



PATIENT

Archie Kerstner

SPECIES

Canine

BREED

Mixed

SEX

MN

AGE

4 years

WEIGHT

68

INTERPRETED BY

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

IMAGING PERFORMED BY

Marco Lichfield

HOSPITAL NAME

Dr. Robert Sova

REFERRING VET

Dr. Robert Sova

INVOICE

16789

DATE

5/10/23

PRESENTING CLINICAL SIGNS

Pet has a history of Hemorrhagic Enteritis, first visit owner brought in stool that looked like raspberry jam, used metronidazole and it helped but as soon as pet was off meds loose bloody stool is back. Abnormal PE/Chem/CBC/UA Results: Bloodwork and urine pending , fecal was negative.

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 overt pathology.

No evidence of pathology in the area of the aortic trifurcation.

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 6.7 cm in length. The right kidney measured 6.8 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 2.5 cm length x 0.58 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 0.56 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 intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.



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Normal visible colon wall layers were present with subjective formed fecal matter at the time of the ultrasound.

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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 were evident.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable abdomen

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No sonographic evidence of visceral pathology, specifically gastroenterocolic mural pathology, was noted. At times, the gastroenterocolic sonographic presentation may not correlate with current or previous history of gastrointestinal signs. The hematochezia is consistent with large bowel diarrhea. Correlation with pending lab work to assess for underlying metabolic cause, is suggested. A GI panel to assess Cobalamin/Folate levels may be considered to assess for or rule out occult small intestinal disease as a contributing factor.

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Empirical therapy for suspected mild colitis, which may include dietary therapy, high colony count probiotic (Proviale), cobalamin supplementation pending assessment of cobalamin levels, broadspectrum deworming (Panacur 50 mg/kg SID for at least 5 consecutive days with potential repeat protocol in 3 weeks) even if fecal testing is negative, and assessment of enterocolic response may prove beneficial.

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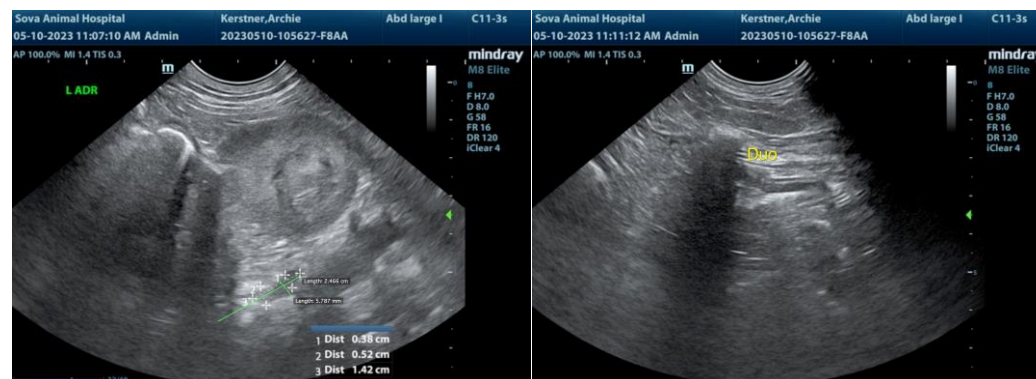
Dr. Robert Sova

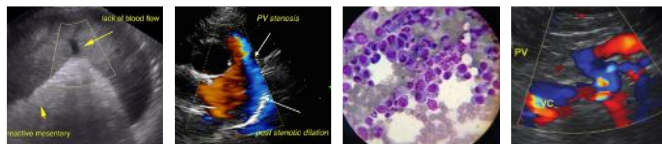
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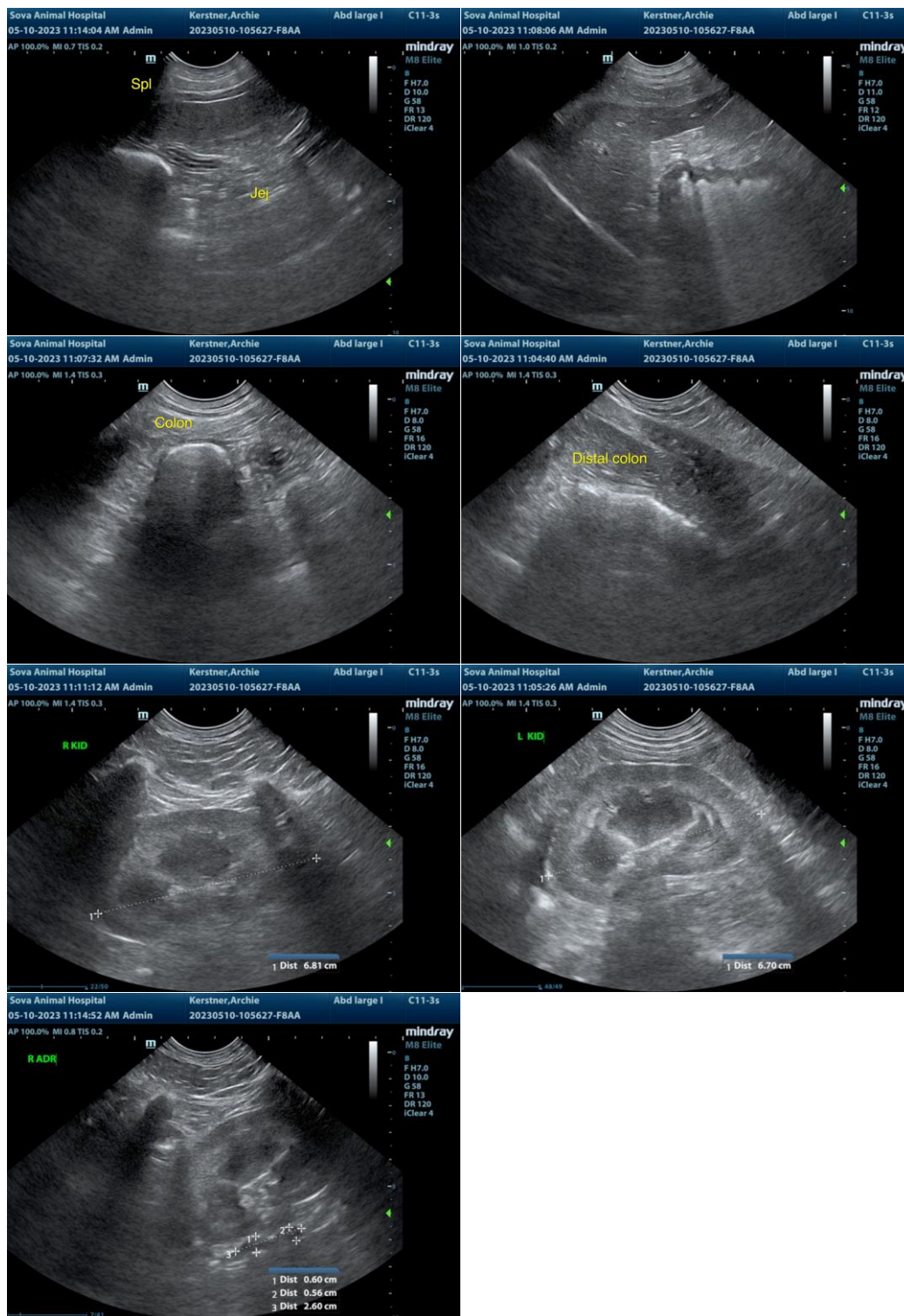
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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