



## PATIENT

Rusty Whitefield

## SPECIES

Canine

## BREED

Cockapoo

## SEX

Neutered Male

## AGE

3 Years 4 Months

## WEIGHT

8 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Mariusz  
Chmielinski DVM

## HOSPITAL NAME

Apex Veterinary  
Services LTD

## REFERRING VET

Alpine 24/7 ER doctor

## INVOICE

15284

## DATE

04/20/26

## PRESENTING CLINICAL SIGNS

Acute onset vomiting, severe hemorrhagic diarrhea, lethargy, inappetence. Possible dietary indiscretion (diet change, fatty food). Hospitalized for supportive care

Abnormal PE/Chem/CBC/UA Results: Markedly increased cPLI (~1000), lipase, amylase Hemoconcentration initially (HCT 62% - improving) Mild increase in ALT and bilirubin Resting cortisol low - Addison's not ruled out (ACTH stim pending) Ongoing bloody diarrhea and intermittent regurgitation

## 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 change were noted.

The area of the residual prostate appeared normal and free of pathology.

Normal size and margination was 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 5.1 cm in length. The right kidney measured 5.3 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 0.37 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 0.49 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. 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.

### *Gastrointestinal*



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor retained fluid with no signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with maintained wall layer ratio. Subjective borderline prominent to hyperechoic submucosa layer with mild segmental hyperechoic duodenal to duodenojejunal speckling. No evidence of obstructive pattern to the level of the colon.

Normal visible colon wall layers were present with mild generalized distention containing nonformed fecal matter.

### *Pancreas*

The area of the pancreas was sonographically normal.

### *Free Abdomen*

Minor left lateral abdomen to perisplenic peritoneal effusion was present.

Focal to intermittent mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly margined. A normal width: length ratio was maintained (<0.5). Mild perilymphatic hyperechoic omentum. An example of lymph node size was 2.3 cm x 0.41 cm.

No evidence of additional visible peritoneal effusion of lymphadenopathy was noted.

## ULTRASONOGRAPHIC FINDINGS

- Nonspecific acute gastroenteritis pattern.
- Mild generalized colon distention with nonformed fecal matter.
- Normal area of the pancreas.
- Intermittent mild mesenteric lymphadenopathy- suggestive of reactive hyperplasia or lymphadenitis secondary to acute bowel episode.
- Normal bilateral adrenal glands.
- Sonographically normal liver with mild gallbladder debris- consistent with low-grade benign hepatopathy.
- Minor left lateral abdomen to perisplenic peritoneal effusion.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the gastrointestinal tract is non-specific with considerations including dietary intolerance / food hypersensitivity, infectious disease, dysbiosis, enterotoxin, inflammatory bowel disease, acute hemorrhagic diarrhea syndrome, mild pancreatitis (which may present sonographically normal), occult parasitism, occult Addison's Disease, less likely occult neoplasia, or other.

Correlation with pending ACTH stimulation test. Consideration for GI panel to include PLI, TLI, cobalamin and folate and fresh fecal analysis. No evidence of gastrointestinal foreign material or structural pathology such as intussusception. Gastrointestinal support and empirical therapy for acute hemorrhagic diarrhea syndrome is recommended with clinical monitoring. Recheck ultrasound if non-responsive or persistent gastrointestinal signs.



