

**PATIENT**

Mello Mendiola

SPECIES

Canine

BREED

Maltese Mix

SEX

FS

AGE

10 years

WEIGHT

8.1 lbs.

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP (Canine
and Feline)**IMAGING
PERFORMED BY**

Rachel Runnells, RVT

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

Dr. Ballenger

INVOICE

13867

DATE

5/12/22

PRESENTING CLINICAL SIGNS

Having bloody diarrhea and not eating since 5/9/22. Went to ER this morning for diarrhea and lethargy. O had given some famotidine, cerenia, and metronidazole at home. Given LRS and dextrose at ER. DX with HGE, hypoglycemia, and hypothermia. Also had GI issues in Dec. '21, and normal CBC and Chem at that time.

Abnormal PE/Chem/CBC/UA Results: At ER: T 96.7, rectal area reddened, wobbly. CBC: RBC 9.76 (6.65-8.87), HCT 63.9 (37.3-61.7), HGB 22.5 (13.1-20.5), Retic 157.1 (10-110), WBC and Neutrophils WNL (bands suspected). Chem: GLU 32 (70 -143). ALB 2.0 (2.2-3.9), rest WNL (no T4 ran. AMY, LIP, CHOL would not read). Transferred to regular DVM, GLU was over 300 upon arrival, and already dropped to 101 by 10a. At 11:30a GLU was 86, T - 100.8.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 changes was noted.

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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.8 cm in length. The right kidney measured 4.0 cm in length.

Adrenal Glands

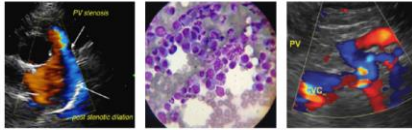
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.22 cm width at the caudal pole and 0.28 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.35 cm width at the caudal pole and 0.40 cm width at the cranial 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 subnormal in size containing anechoic content with mild luminal debris. The cystic and common bile ducts were normal.

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Gastrointestinal

The stomach presented intact yet mildly prominent wall layering. The lumen of the stomach was empty with mild luminal gas. No evidence of retained ingesta, fluid, or foreign material. The gastric body wall width measured 0.40 cm.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental to diffuse ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material. The duodenum wall width measured 0.35 cm.

The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. Segmental non-formed to liquid feces, consistent with reported diarrhea, was present in the colon lumen with lumen dilation.

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

Mild peri intestinal reactive mesentery was present. No overt evidence of significant lymphadenopathy or free fluid was present.

ULTRASONOGRAPHIC FINDINGS***Primary Findings***

- Acute gastroenterocolitis pattern - dietary indiscretion, acute gastrointestinal insult, enterotoxemia, infectious gastroenterocolitis, IBD, occult neoplasia (less likely), possible
- Heterogeneous pancreas - sonographically not consistent with active pancreatitis, potential for low-grade or chronic pancreatitis possible

Secondary Findings

- Mild chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of gastrointestinal mechanical obstruction or foreign material. Obvious evidence of significant pancreatic pathology i.e., significant or active pancreatitis or neoplastic criteria was not evident. Continued aggressive therapy for acute hemorrhagic diarrhea syndrome / HGE +/- a GI panel to include PLI/TLI/Cobalamin/Folate would be reasonable.

If persistent episodes of hypoglycemia, an assessment of glucose and insulin levels on the same serum sample could be considered.

Although considered less likely, resting cortisol levels to rule out occult Addison's Disease would be warranted.

