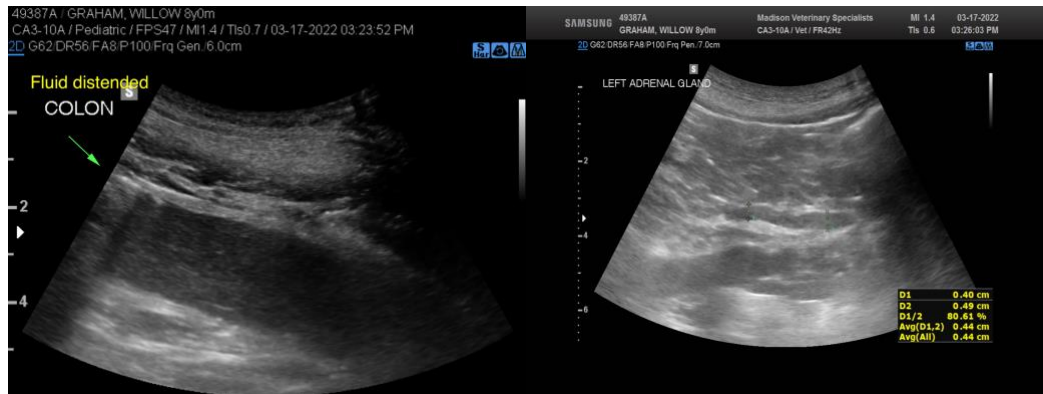
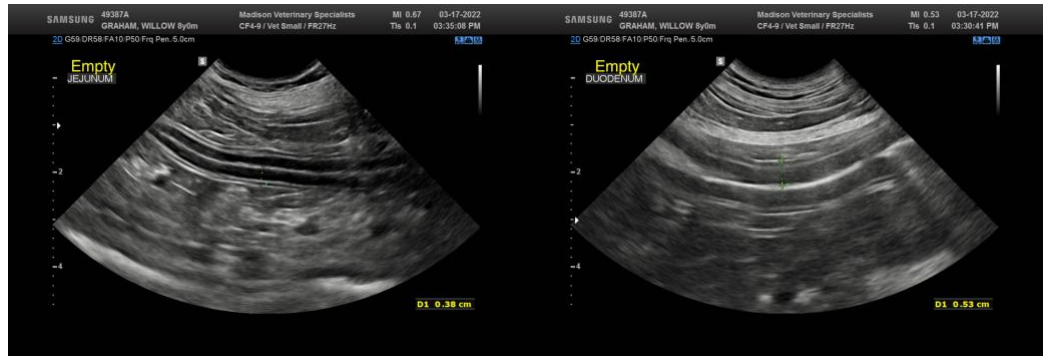
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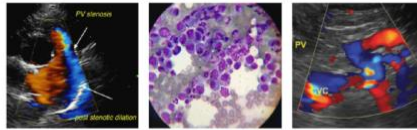
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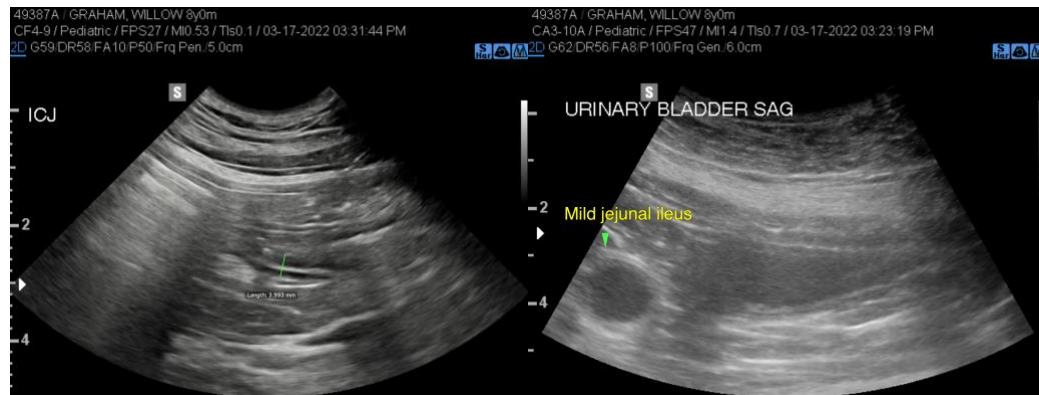
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
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