



## PATIENT

Harley Mahussier

## SPECIES

Canine

## BREED

Cockapoo

## SEX

Neutered Male

## AGE

10 Years

## WEIGHT

9.9 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Sarah Barthelemy

## HOSPITAL NAME

Petzoic Vet

## REFERRING VET

Petzoic Vet

## INVOICE

16392

## DATE

05/20/26

## PRESENTING CLINICAL SIGNS

Presented for hematochezia. Labs pending

## 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 change were noted.

The area of the residual prostate appeared normal and 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 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 5.4 cm in length. The right kidney measured 5.8 cm in length.

### Adrenal Glands

The left adrenal gland was mildly enlarged in size with normal contour and with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.74 cm width at the caudal pole.

The right adrenal gland was mildly enlarged in size with normal contour and with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.71 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 presented subjective borderline to mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. Mildly prominent hepatic vasculature and cranial abdomen caudal vena cava.

The gallbladder was non distended in size with moderate variably congealed yet nonorganized debris occupying a majority of the gallbladder lumen and extending into the mildly dilated proximal cystic duct. Area of emerging mineralized debris in the cystic duct without post-hepatic obstruction.

### Gastrointestinal

The stomach presented intact wall layering. Mildly prominent rugal folds and empty lumen with mild lumen gas.



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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 no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.35 cm wall width. The jejunum wall measured 0.33 cm wall width to the level of the ileum. Subjective intact, mildly thickened ileum wall, primarily at the level of the ileocolic junction. The ileocolic wall measured 0.48 cm wall width.

The colon walls presented intact mildly prominent to thickened wall layering. The colon was nondistended containing generalized soft to nonformed fecal matter consistent with patient's history. The descending colon wall measured 0.25 cm wall width.

## Pancreas

The pancreas presented prominent in size with capsule asymmetry and heterogeneous nonhomogenous parenchyma. Mildly prominent pancreatic duct.

## Free Abdomen

Mildly enlarged yet hypoechoic to swollen focally cystic jejunocolic lymph nodes, regional perilymphatic to peri-intestinal hyperechoic omentum and minor pockets of peritoneal effusion were present. Example of lymph nodes measured 1.6 cm x 0.9 cm.

## ULTRASONOGRAPHIC FINDINGS

- Mildly thickened ileum and generalized colon with diffuse nonformed fecal matter.
- Hypoechoic to swollen to jejunocolic lymphadenopathy, regional perilymphatic/peri-intestinal hyperechoic omentum.
- Subjective mild congested liver.
- Congealed non-organized focally mineralized gallbladder debris extending into cystic duct.
- Prominent non-homogenous pancreas.
- Age-related renal changes.
- Mild bilateral adrenomegaly.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations given reported hematochezia may include suspect ileocolitis with associated jejunal lymphadenitis, potential for emerging or occult enterocolic and lymphatic neoplasia are thought less likely yet not definitively excluded.

Further assessment may include fresh fecal analysis and FNA cytology of accessible lymph node. Correlation with pending lab work and assessment of albumin levels or for evidence of hepatopathy is recommended.

The subjective mildly congested liver may be secondary to non-reported sedation. However, if patient non-sedated, three view chest radiographs are suggested to assess for cardiac or thoracic pathology. Hepatosupportive medications are indicated if evidence of cholestasis or hepatic inflammation. Pancreatitis may be suspected if cranial abdomen/subxiphoid discomfort on palpation.

