



**PATIENT**

Buddy Mills

**SPECIES**

Canine

**BREED**

American Bulldog

**SEX**

MN

**AGE**

9 years

**WEIGHT**

49.2 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Diane McFadden

**HOSPITAL NAME**

Advanced VC

**REFERRING VET**

Dr. Weingartner

**INVOICE**

16524

**DATE**

4/6/23

**PRESENTING CLINICAL SIGNS**

not eating, vomiting, rad report wnl. On prednisone 10 mg bid, famotidine 20 mg bid, mirtazapine 15mg sid

Abnormal PE/Chem/CBC/UA Results: wnl including CPL

**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.

The residual prostate was free of pathology.

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 5.9 cm in length. The right kidney measured 5.6 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 2.7 cm length x 0.78 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 2.6 cm length x 0.65 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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**Gastrointestinal**

The stomach presented mildly prominent walls secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The stomach contained a mild to moderate amount of retained primarily anechoic fluid. No overt evidence of mechanical pyloric outflow obstruction or obstructive pyloric mural pathology was noted.



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The intestinal walls demonstrated generalized intact wall layering with subjective propensity for mildly prominent to hyperechoic submucosa, as well as subtly prominent intestinal muscularis layers. Primarily generalized mild small intestinal ileus to the level of the colon was noted.

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The colon exhibited sonographically unremarkable wall layering with generalized non-formed fecal matter and mild colon dilation extending into the level of the colorectum.

## BREED

### Pancreas

American Bulldog

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.

## SEX

### Free Abdomen

MN

No overt lymphadenopathy or peritoneal effusion was present.

## AGE

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## ULTRASONOGRAPHIC FINDINGS

## WEIGHT

49.2 lbs.

- Acute to subacute gastroenteritis pattern with gastric and primarily generalized small intestinal ileus
- Generalized non-formed fecal matter in colon
- Sonographically unremarkable pancreas

## INTERPRETED BY

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

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No obvious or definitive evidence of gastrointestinal mechanical obstruction or foreign material was noted. Sonographically, the gastrointestinal tract exhibited subtle mural changes which are suggestive of inflammatory criteria. Potentially, current Prednisone may be masking intestinal mural changes to some degree. Dietary indiscretion, dysbiosis, acute inflammatory bowel episode, enterotoxic insult, inflammatory bowel disease, infectious enteritis, and infiltrative neoplasia (less likely), are all possible.

## IMAGING PERFORMED BY

Diane McFadden

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Hospitalization with aggressive gastrointestinal support, IV fluids, and empirical therapy for acute gastroenteritis would be reasonable. Sonographic reassessment is suggested if persistent / progressive gastrointestinal signs.

