



**PATIENT**

Noah Hendricks

**SPECIES**

Canine

**BREED**

Doodle

**SEX**

Neutered Male

**AGE**

9 Years

**WEIGHT**

15 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Callihan/AEC

**HOSPITAL NAME**

Animal Emergency  
Care

**REFERRING VET**

Dr. Bailey/AEC

**INVOICE**

37841

**DATE**

5/22/22

**PRESENTING CLINICAL SIGNS**

Presented for bloody diarrhea and vomiting, no specific gastric indiscretions or ongoing health issues other than itchy skin.

Abnormal PE/Chem/CBC/UA Results: Mildly overweight BCS 6/9, dull coat, left apical murmur 2/6 (historical), otherwise nsf on PE; CBC/Chems normal; coags normal; resting cortisol rules out hypoadrenocorticism.

**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 changes were noted.

The residual prostate was without pathology.

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 5.3 cm. The right kidney measured 4.9 cm.

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.55 cm at the cranial pole and 0.65 cm at the caudal pole. The right adrenal gland measured 0.49 cm at the caudal pole.

**Spleen**

The spleen was overall normal in size with primarily maintained symmetrical capsule contour. Subtle generalized splenic parenchyma heterogeneity noted. A solitary, mildly expansive, isoechoic to non-homogeneous spherical mass was noted in the subjective mid craniomedial spleen with associated medial capsule distortion. The mass measured approximately 4.0 cm in diameter. No evidence of perisplenic reactive mesentery.

**Liver**

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 exhibited intact yet mildly prominent wall layering in the area of the mid gastric body, antrum and pylorus. The pylorus and ventral gastric body wall measured 0.50 cm wall width. The stomach was primarily empty with mild luminal gas. No evidence of retained ingesta, fluid or foreign material.



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The small intestine presented intact wall layering with subjective propensity for mildly prominent segmental jejunal submucosa layer. No evidence of mechanical/metabolic small intestinal ileus or overt foreign material.

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The visualized colon exhibited overtly normal wall layering, containing semiformed feces, consistent with reported diarrhea.

**Pancreas**

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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**

**SEX**

Neutered Male

No evidence of perisplenic or peritoneal free fluid. No overt lymphadenopathy.

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

9 Years

- Mild gastroenteritis pattern
- Overtly normal colon containing semiformed to soft feces
- Spherical isoechoic to mildly non-homogeneous splenic mass

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

15 kg

If no previous history of gastrointestinal signs, the gastroenterocolic presentation is suggestive of likely acute hemorrhagic diarrhea syndrome. Potential for underlying inflammatory bowel disease may be considered if persistent or recurrent gastrointestinal signs. Empirical therapy for acute hemorrhagic diarrhea syndrome should prove beneficial.

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Multiple etiologies for the splenic mass possible, including hyperplasia, hematopoiesis, granuloma, or neoplasia (sarcoma, round cell neoplasia, or other). No evidence of splenic mass rupture or regional perisplenic reactive mesentery at this time. Initial sonographic monitoring of the splenic mass +/- ultrasound guided FNA using 25-gauge needle and assuming normal clotting status would be reasonable during therapy for acute hemorrhagic diarrhea syndrome. Eventual splenectomy likely indicated, even if the splenic mass is benign, due to potential progression and/or possible future rupture.

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3-view chest radiographs and ideally brief echocardiographic assessment of the heart to rule out evidence of cardiac or pericardial disease recommended.