A full GI panel to include PLI, TLI, cobalamin and folate is warranted. Adrenal screening could be considered if clinical signs consistent with adrenal disease are non-reported or arise. Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Provable or Visbiome), and as needed



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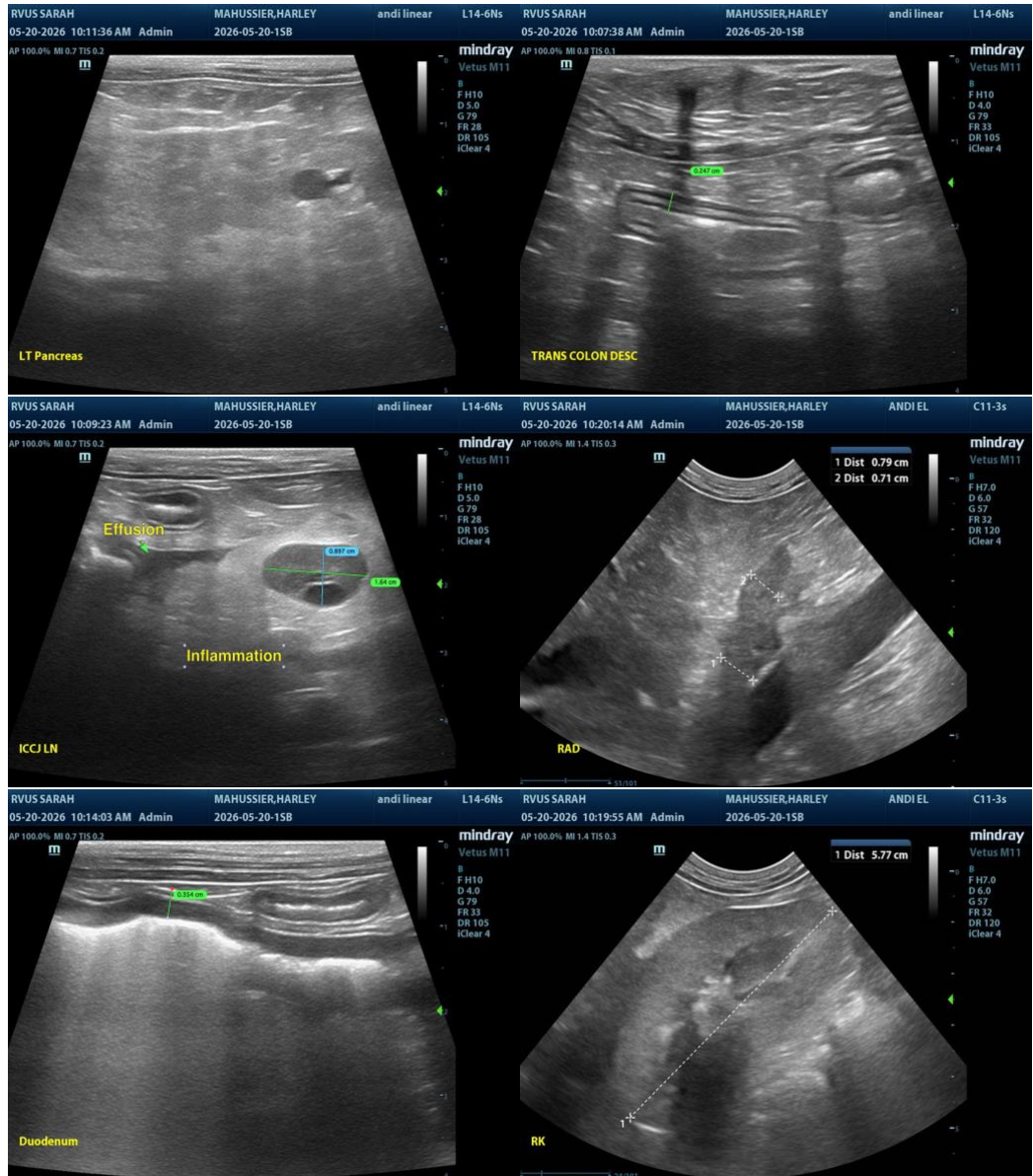
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gastroprotectants is suggested with clinical monitoring. Note that recent research has shown that indiscriminate use of antibiotics may actually cause harm.





