



## PATIENT

Lady Vandermerwe

## SPECIES

Canine

## BREED

Terrier Mix

## SEX

Spayed Female

## AGE

13 Years

## WEIGHT

14.1 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Natalia Franco

## HOSPITAL NAME

Eagleson Veterinary  
Clinic

## REFERRING VET

Dr. Boules Maher

## INVOICE

14096

## DATE

03/06/26

## PRESENTING CLINICAL SIGNS

- Presented for profuse bloody diarrhea and lethargy. Vomiting episode.

Abnormal PE/Chem/CBC/UA Results: Presented yesterday with 7% dehydrated and painful on abdominal palpation. Bloodwork yesterday. - Hct 63% - ddx: dehydration consistent with ADHS - platelets 99 (n>121) - manual smear being performed - mild elevation urea - ddx: dehydration, r/o GI bleed, other - ALP 1,168 (n<212) - ddx: benign nodular hyperplasia, vacuolar hepatopathy, r/o secondary to a week of steroids, Cushing's, other - pancreatic lipase 798 (n<400) - ddx: pancreatitis, r/o severe gastroenteritis Today: HCT corrected and Platelets continued dropping (51). Several bruises and petechiae over abdomen.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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 change were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was 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 symmetry and definition expected for the age of the patient. Areas of medullary mineral were present bilaterally. The left kidney measured 5.7 cm in length. The right kidney measured 5.5 cm in length.

### Adrenal Glands

The adrenal glands were not definitively visualized.

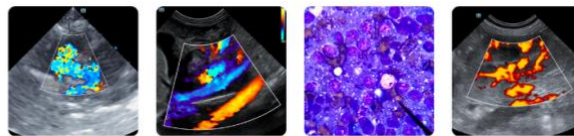
### Spleen

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 presented subjective mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.



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## Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained echogenic fluid/chyme and mild gas with no evidence of obstruction to pyloric outflow.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. A mild segmental duodenal and jejunal nonobstructive ileus pattern is present without obstruction or foreign material to the level of the colon.

The colon walls presented intact mildly prominent wall layering. Soft fecal matter and segmental gas was present in the colon lumen.

## Pancreas

The area of the pancreas was sonographically normal.

## Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

- Acute gastroenterocolitis pattern exhibiting mild nonobstructive gastric and segmental intestinal ileus and soft fecal matter in colon.
- Benign hepatopathy pattern- metabolic, reactive, vacuolar or nonobstructive cholestatic hepatopathy probable.
- Nonorganized gallbladder debris (non-mucocele).
- Normal area of the pancreas.
- Age-related renal changes with mild medullary mineral.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of mechanical gastrointestinal obstruction, i.e. foreign body, stricture, mass, etc. The appearance of the gastrointestinal tract is non-specific with considerations including dietary indiscretion / food hypersensitivity, infectious disease, dysbiosis, enterotoxin, inflammatory bowel disease or acute hemorrhagic diarrhea syndrome, mild pancreatitis which may present sonographically normal, occult parasitism, occult Addison's disease, less likely occult neoplasia or other. Hospitalization with supportive care for acute hemorrhagic diarrhea syndrome with clinical monitoring is recommended. Recheck sonogram if non-responsive or progressive gastrointestinal signs or hepatopathy.