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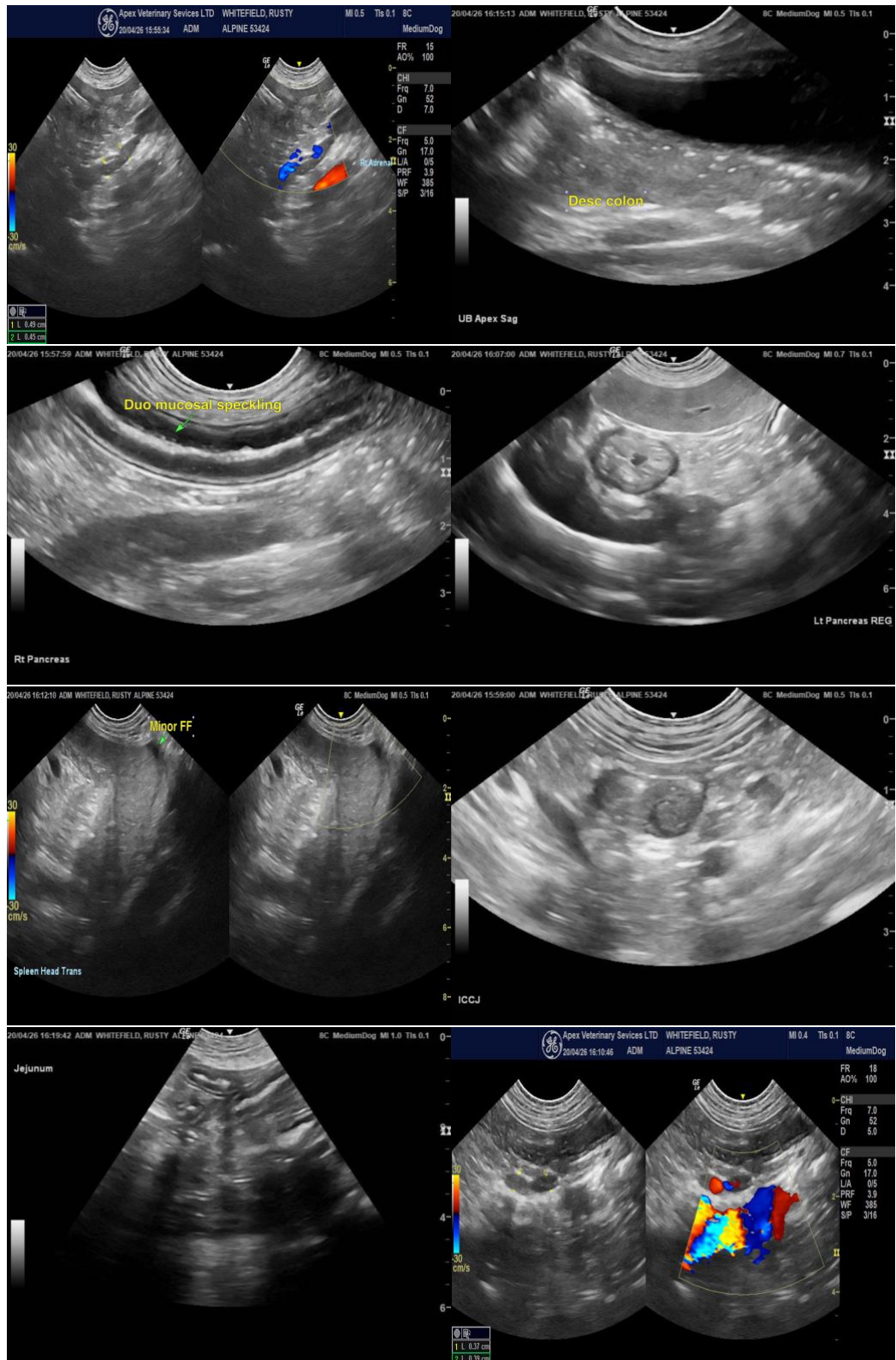
Alpine 24/7 ER doctor

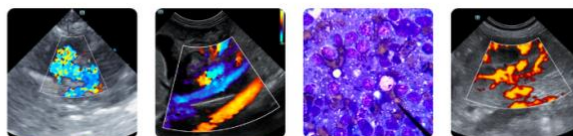
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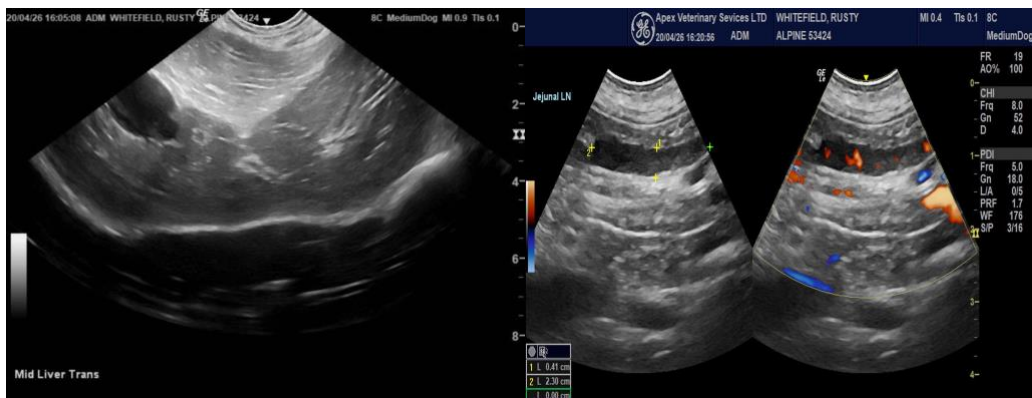
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)