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## REFERRING VET

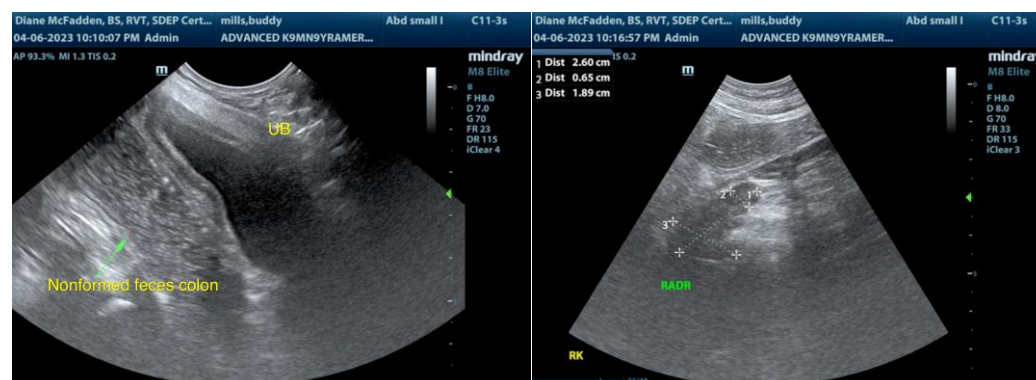
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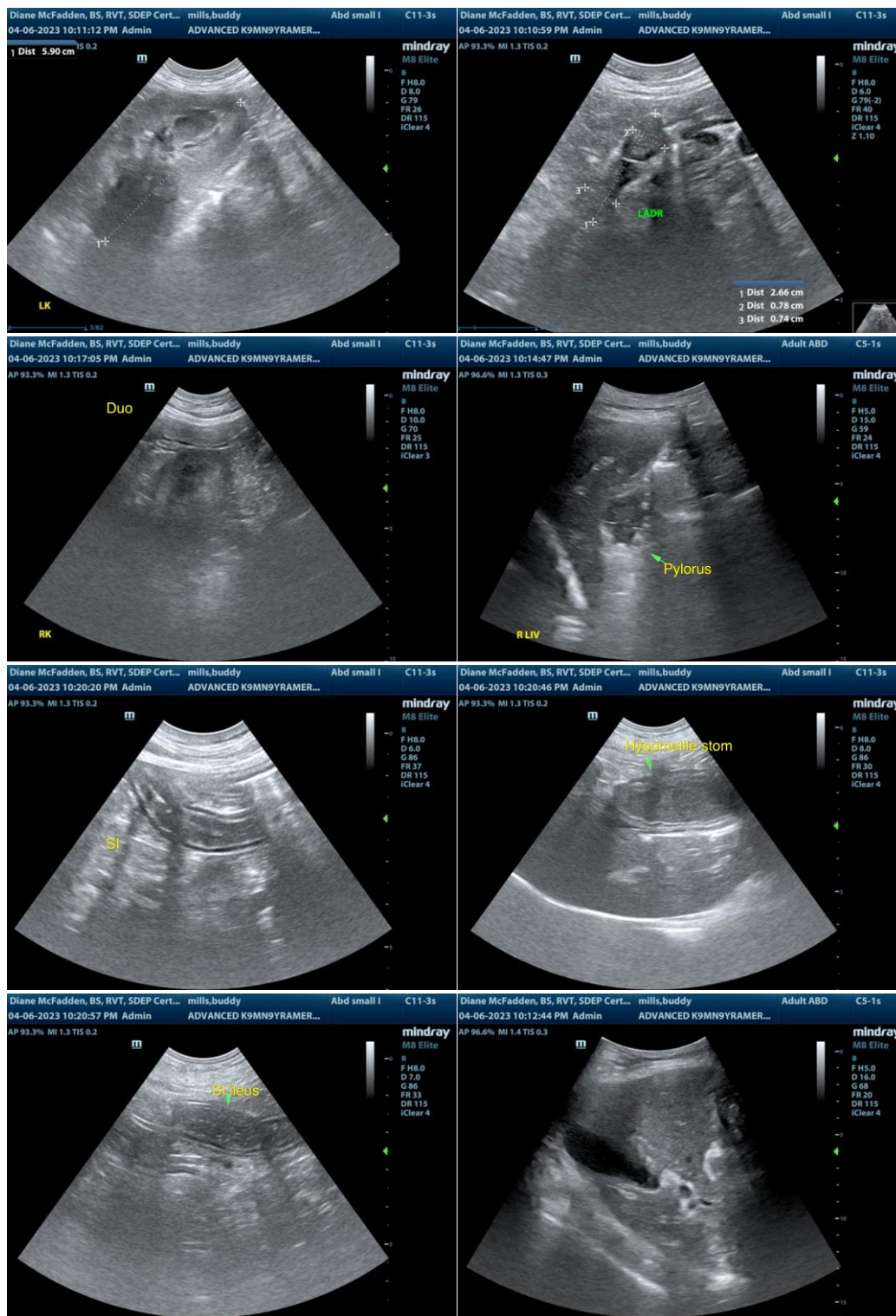
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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.

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**info@SonoPath.com**

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