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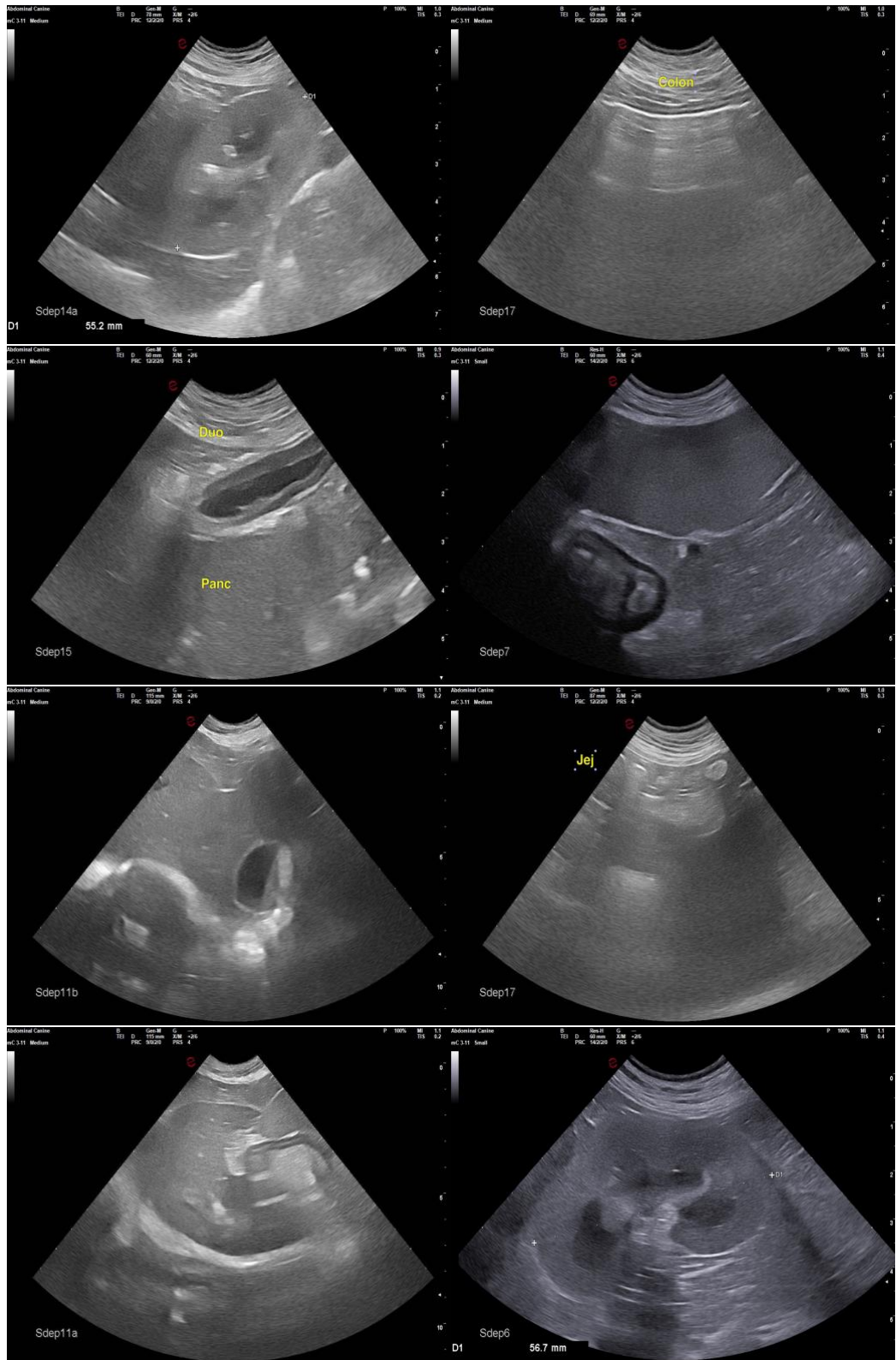
Dr. Boules Maher

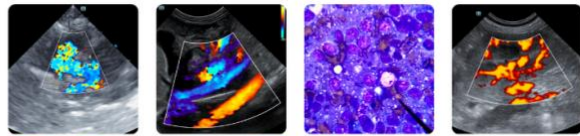
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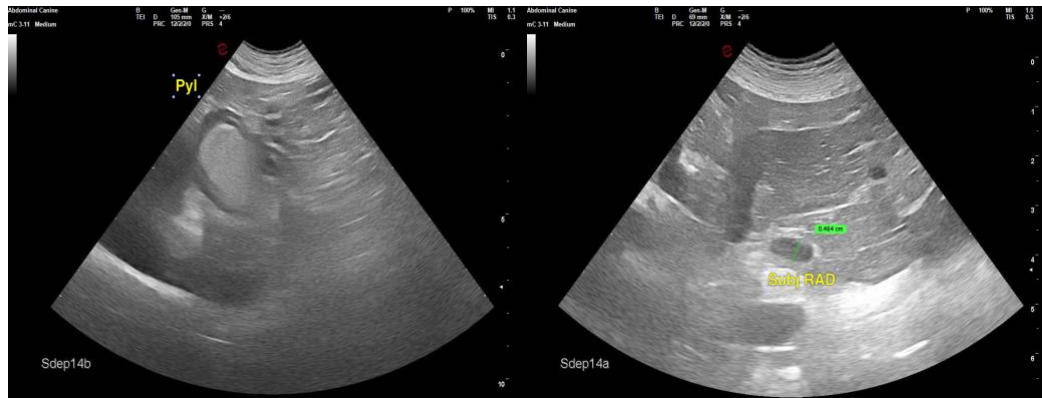
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)