IMAGING PERFORMED BY

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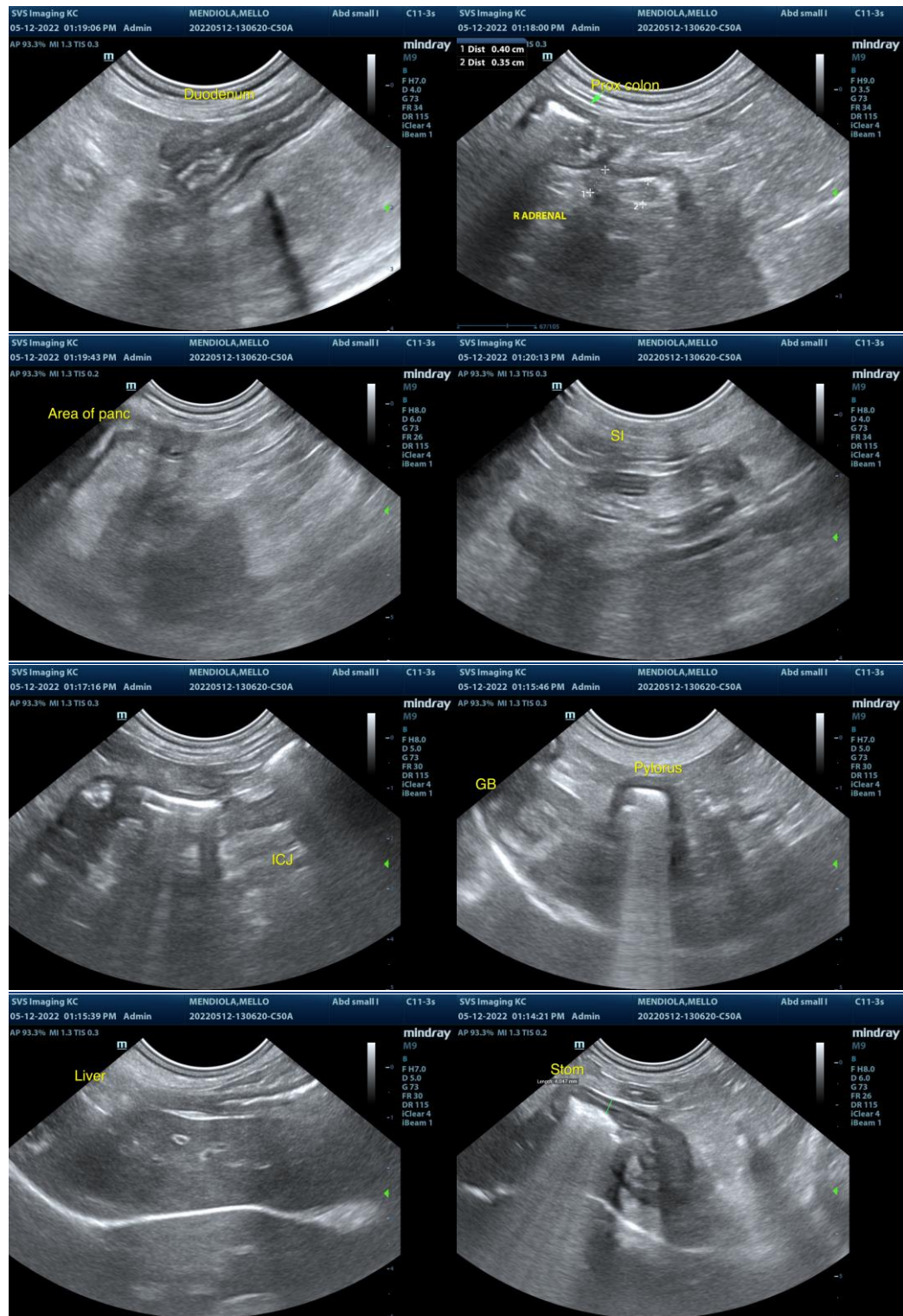
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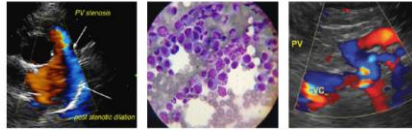
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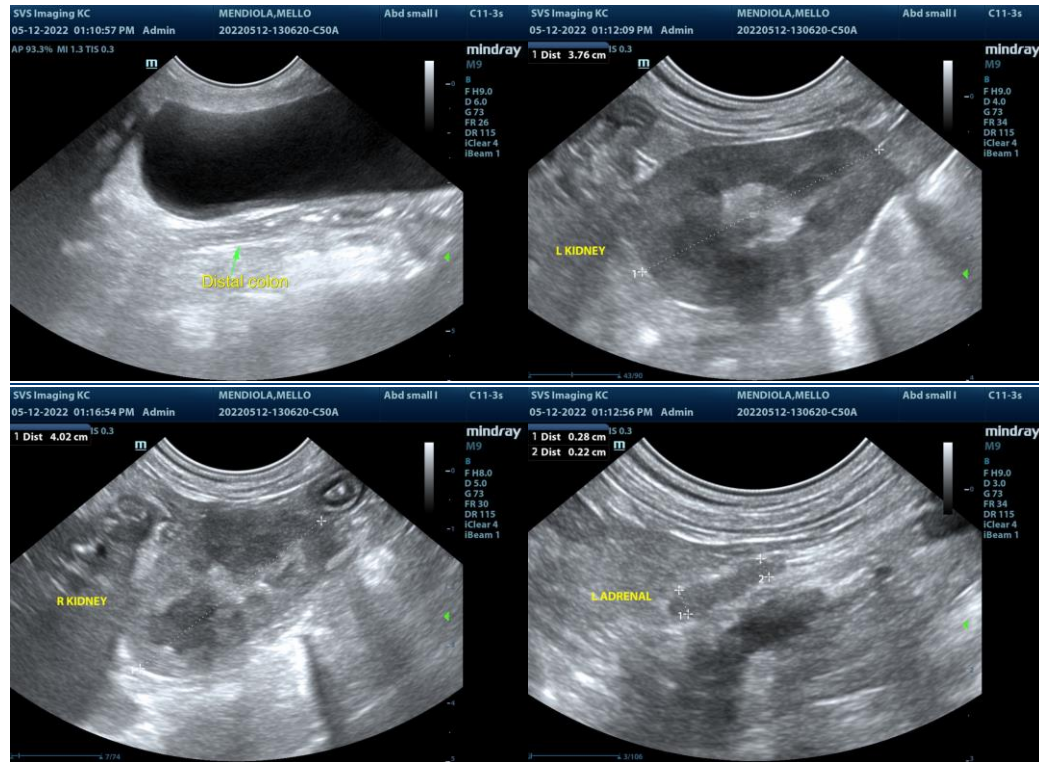
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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