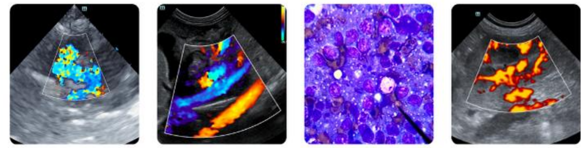


PATIENT

Evie Crafton

SPECIES

Canine

BREED

Mixed Breed

SEX

FS

AGE

2yr

WEIGHT

21.3kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Animal Emergency Clinic of the High Country

REFERRING VET

Dr. Phipps

INVOICE
24521

DATE
04/20/2026

PRESENTING CLINICAL SIGNS

P presented for vomiting with some specks of blood, ADR not eating. P treated at ER yesterday. Returned today for no vomiting but now having bloody diarrhea. Still not eating. on metronidazole and Sucralfate Gave Torb for US

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

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 5.4 cm in length. The right kidney measured 5.5 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.45 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 0.64 cm width at the caudal pole.

Spleen

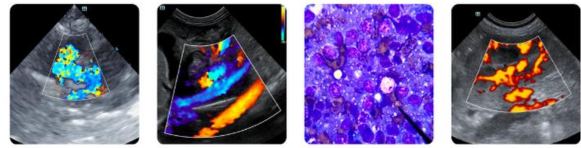
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute 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. Normal vascular volume. 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 primarily intact wall layering exhibiting empty lumen. Mildly thickened non-obstructive pylorus wall exhibiting mild decreased echogenicity and indistinct pyloric wall layer detail was present. No obstruction to pyloric outflow. The mildly thickened pylorus wall measured 0.64 cm in width.



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Subjective mild prominent jejunal submucosa layer was present. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material.

The colon exhibited segmental intact non-thickened wall with mild distention containing soft and non-formed fecal matter. Concurrent empty mildly thickened colon segments.

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 was evident.

Free Abdomen

No visualized overt lymphadenopathy or peritoneal effusion was present.

Generalized normal omental echogenicity was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Empty stomach exhibiting mildly thickened non-obstructive pylorus wall
- Intact non-thickened small intestine wall exhibiting subjective mild prominent jejunal submucosa layer
- Mild to variable colitis pattern containing soft to non-formed fecal matter
- Sonographically unremarkable pancreas / adrenal glands

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of mechanical gastrointestinal obstruction or gastroenterocolic foreign body. Dietary indiscretion/ intolerance, infectious gastroenterocolitis, inflammatory bowel disease, enterotoxin, mild pancreatitis which may present sonographically normal, occult Addison's disease, occult parasitism, occult neoplasia, given mildly thickened pylorus wall are all potentials. Microulceration associated with the pylorus wall is possible although no definitive evidence of significant or macroulceration.

A GI panel to include PLI/TLI/Cobalamin/Folate, fresh fecal analysis to assess for parasitic ova / Giardia and resting cortisol is warranted.

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 (Proviable or Visbiome), cobalamin supplementation pending assessment of cobalamin level +/- antibiotic trial with consideration for adverse effects on normal GI flora with long term antibiotic use 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.

Sonographic monitoring of the mildly thickened pylorus wall and small intestine for evidence of progressive changes indicated if continued or recurrent gastrointestinal signs.

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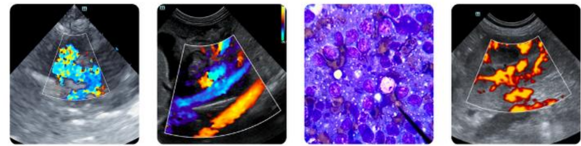

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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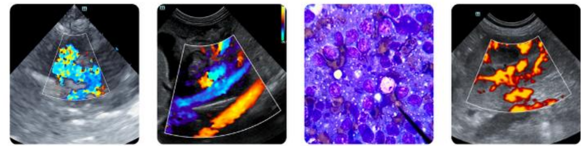

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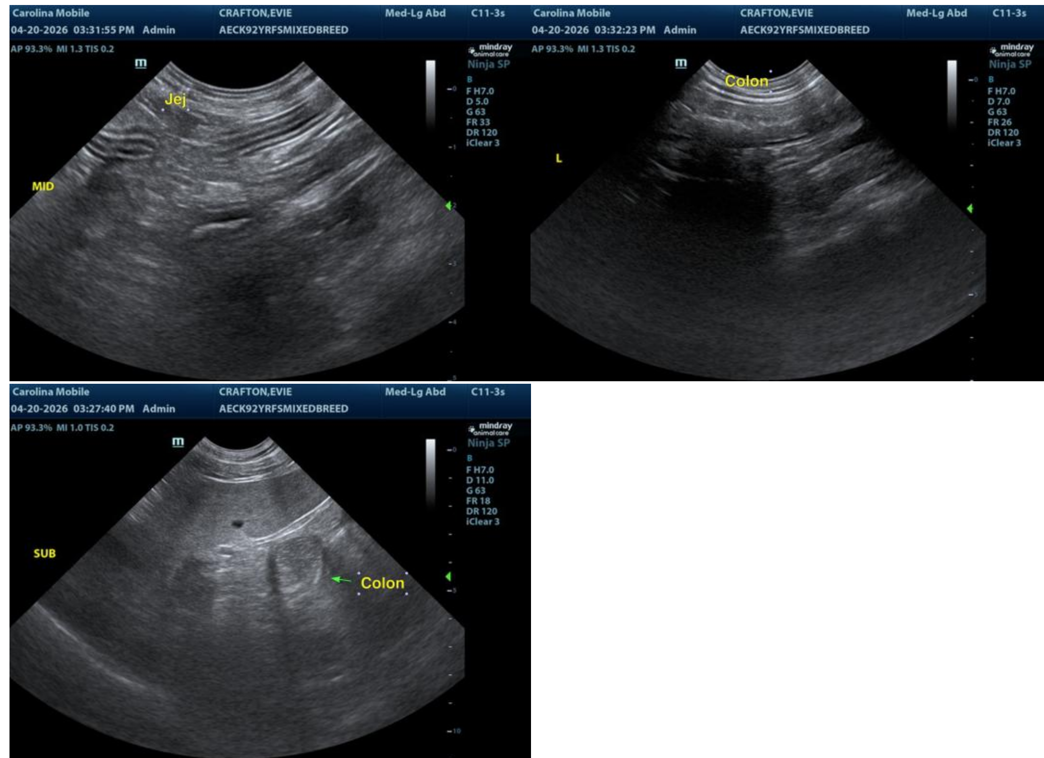

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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