



## PATIENT

Zoey Ruissen

## SPECIES

Canine

## BREED

Golden Retriever

## SEX

Spayed Female

## AGE

8 Years

## WEIGHT

27.1 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Sarah Barthelemy

## HOSPITAL NAME

Petzco Vet

## REFERRING VET

Petzco Vet

## INVOICE

14991

## DATE

04/09/26

## PRESENTING CLINICAL SIGNS

Hyporexia, vomiting, bloody diarrhea. Previous history of IBD, Cushing's disease. Has had previous endoscopy for obstructive gastric hairballs. Now hospitalized

## 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. Primarily anechoic urine was present in the lumen. Echogenic to particulate dependent mild sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes 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 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 7.1 cm in length. The right kidney measured 6.7 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 0.64 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 0.51 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. Intermittent discrete hypoechoic nodules were present with an example measuring 1.7 cm in diameter.

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

### Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild lumen gas and with no signs of ileus, obstruction or foreign material.



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with mild segmental nonobstructive jejunal ileus. The duodenum wall measured 0.45 cm wall width. The jejunum wall measured 0.32 cm wall width.

The colon walls presented intact yet mild thickened wall layering. The colon was nondistended containing generalized nonformed fecal matter. The descending colon wall measured 0.33 cm wall width.

### *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 overt lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

- Normal empty stomach.
- Enterocolonopathy exhibiting mild segmental nonobstructive jejunal ileus and generalized nonformed fecal matter.
- Normal area of the pancreas.
- Discrete liver nodules- probable benign given patient's history.
- Mild nonorganized gallbladder debris (non-mucocele).
- Normal adrenal glands.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of mechanical gastrointestinal obstruction, foreign material or current hair balls. Dietary indiscretion/intolerance, infectious enterocolitis/dysbiosis, enterotoxin, inflammatory bowel disease, mild pancreatitis which may present sonographically normal, acute hemorrhagic diarrhea syndrome, occult parasitism, occult neoplasia or occult Addison's disease (thought less likely) are all potentials.

Gastrointestinal support and empirical therapy for hemorrhagic gastroenteritis with clinical monitoring would be reasonable. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Empirical deworming Panacur 50 mg/kg SID for five consecutive days with repeat protocol in three weeks despite fecal testing uh is suggested. Sonographic reassessment is indicated if non-responsive or progressive gastrointestinal signs.



