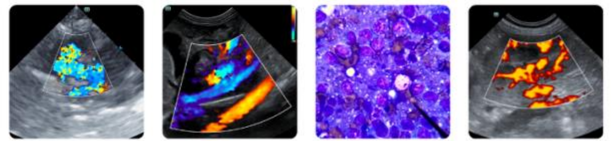


PATIENT
Nala Farmer

SPECIES
Canine

BREED
German Shepherd

SEX
Spayed Female

AGE
9

WEIGHT
76.4

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

IMAGING PERFORMED BY
Rebecca Barnard

HOSPITAL NAME
Southkent Veterinary Hospital

REFERRING VET
Dr. Janae Seneker

INVOICE
16095

DATE
05/12/26

PRESENTING CLINICAL SIGNS

First came in on 4/30/26 for Intermittent loose, mucoid stools for the last month or so. Rectal palpation = gas distension of colon with scant stool with frank blood. On 5/11 still straining and producing small amounts of stool, O noted it reminded her of bird poop when she defecates. Vomited once over the weekend- was all her food after eating.

Abnormal PE/Chem/CBC/UA Results: Right lateral abdominal radiograph = Mild gas distension of intestinal tract, food in stomach and duodenum, Peristalsis vs. mass effect vs. stenosis of colon near pelvic opening; Chem 17/CBC/Lytes/SDMA in house all WNL.

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. 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 change were noted.

No obvious pathology in the area of the uterine remnant.

Normal size and margination was present in the left kidney. 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 was visualized in the transverse plane.

The right kidney was not definitively visualized.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

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.

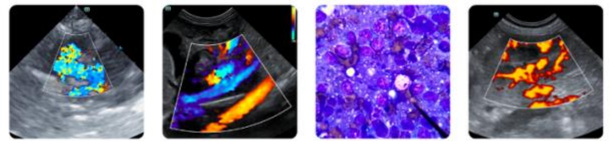
Liver & Gallbladder

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.



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The visualized segments of 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.

The visualized colon exhibited normal intact visible wall. Subjective nondistended size containing formed fecal matter and lumen gas. No overt visible colon mural pathology at the level of the distal descending colon and colorectum and cranial to the urinary bladder.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

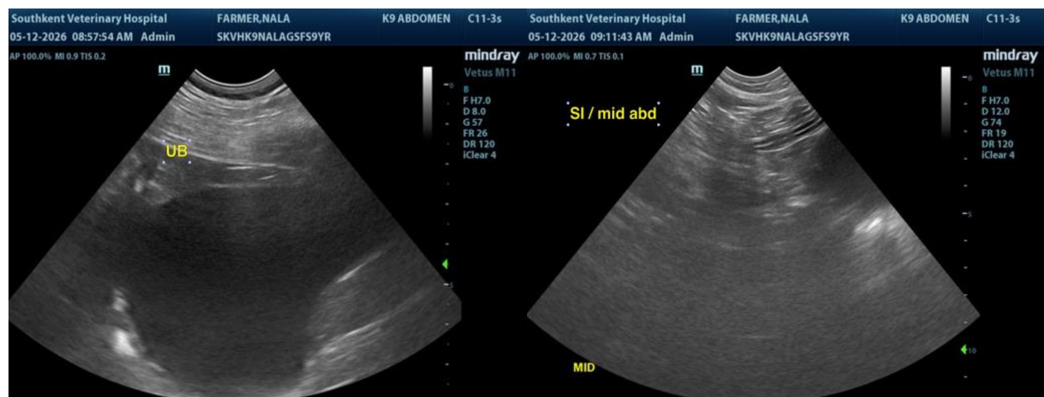
ULTRASONOGRAPHIC FINDINGS

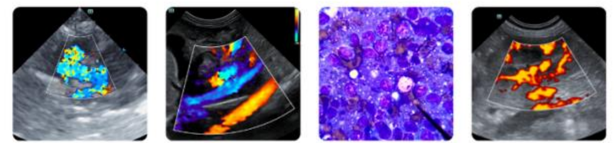
- Sonographically unremarkable visualized gastrointestinal tract/colon.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, sonographically unremarkable abdomen without evidence of visceral, specifically visualized gastroenterocolic mural pathology. The description of the mucoid stools with hematochezia and straining is suggestive of large bowel diarrhea, which may suggest mild colitis. A non-visible distal descending colon to colorectal mural lesion obscured by colonic gas and fecal content cannot be definitively excluded.

Gastrointestinal support and empirical therapy for mild colitis with clinical monitoring may prove beneficial. If persistent gastrointestinal signs, upper and lower gastric endoscopy may be indicated. Fresh fecal analysis is recommended if not recently done.





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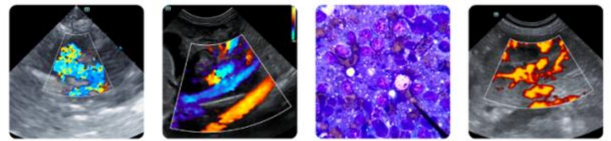

Clinical Sonography & Telecytology

Educational Teleconsultation Services™

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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)

info@SonoPath.com