



PATIENT

Shelby Pedigo

SPECIES

Canine

BREED

Lab

SEX

Neutered Male

AGE

11 Years

WEIGHT

100 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Kathleen Byrnes

HOSPITAL NAME

Byrnes Veterinary
Relief Services

REFERRING VET

Animal Emergency
Clinic of the High
Country

INVOICE

46514

DATE

4/8/23

PRESENTING CLINICAL SIGNS

P presented to ER on 4/7 for bloody diarrhea. P was started on Carprofen on 4/1 for osteoarthritis and bloody diarrhea started Thursday night. P was eating up until Thursday afternoon. P roams loose outside and will eat deer and rabbit poop. P hospitalizes and started on iv fluids, metronidazole, ondansetron, and buprenorphine.

Abnormal PE/Chem/CBC/UA Results: CBC wnl Chem17 ALKP 16 (23-212) Lytes wnl

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

The residual prostate was free of pathology.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.5 cm. The right kidney measured 7.4 cm.

Adrenal Glands

The adrenal glands were overtly normal in size, position, and shape. The left adrenal gland measured 0.46 cm in width. The right adrenal gland measured 0.52 cm in width.

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

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 intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate primarily non-shadowing ingesta along with focal shadowing ingesta echoes. Example of echo measured 1.5 cm in diameter. No evidence of mechanical pyloric outflow obstruction.

The intestinal walls demonstrated intact wall layering and primarily maintained 1:3 muscularis / mucosa ratio. Segmental propensity for mildly prominent intestinal submucosal and muscularis layer. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. The lumen was primarily empty with mild segmental ileus. No evidence of obstructive pattern.



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The colon walls presented intact yet mildly prominent wall layering with mild thickened to echogenic submucosa. Generalized nonformed fecal matter was present in the colon lumen, consistent with patient history.

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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.

BREED

Lab

Free Abdomen

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Intermittent, mildly prominent to enlarged mesenteric nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

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No evidence of peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

100 Pounds

- Mild to moderate focally shadowing gastric ingesta
- Enterocolitis pattern with segmental mild intestinal ileus
- Associated mild benign/reactive mesenteric lymphadenopathy
- Mild age related kidneys
- Sonographically normal pancreas

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Inflammatory bowel episode potentially secondary to dietary indiscretion, dysbiosis, acute gastroenteritis with potential for emerging IBD, occult parasitism, occult Addison's disease, enterotoxic insult, infectious enterocolitis, occult infiltrative neoplasia (less likely) all potentials. The focally shadowing ingesta present in the stomach is non-specific and may correlate with dense ingesta or medication. Technically, the possibility of a small non-obstructive gastric or potentially non-visualized passing intestinal foreign body cannot be definitively excluded. However, given no evidence of obstructive pattern, no obvious indication for immediate surgical intervention.

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A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Resting cortisol level to rule out occult Addison's disease could be considered. Empirically, continued therapy for acute inflammatory bowel episode or hemorrhagic gastroenteritis with assessment of clinical response and potential recheck sonogram (if clinically indicated) is recommended.

