

**PATIENT**

Thor Russell

SPECIES

Canine

BREED

Mix

SEX

MN

AGE

5 years

WEIGHT

84 lbs.

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP (Canine
and Feline)**IMAGING
PERFORMED BY**

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Family Pet Practice

INVOICE

13554

DATE

3/25/22

PRESENTING CLINICAL SIGNS

Presented to emergency 3/11/22 with vomiting and diarrhea (blood present). Partially resolved with metronidazole and cerenia. Still having intermittent diarrhea. Started Metronidazole 2 days ago.

Today vomited with small amount blood and did not want to eat today.

Unremarkable CBC/Chemistry panel, Na:K 37

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, and cystourethral junction 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 was noted.

No overt pathology was noted in the area of the residual prostate.

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 6.7 cm in length. The right kidney measured 6.2 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 0.67 cm width at the caudal pole and 0.57 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 0.56 cm width at the caudal pole and 0.52 cm width at the cranial 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. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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Gastrointestinal

The stomach exhibited intact sonographically unremarkable visualized wall layering. The stomach appeared to be mild to moderately distended with gas along with subjective mild retained anechoic fluid. No overt evidence of foreign material in the stomach was noted. The ventral gastric body wall width measured 0.32 cm.

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 segmental to diffuse ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material. The duodenum wall width measured 0.50 cm. The jejunum wall width measured 0.40 cm.

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

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.

Free Abdomen

Intermittent, mid-abdominal mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly margined. A normal width: length ratio was maintained (<0.5). Evidence of subtle perilymphatic reactive mesentery was evident. An example of lymph node size was 1.7 cm x 0.52 cm. No free fluid or omental masses were noted.

ULTRASONOGRAPHIC FINDINGS

- Subacute gastroenteritis pattern with gastric gas distention / hypomotility
- Mild associated mesenteric lymphadenitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of significant gastrointestinal pathology including no evidence of mechanical / metabolic obstruction, definitive ulceration, gastrointestinal masses, or evidence of active pancreatitis. Low-grade pancreatitis or structurally insignificant inflammatory bowel could be considered if persistent or recurrent gastrointestinal signs are noted. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate.

Although considered unlikely, resting cortisol to rule out occult Addison's Disease with potential secondary gastrointestinal microulceration could be considered. Recommend hospitalization with 24-48/hour IV fluid and gastroenteritis protocol with assessment of clinical response and potential recheck sonogram for gastric reassessment.

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.