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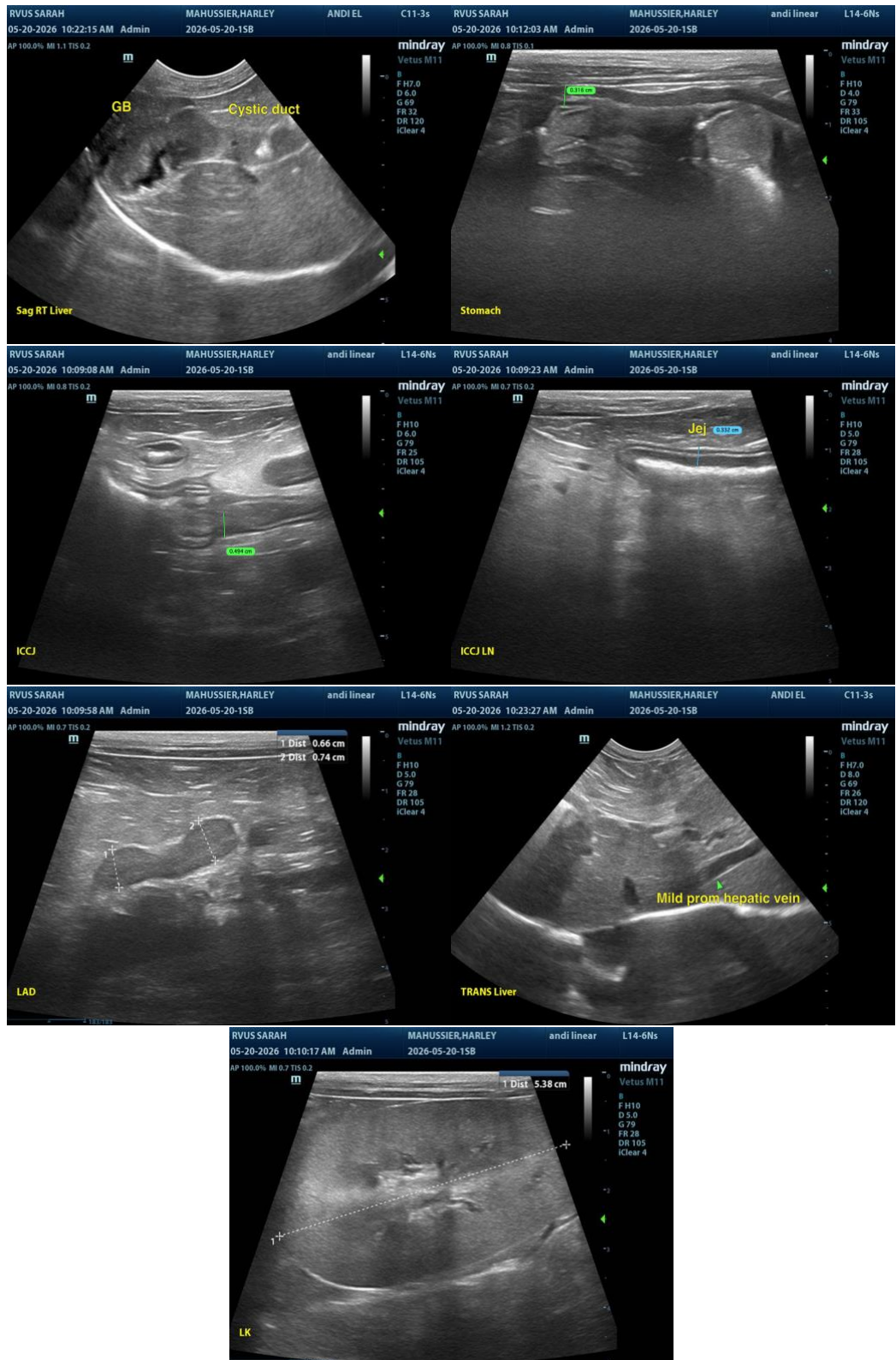
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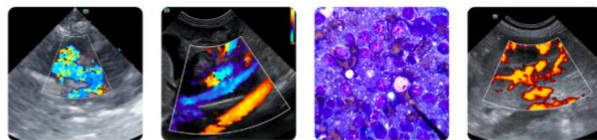
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

[info@SonoPath.com](mailto:info@SonoPath.com)