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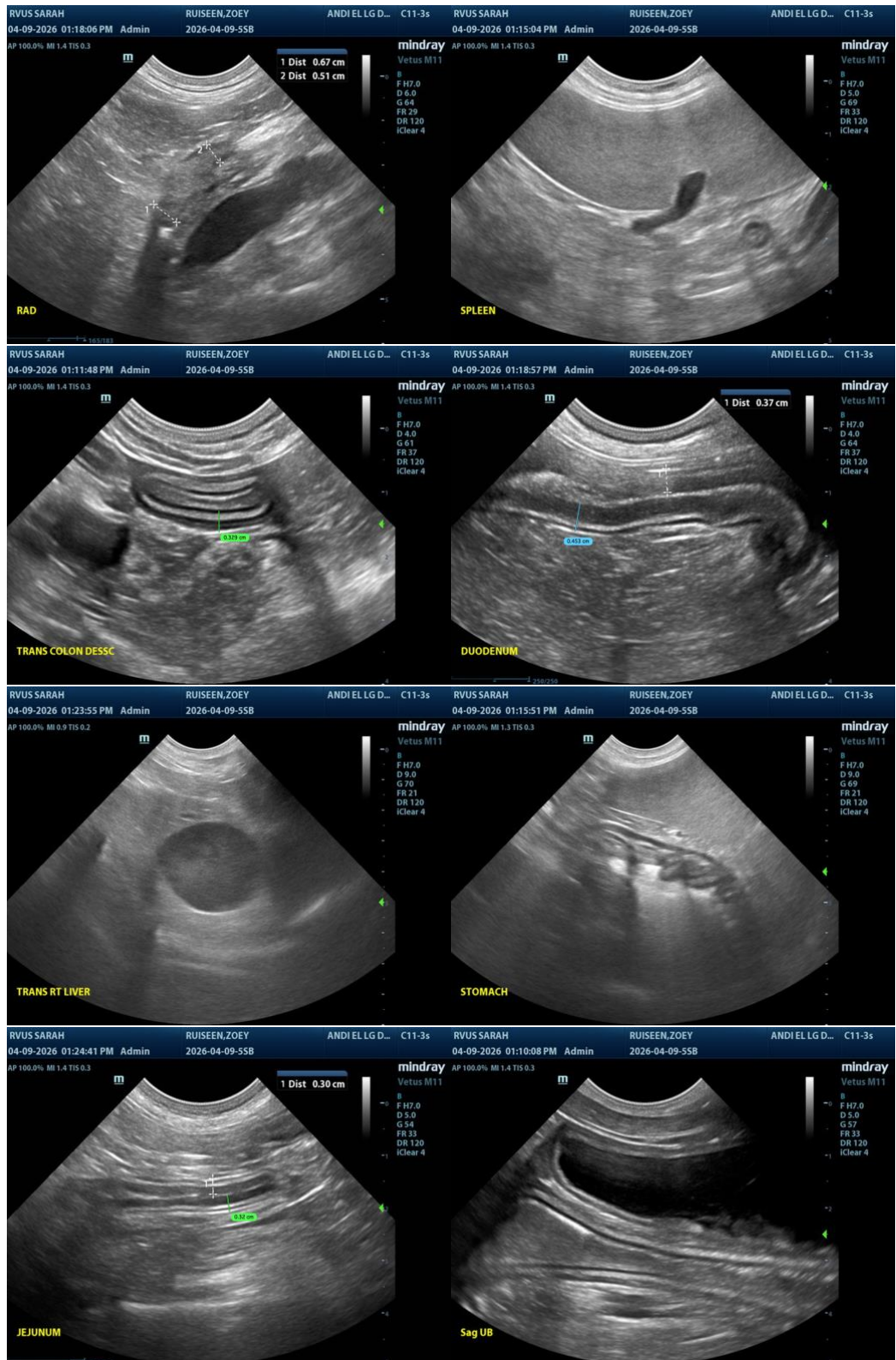
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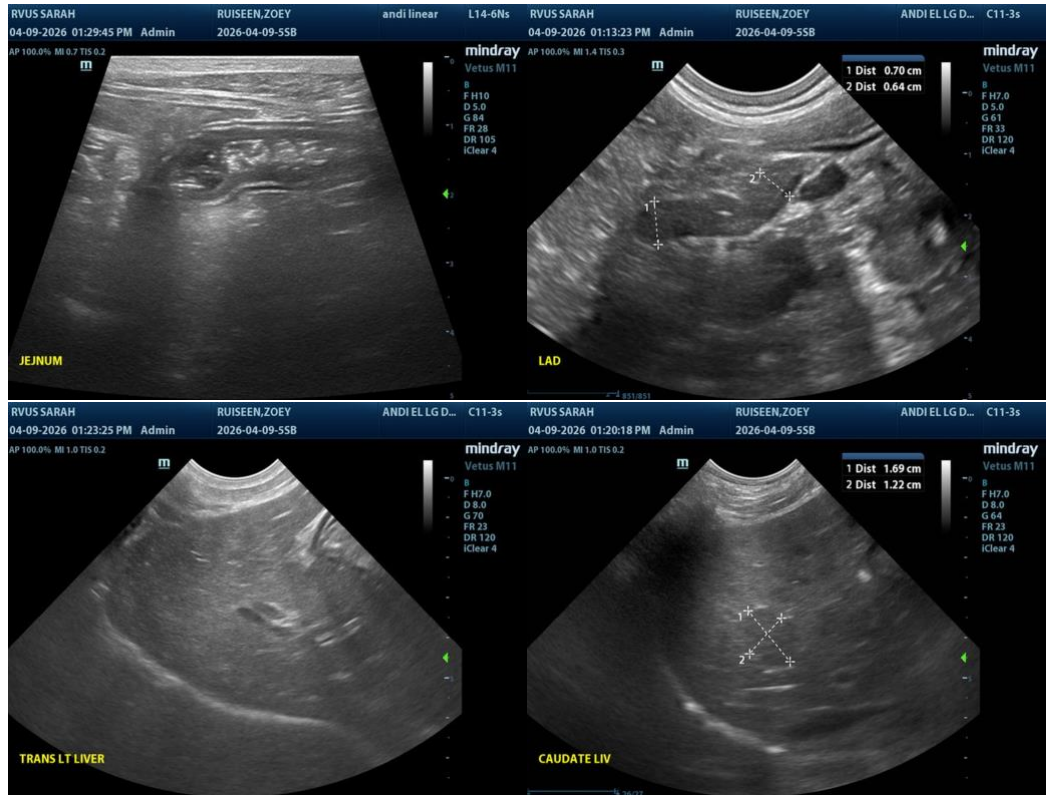
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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