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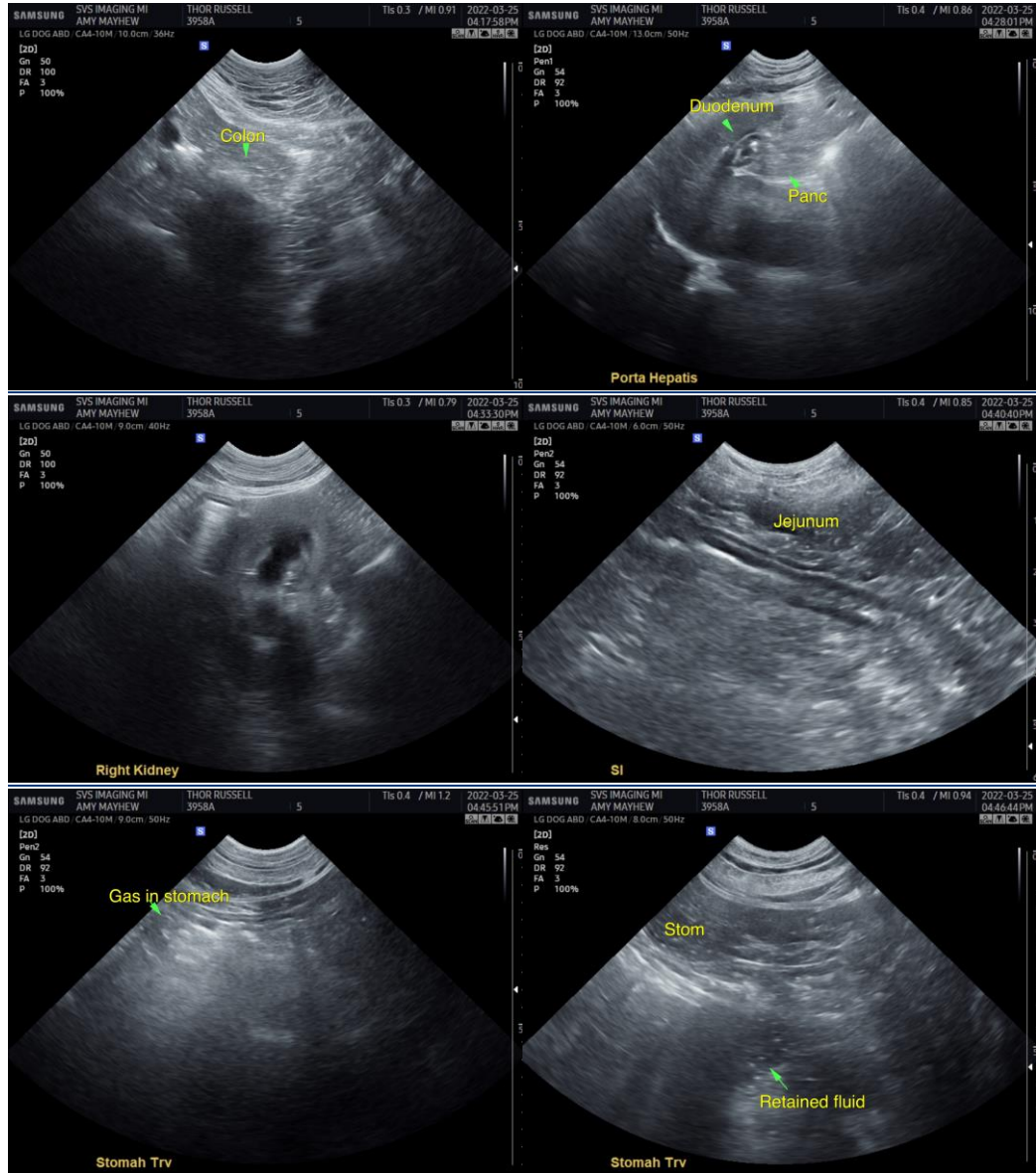
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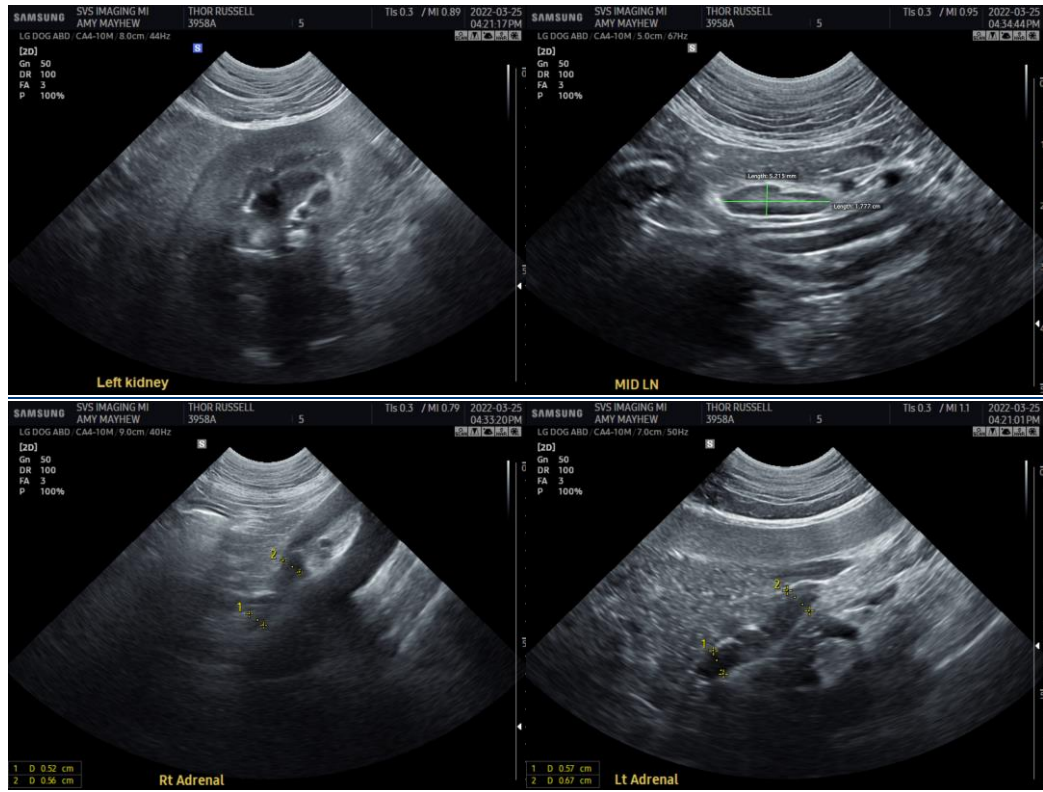
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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