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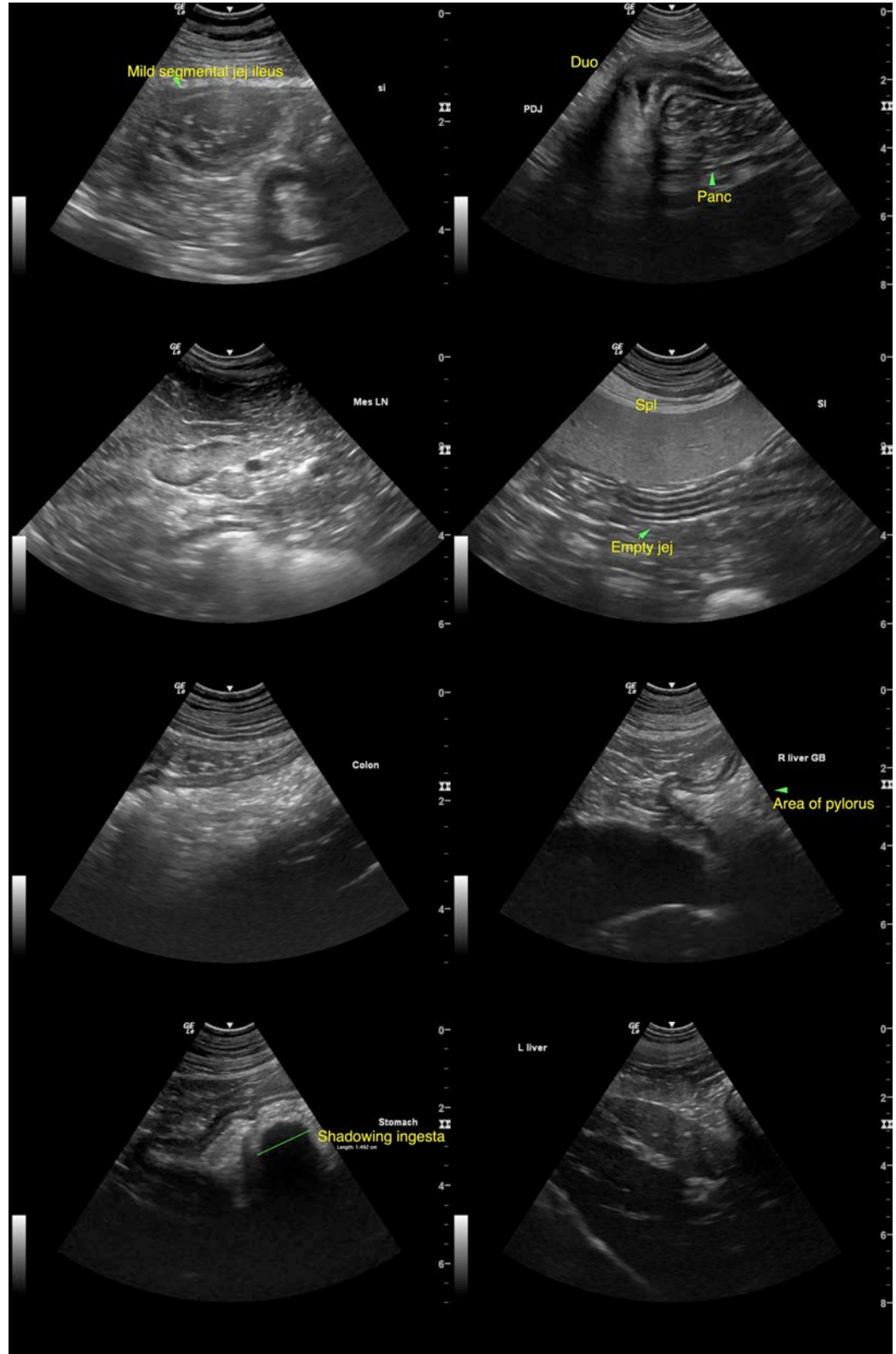
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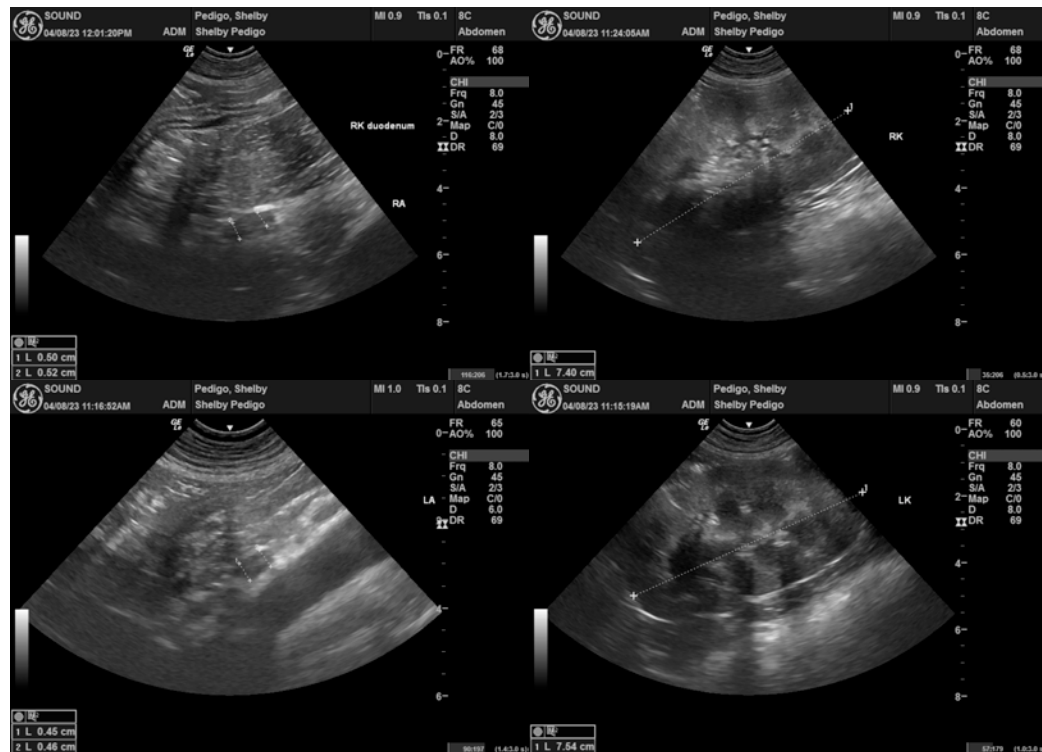
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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