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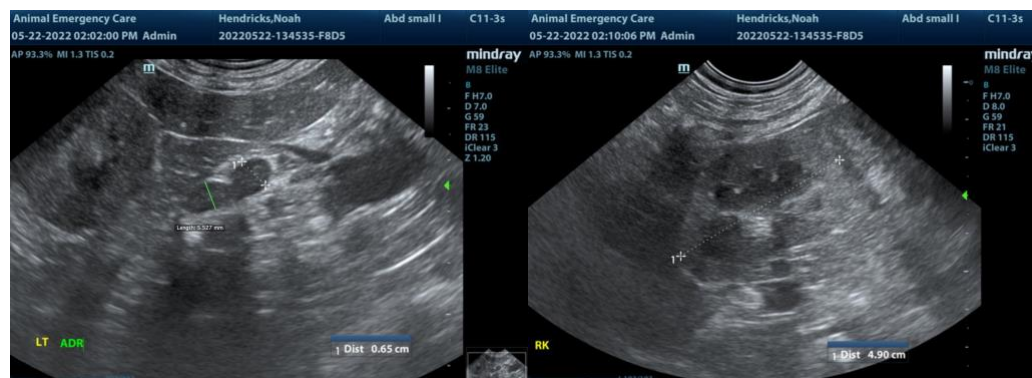
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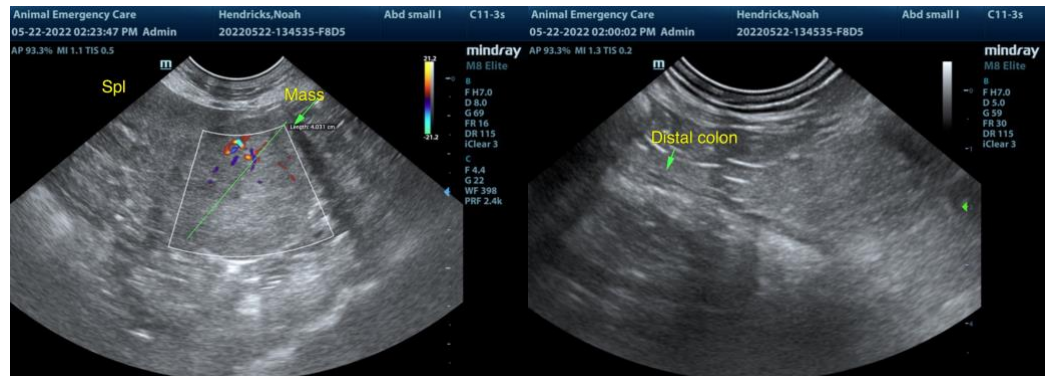
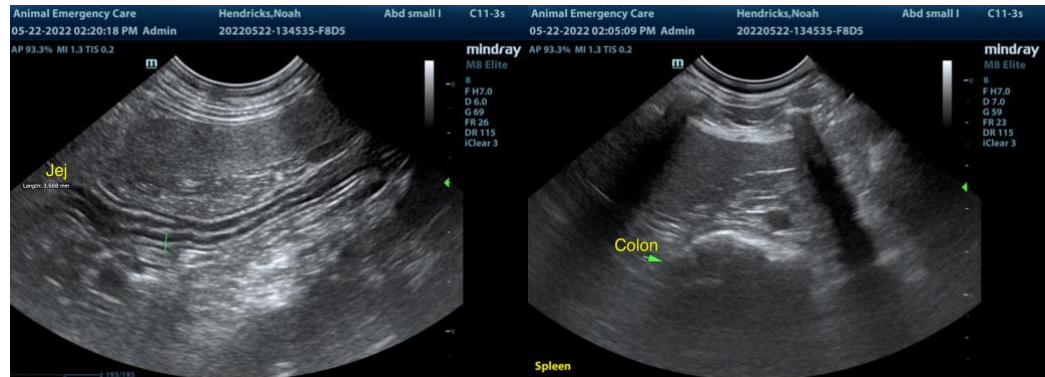
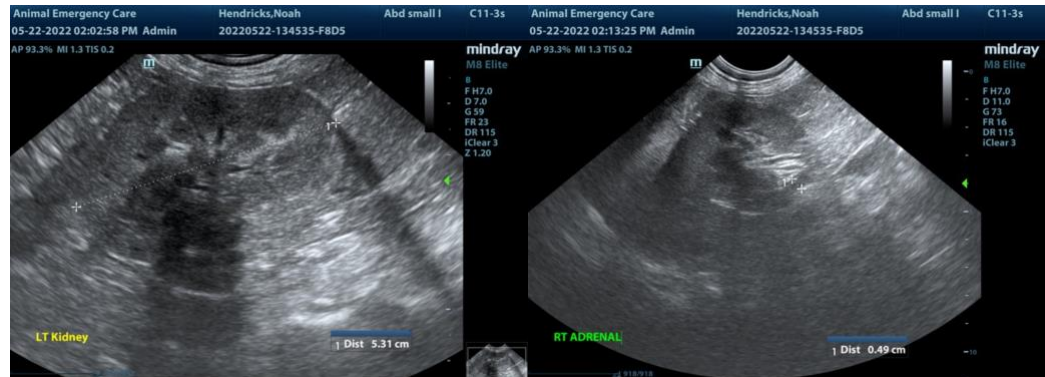
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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

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info@SonoPath.com

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